

SERFF Tracking Number: MDPC-127945686 State: Illinois
Filing Company: The Medical Protective Company State Tracking Number: MDPC-127945686
Company Tracking Number: 11-ILSRP-01
TOI: 11.0 Medical Malpractice - Claims Sub-TOI: 11.0000 Med Mal Sub-TOI Combinations
Made/Occurrence
Product Name: Physicians & Surgeons and Comprehensive Liability Program
Project Name/Number: Rule Filing/11-ILSRP-01

Filing at a Glance

Company: The Medical Protective Company
Product Name: Physicians & Surgeons and Comprehensive Liability Program
TOI: 11.0 Medical Malpractice - Claims Made/Occurrence
Sub-TOI: 11.0000 Med Mal Sub-TOI Combinations
Filing Type: Rate/Rule

SERFF Tr Num: MDPC-127945686 State: Illinois
SERFF Status: Closed-Filed State Tr Num: MDPC-127945686
Co Tr Num: 11-ILSRP-01 State Status:
Reviewer(s): Gayle Neuman
Disposition Date: 03/13/2012
Disposition Status: Filed
Effective Date (New): 03/01/2012
Effective Date (Renewal): 03/01/2012

Authors: Melissa Millican,
Christopher Cole
Date Submitted: 01/03/2012

Effective Date Requested (New): 03/01/2012
Effective Date Requested (Renewal): 03/01/2012

State Filing Description:

General Information

Project Name: Rule Filing
Project Number: 11-ILSRP-01
Reference Organization: n/a
Reference Title: n/a
Filing Status Changed: 03/13/2012
State Status Changed:
Created By: Melissa Millican
Corresponding Filing Tracking Number:
Filing Description:
The Medical Protective Company (MedPro) submits for your review the attached rate filing applicable to its Physicians & Surgeons and Comprehensive Liability Coverage for Healthcare Providers programs.

Status of Filing in Domicile: Not Filed
Domicile Status Comments:
Reference Number: n/a
Advisory Org. Circular: n/a
Deemer Date:
Submitted By: Melissa Millican

All pages in the manual, attached in the supporting documentation have been filed with the Department. Only the items reflected in the rate/rule schedule are changing, from the previously filed manual.

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Thank you,
 Melissa Millican

Company and Contact

Filing Contact Information

Melissa Millican, Paralegal melissa.millican@medpro.com
 5814 Reed Road 260-486-0838 [Phone]
 Fort Wayne, IN 46835 260-486-0733 [FAX]

Filing Company Information

The Medical Protective Company CoCode: 11843 State of Domicile: Indiana
 5814 Reed Road Group Code: Company Type:
 Fort Wayne, IN 46835 Group Name: State ID Number:
 (260) 486-0838 ext. [Phone] FEIN Number: 35-0506406

Filing Fees

Fee Required? No
 Retaliatory? No
 Fee Explanation:
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
The Medical Protective Company	\$0.00		

State Specific

Refer to our checklists prior to submitting filing
 (http://www.idfpr.com/DOI/Prop_Cas_IS3_Checklists/IS3_Checklists.htm): acknowledged
 Refer to our updated (04/06/2007) SERFF General Instructions prior to submitting filing. They have been updated to clarify what rates and rules are required to be filed as well as what rates and rules are not required to be filed. Also, the "Product Name" is the Filing Title and not the Project Number.: 1/1/12 bulletin updated to include Med Mal
 NO RATES and/or RULES ARE REQUIRED TO BE FILED FOR LINES OF COVERAGE SUCH AS COMMERCIAL AUTO (except taxicabs), BURGLARY AND THEFT, GLASS, FIDELITY, SURETY, COMMERCIAL GENERAL LIABILITY, CROP HAIL, COMMERCIAL PROPERTY, DIRECTORS AND OFFICERS, ERRORS AND OMISSIONS,

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COMMERCIAL MULTI PERIL just to mention a few. However, a Summary Sheet (RF-3) is required to be filed. Please refer to the State Specific Field below for what rates/rules are required to be filed and to our checklists for specific statutes, regulations, etc. : http://www.idfpr.com/DOI/Prop_Cas_IS3_Checklists/IS3_Checklists.htm: 1/1/12 bulletin updated to include Med Mal

Medical Malpractice rates/rules may only be submitted in paper.: 1/1/12 bulletin updated to include Med Mal

The only rates and/or rules that are required to be filed are Homeowners, Mobile Homeowners, Dwelling Fire and Allied Lines, Workers' Compensation, Liquor Liability, Private Passenger Automobiles, Taxicabs, Motorcycles and Group Inland Marine Insurance which only applies to insurance involving personal property owned by, being purchased by or pledged as collateral by individuals, and not used in any business, trade or profession per Regulation Part 2302 which says in part, "each company shall file with the Director of Insurance each rate, rule and minimum premium before it is used in the State of Illinois.": 1/1/12 bulletin updated to include Med Mal

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

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed	Gayle Neuman	03/13/2012	03/13/2012

Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Gayle Neuman	01/04/2012	01/04/2012	Melissa Millican	01/10/2012	01/10/2012

Amendments

Schedule	Schedule Item Name	Created By	Created On	Date Submitted
Supporting Document	Response exhibit 020612	Melissa Millican	02/06/2012	03/06/2012

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Effective Date	Note To Reviewer	Melissa Millican	03/13/2012	03/13/2012
effective date	Note To Filer	Gayle Neuman	03/12/2012	03/12/2012

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Disposition

Disposition Date: 03/13/2012
 Effective Date (New): 03/01/2012
 Effective Date (Renewal): 03/01/2012
 Status: Filed
 Comment: q

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where required):	Minimum % Change (where required):
The Medical Protective Company	0.000%	0.000%	\$0	0	\$24,555,881	0.000%	0.000%

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Explanatory Memorandum		Yes
Supporting Document	Form RF3 - (Summary Sheet)		Yes
Supporting Document	Certification		Yes
Supporting Document	Manual		Yes
Supporting Document	Response exhibit 020612		Yes
Rate	IL MD OCC Aggregate Credit Rule		Yes
Rate	IL MD OCC Experience Rating Plan Rule		Yes
Rate	IL MD OCC Schedule Rating Plan Rule		Yes
Rate	IL MD SCM Aggregate Credit Rule		Yes
Rate	IL MD SCM Experience Rating Plan Rule		Yes
Rate	IL MD SCM Schedule Rating Plan Rule		Yes
Rate	IL State Rate Pages, Section III - Physicians & Surgeons		Yes

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Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 01/04/2012
Submitted Date 01/04/2012
Respond By Date 01/11/2012

Dear Melissa Millican,

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

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

How many policies written for physicians, surgeons and comprehensive liability currently have a schedule rating credit or debit of over 25%?

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

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

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

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

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

Sincerely,
Gayle Neuman

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Response Letter

Response Letter Status Submitted to State
Response Letter Date 01/10/2012
Submitted Date 01/10/2012

Dear Gayle Neuman,

Comments:

Please find our Company's response below:

Response 1

Comments: 1.

The Medical Protective Company (MedPro) currently uses ISO for the reporting of statistical information in Illinois.

2.

The Medical Protective Company (MedPro) currently insures 97 doctors who receive a credit or debit that exceeds 25%. 90 of these doctors are in 4 groups that will be eligible for consideration under MedPro's proposed Experience Rating Rule, as well as the revised Schedule Rating Plan. The remaining 7 doctors will be re-underwritten in accordance with the parameters of the revised Schedule Rating Plan.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Please let me know if you should need anything additional to complete your review.

Thank you,
Melissa

Sincerely,
Christopher Cole, Melissa Millican

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Note To Reviewer

Created By:

Melissa Millican on 03/13/2012 09:14 AM

Last Edited By:

Gayle Neuman

Submitted On:

03/13/2012 09:48 AM

Subject:

Effective Date

Comments:

We request the effective date of 3/1/12.

Thank you for your time,

Melissa

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Note To Filer

Created By:

Gayle Neuman on 03/12/2012 03:23 PM

Last Edited By:

Gayle Neuman

Submitted On:

03/13/2012 09:48 AM

Subject:

effective date

Comments:

The Department of Insurance has now completed its review of the filing referenced above. Originally, Medical Protective requested the filing be effective March 1, 2012. Was the filing put in effect on March 1, 2012 or do you wish to have a different effective date?

Your prompt response is appreciated.

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Amendment Letter

Submitted Date: 03/06/2012

Comments:

Copy of 2/6/12 response to Ms. Carmean for SERFF file -

Changed Items:

Supporting Document Schedule Item Changes:

User Added -Name: Response exhibit 020612

Comment: Ms. Neuman, per our email of 2/21/2012, I am attaching a copy of the response that was submitted to Ms. Carmean on 2/6, for the SERFF file documentation.

Thank you,

Melissa

Response Exhibit I - Deductible Example.pdf

MedPro Response to IL DOI Questions Received on 01-27-2012.pdf

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Rate Information

Rate data applies to filing.

Filing Method: file and use
Rate Change Type: Neutral
Overall Percentage of Last Rate Revision: -3.800%
Effective Date of Last Rate Revision: 03/01/2011
Filing Method of Last Filing: file and use

Company Rate Information

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where required):	Minimum % Change (where required):
The Medical Protective Company	0.000%	0.000%	\$0	0	\$24,555,881	0.000%	0.000%

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Rate/Rule Schedule

Schedule Item Status:	Exhibit Name:	Rule # or Page #:	Rate Action	Previous State Filing Attachments Number:
	IL MD OCC Aggregate Credit Rule	ACR-IL; 01/01/11	Replacement	IL MD OCC AGG.pdf
	IL MD OCC Experience Rating Plan Rule	ERP-IL; 01/01/12	New	IL MD OCC ERP.pdf
	IL MD OCC Schedule Rating Plan Rule	SRP-IL; 03/01/12	Replacement	IL MD OCC SRP.pdf
	IL MD SCM Aggregate Credit Rule	ACR-IL; 01/01/11	Replacement	IL MD SCM AGG.pdf
	IL MD SCM Experience Rating Plan Rule	ERP-IL; 01/01/12	New	IL MD SCM ERP.pdf
	IL MD SCM Schedule Rating Plan Rule	SRP-IL; 03/01/12	Replacement	IL MD SCM SRP.pdf
	IL State Rate Pages, Section III - Physicians & Surgeons	SR-IL-III-(71-72 & 77); 03/01/12	Replacement	IL state rate pages, section III.pdf

The
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Fort Wayne, Indiana 46835
Professional Protection Exclusively Since 1899

ILLINOIS
PHYSICIANS AND SURGEONS
OCCURRENCE PROGRAM
AGGREGATE CREDIT RULE

THE APPLICATION OF ALL APPROVED CREDITS CONTAINED IN THIS RATING MANUAL SHALL NOT EXCEED 60% FOR ANY ONE INSURED.

THIS RULE DOES NOT APPLY TO PART TIME PRACTICE, LEAVE OF ABSENCE, MILITARY LEAVE OF ABSENCE, RISK MANAGEMENT, NEW TO COMPANY, NEW TO PRACTICE, MEMBERSHIP ASSOCIATION OR DEDUCTIBLE CREDITS.

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ILLINOIS

PHYSICIANS AND SURGEONS

OCCURRENCE PROGRAM

EXPERIENCE RATING PLAN

A MEDICAL GROUP CONSISTING OF PHYSICIANS AND RELATED HEALTH CARE PROFESSIONALS, DEVELOPING AN ANNUALIZED MANUAL PREMIUM (MP) OF \$150,000 OR MORE FOR MEDICAL PROFESSIONAL LIABILITY, MAY BE INDIVIDUALLY RATED. THE OVERALL PREMIUM FOR THE MEDICAL GROUP WILL BE BASED ON AN EVALUATION OF THE GROUP'S AGGREGATE EXPERIENCE FOR THE MOST RECENT TEN POLICY PERIODS. THE AGGREGATE EXPERIENCE WILL BE DEVELOPED AND ADJUSTED TO DETERMINE AN ACTUAL LOSS RATIO FOR THE PROSPECTIVE POLICY PERIOD. THE ACTUAL LOSS RATIO WILL BE CREDIBILITY WEIGHTED WITH THE EXPECTED LOSS RATIO UNDERLYING THE CURRENT MANUAL PREMIUM FOR THE GROUP AND THIS WEIGHTED LOSS RATIO WILL BE USED TO DETERMINE THE INDICATED PREMIUM (IP) IN ACCORDANCE WITH THE FOLLOWING CALCULATION:

$$\frac{(\text{ACTUAL LOSS RATIO} * \text{CREDIBILITY}) + (\text{EXPECTED LOSS RATIO} * (1 - \text{CREDIBILITY})) + \text{FIXED EXP}}{(1 - (\text{VARIABLE EXPENSE} + \text{OTHER CONTINGENCIES}))}$$

THE INDICATED CREDIT/DEBIT IS EQUAL TO IP/MP-1. GROUPS QUALIFYING UNDER THIS RULE ARE SUBJECT TO A MAXIMUM MODIFICATION OF 35%.

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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:

CREDIT / DEBIT

- | | |
|---|-------------|
| 1. ORGANIZATIONAL MANAGEMENT/ STRUCTURE | -10% TO 10% |
| A. PERFORMANCE OF A QUALITY REVIEW COMMITTEE TO EVALUATE PATIENT ENCOUNTER OUTCOMES, ADDRESS UNEXPECTED RESULTS AND INTEGRATE SUITABLE SOLUTIONS. | |

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CREDIT / DEBIT

- B. EXISTENCE OF COMMITTEE STRUCTURE/PROCESSES TO REVIEW HEALTHCARE PROCEDURES, TREATMENTS AND PROTOCOLS IN ORDER TO ADDRESS APPROPRIATE INTEGRATION INTO THE MEDICAL PRACTICE.
- C. ESTABLISHED GUIDELINES, PROCEDURES AND RESOURCES FOR THE MAINTENANCE OF MEDICAL EQUIPMENT AND PREMISES.
2. RISK MANAGEMENT PROCESSES -5% TO 5%
- A. ON-SITE RISK MANAGER.
- B. UTILIZATION OF PATIENT SURVEYS TO IDENTIFY AND ADDRESS POTENTIAL RISK FACTORS.
- C. DEDICATED RESOURCE(S) AND PROCESSES IN PLACE TO ASSIMILATE AND RESPOND TO PATIENT COMPLAINTS.
3. CLASSIFICATION ANOMALIES -10% TO 10%
- A. CHARACTERISTICS OF INDIVIDUAL INSURED WITHIN A CLASSIFICATION THAT DISTINGUISH IT FROM THE TYPICAL RISK CHARACTERISTICS OF THAT CLASSIFICATION.

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- B. RECOGNITION OF RECENT MEDICAL/LEGAL DEVELOPMENTS THAT ARE ANTICIPATED TO IMPACT FUTURE LOSS EXPERIENCE.
4. CLAIM ANOMALIES -10% TO 10%
- A. UNUSUAL CIRCUMSTANCES OF A CLAIM(S) THAT INFLUENCE THE FREQUENCY OF CLAIMS AND/OR THE ULTIMATE SEVERITY OF LOSSES.
- B. RECOGNITION OF ECONOMIC, SOCIETAL OR JURISDICTIONAL CHANGES THAT TEND TO INFLUENCE THE ULTIMATE SEVERITY OF LOSSES.
5. PROFESSIONAL STAFFING, TRAINING AND PATIENT RELATIONSHIPS -15% TO 15%
- A. DEMONSTRATES STABLE, LONGSTANDING PRACTICE, CONTINUITY OF HEALTHCARE PROVIDERS AND SIGNIFICANT DEGREE OF EXPERIENCE IN THE AREA(S) OF MEDICINE.
- B. VOLUME AND DEMOGRAPHICS OF PATIENT POPULATION APPROPRIATE FOR STAFFING LEVELS AND AREA(S) OF MEDICINE.

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- C. STAFFING SUFFICIENT TO ADDRESS APPROPRIATE AVAILABILITY OF NON-PHYSICIANS AND PHYSICIANS DURING AFTER HOURS AND WEEKENDS.
- D. DEGREE TO WHICH STAFFING PROVIDES HOSPITALISTS AND LABORISTS FOR CONTINUITY OF CARE.
- E. GUIDELINES AND COMPLIANCE STANDARDS IN PLACE TO SUPPORT CONTINUING PROFESSIONAL EDUCATION.
- F. DEMONSTRATED EFFECTIVENESS OF CREDENTIALING AND TRAINING FOR NEW STAFF MEMBERS.
- G. PROPORTION OF STAFF THAT IS BOARD CERTIFIED IN THEIR RESPECTIVE MEDICAL SPECIALTY.

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.

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PHYSICIANS AND SURGEONS

STANDARD CLAIMS MADE PROGRAM

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

CREDIT / DEBIT

- | | |
|---|-------------|
| 1. ORGANIZATIONAL MANAGEMENT/ STRUCTURE | -10% TO 10% |
| A. PERFORMANCE OF A QUALITY REVIEW COMMITTEE TO EVALUATE PATIENT ENCOUNTER OUTCOMES, ADDRESS UNEXPECTED RESULTS AND INTEGRATE SUITABLE SOLUTIONS. | |

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- C. ESTABLISHED GUIDELINES, PROCEDURES AND RESOURCES FOR THE MAINTENANCE OF MEDICAL EQUIPMENT AND PREMISES.

- 2. RISK MANAGEMENT PROCESSES -5% TO 5%
 - A. ON-SITE RISK MANAGER.
 - B. UTILIZATION OF PATIENT SURVEYS TO IDENTIFY AND ADDRESS POTENTIAL RISK FACTORS.
 - C. DEDICATED RESOURCE(S) AND PROCESSES IN PLACE TO ASSIMILATE AND RESPOND TO PATIENT COMPLAINTS.

- 3. CLASSIFICATION ANOMALIES -10% TO 10%
 - A. CHARACTERISTICS OF INDIVIDUAL INSURED(S) WITHIN A CLASSIFICATION THAT DISTINGUISH IT FROM THE TYPICAL RISK CHARACTERISTICS OF THAT CLASSIFICATION.

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STANDARD CLAIMS MADE PROGRAM
SCHEDULE RATING PLAN

CREDIT / DEBIT

- B. RECOGNITION OF RECENT MEDICAL/LEGAL DEVELOPMENTS THAT ARE ANTICIPATED TO IMPACT FUTURE LOSS EXPERIENCE.
4. CLAIM ANOMALIES -10% TO 10%
- A. UNUSUAL CIRCUMSTANCES OF A CLAIM(S) THAT INFLUENCE THE FREQUENCY OF CLAIMS AND/OR THE ULTIMATE SEVERITY OF LOSSES.
- B. RECOGNITION OF ECONOMIC, SOCIETAL OR JURISDICTIONAL CHANGES THAT TEND TO INFLUENCE THE ULTIMATE SEVERITY OF LOSSES.
5. PROFESSIONAL STAFFING, TRAINING AND PATIENT RELATIONSHIPS -15% TO 15%
- A. DEMONSTRATES STABLE, LONGSTANDING PRACTICE, CONTINUITY OF HEALTHCARE PROVIDERS AND SIGNIFICANT DEGREE OF EXPERIENCE IN THE AREA(S) OF MEDICINE.
- B. VOLUME AND DEMOGRAPHICS OF PATIENT POPULATION APPROPRIATE FOR STAFFING LEVELS AND AREA(S) OF MEDICINE.

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- C. STAFFING SUFFICIENT TO ADDRESS APPROPRIATE AVAILABILITY OF NON-PHYSICIANS AND PHYSICIANS DURING AFTER HOURS AND WEEKENDS.
- D. DEGREE TO WHICH STAFFING PROVIDES HOSPITALISTS AND LABORISTS FOR CONTINUITY OF CARE.
- E. GUIDELINES AND COMPLIANCE STANDARDS IN PLACE TO SUPPORT CONTINUING PROFESSIONAL EDUCATION.
- F. DEMONSTRATED EFFECTIVENESS OF CREDENTIALING AND TRAINING FOR NEW STAFF MEMBERS.
- G. PROPORTION OF STAFF THAT IS BOARD CERTIFIED IN THEIR RESPECTIVE MEDICAL SPECIALTY.

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.

6. **Physician Teaching Specialists**

- a. Training Activities

NOT AVAILABLE

- b. Teaching Specialists

NOT AVAILABLE

7. **Physicians Leave of Absence**

Program	Credit
Occurrence	100%
Standard Claims Made	100%

8. **Physicians Military Leave of Absence Credit**

Program	Credit
Occurrence	100%
Standard Claims Made	100%

9. **Schedule Rating**

(Occurrence & Standard Claims Made Programs)

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 -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:

- | | |
|--|----------------|
| | Credit / debit |
| 1. Organizational Management/ Structure | -10% to 10% |
| A. Performance of a quality review committee to evaluate patient encounter outcomes, address unexpected results and integrate suitable solutions. | |
| B. Existence of committee structure/processes to review healthcare procedures, treatments and protocols in order to address appropriate integration into the medical practice. | |
| C. Established guidelines, procedures and resources for the maintenance of medical equipment and premises. | |

2. Risk management Processes -5% to 5%
 - A. On-site risk manager.
 - B. Utilization of Patient surveys to identify and address potential risk factors.
 - D. Dedicated resource(s) and Processes in place to assimilate and respond to patient complaints.

3. Classification anomalies -10% to 10%
 - A. Characteristics of individual insureds within a classification that distinguish it from the typical risk characteristics of that classification.
 - B. Recognition of recent medical/legal developments that are anticipated to impact future loss experience.

4. Claim anomalies -10% to 10%
 - A. Unusual circumstances of a claim(s) that influence the frequency of claims and/or the ultimate severity of losses.
 - B. Recognition of economic, societal or jurisdictional changes that tend to influence the ultimate severity of losses.

5. Professional staffing, training and patient relationships -15% to 15%
 - A. Demonstrates stable, longstanding practice, continuity of healthcare providers and significant degree of experience in the area(s) of medicine.
 - B. Volume and demographics of patient population appropriate for staffing levels and area(s) of medicine.
 - C. Staffing sufficient to address appropriate availability of non-physicians and physicians during after hours and weekends.
 - D. Degree to which staffing provides hospitalists and laborists for continuity of care
 - E. Guidelines and compliance standards in place to support continuing professional education.
 - F. Demonstrated effectiveness of credentialing and training for new staff members.
 - G. Proportion of staff that is board certified in their respective medical specialty.

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.

28. **Convertible Plus / Nose Rating Plan**
(Occurrence Program)

A healthcare provider that is currently insured under a claims-made policy form may be eligible for Convertible / Nose coverage, subject to underwriting guidelines. This coverage will provide nose coverage to healthcare providers that seek to convert to an occurrence policy form. The rating for such coverage is based upon the insureds standard mature claims made rate times the factor identified in the table below.

Years Retroactive Date Precedes Policy Inception Date	Factor
1	.75
2	1.08
3	1.18
4 or More	1.25

The applicable premium under this plan shall be in addition to the healthcare provider's standard occurrence premium and shall be paid to the Company over an installment period.

In the event the insured cancels the occurrence coverage, within the first five years subsequent to the issuance of the product, for reasons other than non-renewal, death, total and permanent disability or permanent retirement, additional premium shall be due and payable. Additional premium shall be calculated at the Company's filed rate for an extension contract endorsement at the time the Convertible Plus Claims Made coverage is issued. Any unpaid balance between this amount and any payments made prior to the cancellation date is due sixty (60) days from the date of cancellation.

The rating under this rule is subject to applicable Part-Time and Schedule Rating modifications.

29. **Experience Rating Plan**
(Occurrence & Standard Claims Made Programs)

A medical group consisting of physicians and related health care professionals, developing an annualized manual premium (MP) of \$150,000 or more for medical professional liability, may be individually rated. The overall premium for the medical group will be based on an evaluation of the group's aggregate experience for the most recent ten policy periods. The aggregate experience will be developed and adjusted to determine an actual loss ratio for the prospective policy period. The actual loss ratio will be credibility weighted with the expected loss ratio underlying the current manual premium for the group and this weighted loss ratio will be used to determine the indicated premium (IP) in accordance with the following calculation:

$$\frac{(\text{Actual loss Ratio} * \text{Credibility}) + (\text{Expected Loss Ratio} * (1 - \text{Credibility})) + \text{Fixed Exp}}{(1 - (\text{variable expense} + \text{other contingencies}))}$$

The indicated credit/debit is equal to IP/MP-1. Groups qualifying under this rule are subject to a maximum modification of 35%.

SERFF Tracking Number: MDPC-127945686 State: Illinois
 Filing Company: The Medical Protective Company State Tracking Number: MDPC-127945686
 Company Tracking Number: 11-ILSRP-01
 TOI: 11.0 Medical Malpractice - Claims Sub-TOI: 11.0000 Med Mal Sub-TOI Combinations
 Made/Occurrence
 Product Name: Physicians & Surgeons and Comprehensive Liability Program
 Project Name/Number: Rule Filing/11-ILSRP-01

Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Explanatory Memorandum		
Comments: attached		
Attachment: Memo.pdf		

	Item Status:	Status Date:
Satisfied - Item: Form RF3 - (Summary Sheet)		
Comments: attached		
Attachment: RF3 form.pdf		

	Item Status:	Status Date:
Satisfied - Item: Certification		
Comments: attached		
Attachment: actuarial certification.pdf		

	Item Status:	Status Date:
Satisfied - Item: Manual		
Comments: Please find the complete manual for our Physicians & Surgeons Program attached below. Due to size of the pdf's and the 3MB requirement, we have had to separate the SCM manual and the IL State Rate Pages - Section III manual accordingly. The manuals are marked accordingly below.		
Attachments:		

SERFF Tracking Number: MDPC-127945686 State: Illinois
Filing Company: The Medical Protective Company State Tracking Number: MDPC-127945686
Company Tracking Number: 11-ILSRP-01
TOI: 11.0 Medical Malpractice - Claims Sub-TOI: 11.0000 Med Mal Sub-TOI Combinations
Made/Occurrence
Product Name: Physicians & Surgeons and Comprehensive Liability Program
Project Name/Number: Rule Filing/11-ILSRP-01

IL MD SCM Rates Manual pgs 1-91.pdf
IL MD SCM Rates Manual pges 92-167 ii.pdf
IL MD SCM RULES ii.pdf
IL MD OCC Manual.pdf
IL General Manual - Section III - Physicians and Surgeons.pdf
IL State Rate Pages - Section III - Physicians and Surgeons pgs 1-37.pdf
IL State Rate Pages - Section III - Physicians and Surgeons pgs 38-69 ii.pdf
IL State Rate Pages - Section III - Physicians and Surgeons pgs 70-82.pdf

Item Status: **Status**
Date:

Satisfied - Item: Response exhibit 020612

Comments:

Ms. Neuman, per our email of 2/21/2012, I am attaching a copy of the response that was submitted to Ms. Carmean on 2/6, for the SERFF file documentation.

Thank you,
Melissa

Attachments:

Response Exhibit I - Deductible Example.pdf
MedPro Response to IL DOI Questions Received on 01-27-2012.pdf

THE MEDICAL PROTECTIVE COMPANY

ILLINOIS

PHYSICIANS & SURGEONS

EXPLANATORY MEMORANDUM

The Medical Protective Company (MedPro) respectfully submits the attached rule filing for its stand-alone Physicians and Surgeons professional liability product and the corresponding Comprehensive Liability Coverage for Health Care Providers programs. The proposed effective date for these revisions is March 1, 2012 for new and renewal business. The Company does not anticipate any material impact to the current premium level as a result of the proposed changes.

REVISED SCHEDULE RATING PLAN RULE

To comply with Bulletin 2011-05 regarding the usage of Schedule Rating Plan credits in Illinois, MedPro proposes revisions to the Schedule Rating Plan Rule for the Occurrence and Standard Claims Made Programs. Per the Bulletin, the maximum modification has been lowered to 25%. In addition, more specificity has been given to the considerations on which schedule rating credits are based. Please refer to the attached Section III State Rate Pages for the modification to the Comprehensive Liability Coverage for Healthcare Providers manual. There is no anticipated rate impact associated with this change.

EXPERIENCE RATING PLAN RULE

MedPro proposes to introduce an Experience Rating Plan Rule for the Occurrence and Standard Claims Made Programs. In revising the Schedule Rating Plan Rule, MedPro removed the 'Historical Loss Experience' criteria. To allow for credits based on historical loss experience, a new, separate Experience Rating Plan Rule is being proposed. The maximum modification is +/-35%. Please refer to the attached Section III State Rate Pages for the modification to the Comprehensive Liability Coverage for Healthcare Providers manual.

REVISED AGGREGATE CREDIT RULE

The Company also proposes a revision to the Aggregate Credit Rule for the Occurrence and Standard Claims Made Programs by increasing the current aggregate limit from 50% to 60%. The increase in the overall credit limit within the rule will ensure that, while continuing to provide an overall cap, it will not penalize those insureds that properly qualify for multiple non-discretionary modifications in conjunction with discretionary modifications. The Company does not expect the revision in the cap to impact a substantive number of insureds or have a material impact on the current premium level. Please refer to the attached Section III State Rate Pages for the modification to the Comprehensive Liability Coverage for Healthcare Providers manual.

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

FORM (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 03/01/2012

	(1) Coverage	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+or-) **
1.	Automobile Liability Private Passenger		
	Commercial		
2.	Automobile Physical Damag Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other 11.0 Med Mal	24,555,881	0.0%
	Life of Insurance		

Does filing only apply to certain territory (territories) or certain Classes? If so, specify: n/a

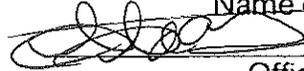
Brief description of filing. (If filing follows rates of an advisory Organization, specify organization): Revise SRP Rule, Introduce Experience Rating Plan Rule, Revise Aggregate Credit Rule.

*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



Official - Title

Angela Adams, Counsel + Assistant Secretary

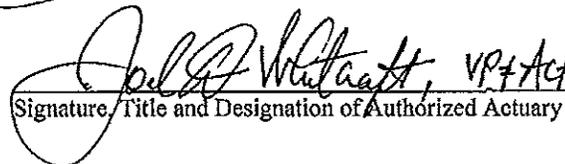
ILLINOIS CERTIFICATION FOR
MEDICAL MALPRACTICE RATES

(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, Jim Kunce, 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, Joel Whitcraft, a duly authorized actuary of The Medical Protective Company am authorized to certify on behalf of The Medical Protective 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.

 SVP & Chief Actuary 1/3/2012
Signature and Title of Authorized Insurance Company Officer Date

 VP & Actuary, CRCU/ARE 1/3/2012
Signature, Title and Designation of Authorized Actuary Date

Insurance Company FEIN 35-0506406 Filing Number 11-ILSRP-01

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 Direct: 260-486-0838; Fax: 260-486-0733

The
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ILLINOIS
PHYSICIANS AND SURGEONS
STANDARD CLAIMS MADE PROGRAM
RATING TERRITORIES

TERRITORY 1: COOK, JACKSON, MADISON, ST. CLAIR, AND WILL COUNTIES.

TERRITORY 2: VERMILLION COUNTY.

TERRITORY 3: KANE, LAKE, MCHENRY, AND WINNEBAGO COUNTIES.

TERRITORY 4: KANKAKEE COUNTY.

TERRITORY 5: BUREAU, CHAMPAIGN, COLES, DEKALB, DUPAGE, EFFINGHAM, LASALLE, MACON, OGLE, AND RANDOLPH COUNTIES.

TERRITORY 6: GRUNDY COUNTY.

TERRITORY 7: ADAMS, KNOX, PEORIA, AND ROCK ISLAND COUNTIES.

TERRITORY 8: REMAINDER OF STATE.

TERRITORY 9: SANGAMON COUNTY.

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ILLINOIS - AREA 1
 PHYSICIANS AND SURGEONS
 STANDARD CLAIMS MADE RATES

0 YEARS SINCE RETROACTIVE DATE

Class	100/300	200/600	500/1000	1000/1000	1000/3000
1A	2,072	2,818	4,165	5,159	5,366
1B	2,763	3,758	5,554	6,880	7,156
1C	3,246	4,415	6,524	8,083	8,407
1D	3,536	4,809	7,107	8,805	9,158
2A	3,868	5,260	7,775	9,631	10,018
2B	4,558	6,199	9,162	11,349	11,805
2C	5,387	7,326	10,828	13,414	13,952
2D	6,078	8,266	12,217	15,134	15,742
3A	6,492	8,894	13,438	17,074	17,853
3B	7,183	9,841	14,869	18,891	19,753
4A	7,874	10,787	16,299	20,709	21,654
4B	8,564	11,733	17,727	22,523	23,551
5A	9,669	13,247	20,015	25,429	26,590
5B	10,774	14,760	22,302	28,336	29,629
6A	11,327	15,518	23,447	29,790	31,149
6B	12,708	17,410	26,306	33,422	34,947
7	14,642	20,060	30,309	38,508	40,266
8	20,996	28,765	43,462	55,219	57,739

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ILLINOIS - AREA 1
PHYSICIANS AND SURGEONS
STANDARD CLAIMS MADE RATES

0 YEARS SINCE RETROACTIVE DATE

Class	2000/2000	2000/4000	3000/3000	3000/5000	4000/4000
1A	6,773	6,815	7,633	7,675	8,329
1B	9,032	9,088	10,179	10,234	11,107
1C	10,611	10,676	11,958	12,023	13,049
1D	11,559	11,630	13,027	13,097	14,215
2A	12,644	12,722	14,250	14,327	15,549
2B	14,900	14,991	16,792	16,883	18,323
2C	17,610	17,718	19,846	19,953	21,656
2D	19,869	19,991	22,391	22,513	24,434
3A	23,079	23,209	26,293	26,422	28,792
3B	25,536	25,679	29,091	29,235	31,857
4A	27,992	28,150	31,890	32,047	34,921
4B	30,445	30,616	34,684	34,855	37,981
5A	34,373	34,567	39,159	39,353	42,882
5B	38,302	38,517	43,635	43,850	47,783
6A	40,267	40,494	45,874	46,101	50,235
6B	45,177	45,431	51,467	51,722	56,360
7	52,052	52,345	59,300	59,593	64,937
8	74,641	75,061	85,034	85,454	93,117

IL-07-1

EFFECTIVE DATE **JAN 01 2007**

RTS-CM0

The
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ILLINOIS - AREA 1
PHYSICIANS AND SURGEONS
STANDARD CLAIMS MADE RATES

0 YEARS SINCE RETROACTIVE DATE

Class	4000/6000	5000/5000	5000/7000
1A	8,371	8,920	8,961
1B	11,163	11,895	11,950
1C	13,114	13,974	14,039
1D	14,285	15,222	15,293
2A	15,627	16,652	16,729
2B	18,414	19,622	19,713
2C	21,763	23,191	23,299
2D	24,555	26,166	26,287
3A	28,922	30,928	31,064
3B	32,000	34,220	34,371
4A	35,079	37,512	37,677
4B	38,153	40,799	40,979
5A	43,075	46,063	46,266
5B	47,998	51,327	51,554
6A	50,462	53,962	54,200
6B	56,614	60,541	60,808
7	65,230	69,754	70,062
8	93,537	100,025	100,466

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EFFECTIVE DATE JAN 01 2007

The
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ILLINOIS - AREA 1
 PHYSICIANS AND SURGEONS
 STANDARD CLAIMS MADE RATES

1 YEAR SINCE RETROACTIVE DATE

Class	100/300	200/600	500/1000	1000/1000	1000/3000
1A	3,579	4,867	7,194	8,912	9,270
1B	4,772	6,490	9,592	11,882	12,359
1C	5,607	7,626	11,270	13,961	14,522
1D	6,108	8,307	12,277	15,209	15,820
2A	6,680	9,085	13,427	16,633	17,301
2B	7,874	10,709	15,827	19,606	20,394
2C	9,305	12,655	18,703	23,169	24,100
2D	10,498	14,277	21,101	26,140	27,190
3A	11,214	15,363	23,213	29,493	30,839
3B	12,407	16,998	25,682	32,630	34,119
4A	13,600	18,632	28,152	35,768	37,400
4B	14,793	20,266	30,622	38,906	40,681
5A	16,701	22,880	34,571	43,924	45,928
5B	18,610	25,496	38,523	48,944	51,178
6A	19,565	26,804	40,500	51,456	53,804
6B	21,951	30,073	45,439	57,731	60,365
7	25,291	34,649	52,352	66,515	69,550
8	36,266	49,684	75,071	95,380	99,732

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ILLINOIS - AREA 1
 PHYSICIANS AND SURGEONS
 STANDARD CLAIMS MADE RATES

1 YEAR SINCE RETROACTIVE DATE

Class	2000/2000	2000/4000	3000/3000	3000/5000	4000/4000
1A	11,700	11,771	13,185	13,257	14,388
1B	15,600	15,695	17,580	17,675	19,183
1C	18,329	18,441	20,656	20,768	22,540
1D	19,967	20,089	22,502	22,624	24,554
2A	21,837	21,971	24,609	24,743	26,854
2B	25,740	25,898	29,008	29,165	31,653
2C	30,418	30,604	34,280	34,466	37,406
2D	34,318	34,528	38,675	38,885	42,202
3A	39,866	40,090	45,417	45,641	49,734
3B	44,107	44,355	50,248	50,496	55,025
4A	48,348	48,620	55,080	55,352	60,316
4B	52,589	52,885	59,912	60,208	65,607
5A	59,372	59,706	67,639	67,973	74,069
5B	66,159	66,531	75,371	75,743	82,535
6A	69,554	69,945	79,238	79,630	86,771
6B	78,036	78,475	88,902	89,341	97,353
7	89,910	90,415	102,429	102,934	112,166
8	128,926	129,651	146,877	147,603	160,840

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EFFECTIVE DATE JAN 01 2007

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ILLINOIS - AREA 1
 PHYSICIANS AND SURGEONS
 STANDARD CLAIMS MADE RATES

1 YEAR SINCE RETROACTIVE DATE

Class	4000/6000	5000/5000	5000/7000
1A	14,459	15,408	15,479
1B	19,279	20,543	20,639
1C	22,652	24,138	24,250
1D	24,676	26,295	26,417
2A	26,987	28,757	28,891
2B	31,811	33,898	34,055
2C	37,592	40,058	40,244
2D	42,412	45,194	45,404
3A	49,958	53,423	53,659
3B	55,273	59,107	59,367
4A	60,588	64,790	65,076
4B	65,903	70,474	70,785
5A	74,403	79,564	79,914
5B	82,908	88,658	89,049
6A	87,162	93,208	93,619
6B	97,792	104,575	105,036
7	112,671	120,486	121,017
8	161,565	172,771	173,533

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ILLINOIS - AREA 1

PHYSICIANS AND SURGEONS

STANDARD CLAIMS MADE RATES

2 YEARS SINCE RETROACTIVE DATE

Class	100/300	200/600	500/1000	1000/1000	1000/3000
1A	5,651	7,685	11,359	14,071	14,636
1B	7,535	10,248	15,145	18,762	19,516
1C	8,853	12,040	17,795	22,044	22,929
1D	9,644	13,116	19,384	24,014	24,978
2A	10,548	14,345	21,201	26,265	27,319
2B	12,432	16,908	24,988	30,956	32,199
2C	14,693	19,982	29,533	36,586	38,055
2D	16,576	22,543	33,318	41,274	42,932
3A	17,706	24,257	36,651	46,567	48,692
3B	19,590	26,838	40,551	51,522	53,873
4A	21,473	29,418	44,449	56,474	59,051
4B	23,357	31,999	48,349	61,429	64,232
5A	26,371	36,128	54,588	69,356	72,520
5B	29,384	40,256	60,825	77,280	80,806
6A	30,892	42,322	63,946	81,246	84,953
6B	34,659	47,483	71,744	91,153	95,312
7	39,933	54,708	82,661	105,024	109,816
8	57,263	78,450	118,534	150,602	157,473

The
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ILLINOIS - AREA 1

PHYSICIANS AND SURGEONS
 STANDARD CLAIMS MADE RATES

2 YEARS SINCE RETROACTIVE DATE

Class	2000/2000	2000/4000	3000/3000	3000/5000	4000/4000
1A	18,473	18,586	20,818	20,931	22,717
1B	24,632	24,783	27,759	27,910	30,291
1C	28,940	29,118	32,614	32,792	35,589
1D	31,526	31,719	35,528	35,721	38,769
2A	34,481	34,692	38,859	39,070	42,403
2B	40,640	40,889	45,799	46,048	49,977
2C	48,031	48,325	54,129	54,423	59,066
2D	54,187	54,518	61,066	61,398	66,636
3A	62,945	63,299	71,709	72,063	78,526
3B	69,642	70,034	79,340	79,731	86,882
4A	76,337	76,766	86,966	87,395	95,233
4B	83,034	83,501	94,596	95,063	103,588
5A	93,749	94,276	106,803	107,330	116,955
5B	104,460	105,048	119,005	119,593	130,318
6A	109,821	110,439	125,113	125,730	137,006
6B	123,213	123,906	140,369	141,062	153,713
7	141,962	142,760	161,729	162,527	177,103
8	203,570	204,715	231,915	233,060	253,961

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RTS-CM2

EFFECTIVE DATE JAN 01 2007

The
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 Fort Wayne, Indiana 46835
Professional Protection Exclusively Since 1899

ILLINOIS - AREA 1
 PHYSICIANS AND SURGEONS
 STANDARD CLAIMS MADE RATES

2 YEARS SINCE RETROACTIVE DATE

Class	4000/6000	5000/5000	5000/7000
1A	22,830	24,328	24,441
1B	30,441	32,438	32,589
1C	35,766	38,112	38,289
1D	38,962	41,517	41,710
2A	42,614	45,409	45,620
2B	50,225	53,520	53,768
2C	59,360	63,253	63,547
2D	66,967	71,360	71,691
3A	78,880	84,351	84,723
3B	87,273	93,327	93,738
4A	95,662	102,297	102,748
4B	104,055	111,273	111,763
5A	117,483	125,631	126,185
5B	130,906	139,985	140,602
6A	137,624	147,169	147,818
6B	154,406	165,115	165,843
7	177,902	190,241	191,079
8	255,107	272,801	274,003

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 PHYSICIANS AND SURGEONS
 STANDARD CLAIMS MADE RATES

3 YEARS SINCE RETROACTIVE DATE

Class	100/300	200/600	500/1000	1000/1000	1000/3000
1A	6,782	9,224	13,632	16,887	17,565
1B	9,041	12,296	18,172	22,512	23,416
1C	10,624	14,449	21,354	26,454	27,516
1D	11,573	15,739	23,262	28,817	29,974
2A	12,658	17,215	25,443	31,518	32,784
2B	14,918	20,288	29,985	37,146	38,638
2C	17,631	23,978	35,438	43,901	45,664
2D	19,891	27,052	39,981	49,529	51,518
3A	21,247	29,108	43,981	55,880	58,429
3B	23,508	32,206	48,662	61,826	64,647
4A	25,768	35,302	53,340	67,770	70,862
4B	28,029	38,400	58,020	73,716	77,080
5A	31,645	43,354	65,505	83,226	87,024
5B	35,261	48,308	72,990	92,736	96,968
6A	37,070	50,786	76,735	97,494	101,943
6B	41,591	56,980	86,093	109,384	114,375
7	47,920	65,650	99,194	126,030	131,780
8	68,715	94,140	142,240	180,720	188,966

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3 YEARS SINCE RETROACTIVE DATE

Class	2000/2000	2000/4000	3000/3000	3000/5000	4000/4000
1A	22,170	22,306	24,985	25,121	27,264
1B	29,555	29,736	33,307	33,488	36,345
1C	34,730	34,942	39,139	39,351	42,708
1D	37,832	38,064	42,635	42,866	46,523
2A	41,379	41,632	46,632	46,885	50,885
2B	48,767	49,065	54,958	55,256	59,970
2C	57,636	57,988	64,953	65,305	70,877
2D	65,024	65,421	73,278	73,676	79,962
3A	75,533	75,958	86,050	86,475	94,230
3B	83,571	84,041	95,207	95,678	104,258
4A	91,605	92,121	104,360	104,876	114,281
4B	99,643	100,204	113,517	114,078	124,309
5A	112,498	113,131	128,162	128,795	140,346
5B	125,353	126,058	142,807	143,512	156,383
6A	131,784	132,525	150,134	150,875	164,405
6B	147,856	148,688	168,444	169,275	184,456
7	170,356	171,314	194,076	195,034	212,525
8	244,282	245,656	278,296	279,670	304,751

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 PHYSICIANS AND SURGEONS
 STANDARD CLAIMS MADE RATES
 3 YEARS SINCE RETROACTIVE DATE

Class	4000/6000	5000/5000	5000/7000
1A	27,399	29,197	29,332
1B	36,526	38,922	39,102
1C	42,921	45,736	45,949
1D	46,755	49,822	50,053
2A	51,138	54,493	54,746
2B	60,269	64,222	64,520
2C	71,229	75,901	76,254
2D	80,360	85,631	86,029
3A	94,655	101,221	101,667
3B	104,728	111,992	112,486
4A	114,796	122,759	123,300
4B	124,869	133,530	134,119
5A	140,978	150,757	151,421
5B	157,088	167,983	168,724
6A	165,147	176,601	177,380
6B	185,288	198,140	199,013
7	213,484	228,291	229,297
8	306,125	327,358	328,801

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ILLINOIS - AREA 1
 PHYSICIANS AND SURGEONS
 STANDARD CLAIMS MADE RATES

4 YEARS SINCE RETROACTIVE DATE

Class	100/300	200/600	500/1000	1000/1000	1000/3000
1A	7,158	9,735	14,388	17,823	18,539
1B	9,544	12,980	19,183	23,765	24,719
1C	11,214	15,251	22,540	27,923	29,044
1D	12,216	16,614	24,554	30,418	31,639
2A	13,361	18,171	26,856	33,269	34,605
2B	15,747	21,416	31,651	39,210	40,785
2C	18,611	25,311	37,408	46,341	48,202
2D	20,996	28,555	42,202	52,280	54,380
3A	22,428	30,726	46,426	58,986	61,677
3B	24,814	33,995	51,365	65,261	68,239
4A	27,199	37,263	56,302	71,533	74,797
4B	29,586	40,533	61,243	77,811	81,362
5A	33,403	45,762	69,144	87,850	91,858
5B	37,220	50,991	77,045	97,889	102,355
6A	39,130	53,608	80,999	102,912	107,608
6B	43,901	60,144	90,875	115,460	120,728
7	50,582	69,297	104,705	133,031	139,101
8	72,533	99,370	150,143	190,762	199,466

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PHYSICIANS AND SURGEONS
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4 YEARS SINCE RETROACTIVE DATE

Class	2000/2000	2000/4000	3000/3000	3000/5000	4000/4000
1A	23,400	23,543	26,370	26,513	28,775
1B	31,199	31,390	35,160	35,351	38,367
1C	36,659	36,883	41,312	41,537	45,080
1D	39,934	40,178	45,004	45,248	49,108
2A	43,677	43,944	49,222	49,489	53,711
2B	51,477	51,792	58,012	58,327	63,303
2C	60,839	61,212	68,563	68,935	74,816
2D	68,636	69,056	77,349	77,769	84,404
3A	79,732	80,180	90,833	91,282	99,468
3B	88,214	88,710	100,497	100,993	110,050
4A	96,692	97,236	110,156	110,700	120,628
4B	105,178	105,770	119,823	120,415	131,214
5A	118,748	119,416	135,282	135,950	148,142
5B	132,317	133,062	150,741	151,485	165,071
6A	139,107	139,890	158,477	159,259	173,542
6B	156,068	156,946	177,799	178,677	194,701
7	179,819	180,831	204,857	205,869	224,331
8	257,855	259,305	293,759	295,209	321,684

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 PHYSICIANS AND SURGEONS
 STANDARD CLAIMS MADE RATES

4 YEARS SINCE RETROACTIVE DATE

Class	4000/6000	5000/5000	5000/7000
1A	28,918	30,815	30,958
1B	38,558	41,087	41,278
1C	45,305	48,276	48,501
1D	49,353	52,590	52,834
2A	53,978	57,519	57,786
2B	63,618	67,791	68,106
2C	75,188	80,120	80,493
2D	84,824	90,388	90,808
3A	99,917	106,847	107,318
3B	110,546	118,214	118,735
4A	121,172	129,576	130,147
4B	131,806	140,948	141,569
5A	148,810	159,132	159,833
5B	165,815	177,316	178,098
6A	174,324	186,415	187,237
6B	195,579	209,144	210,066
7	225,343	240,973	242,035
8	323,135	345,547	347,070

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ILLINOIS - AREA 1
 PHYSICIANS AND SURGEONS
 STANDARD CLAIMS MADE RATES

MATURE

Class	100/300	200/600	500/1000	1000/1000	1000/3000
1A	7,535	10,248	15,145	18,762	19,516
1B	10,046	13,663	20,192	25,015	26,019
1C	11,804	16,053	23,726	29,392	30,572
1D	12,859	17,488	25,847	32,019	33,305
2A	14,064	19,127	28,269	35,019	36,426
2B	16,576	22,543	33,318	41,274	42,932
2C	19,590	26,642	39,376	48,779	50,738
2D	22,101	30,057	44,423	55,031	57,242
3A	23,608	32,343	48,869	62,089	64,922
3B	26,120	35,784	54,068	68,696	71,830
4A	28,631	39,224	59,266	75,300	78,735
4B	31,143	42,666	64,466	81,906	85,643
5A	35,161	48,171	72,783	92,473	96,693
5B	39,179	53,675	81,101	103,041	107,742
6A	41,189	56,429	85,261	108,327	113,270
6B	46,212	63,310	95,659	121,538	127,083
7	53,244	72,944	110,215	140,032	146,421
8	76,350	104,600	158,045	200,801	209,963

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PHYSICIANS AND SURGEONS
STANDARD CLAIMS MADE RATES

MATURE

Class	2000/2000	2000/4000	3000/3000	3000/5000	4000/4000
1A	24,632	24,783	27,759	27,910	30,291
1B	32,840	33,041	37,009	37,210	40,385
1C	38,587	38,823	43,486	43,722	47,452
1D	42,036	42,293	47,373	47,630	51,693
2A	45,975	46,256	51,812	52,093	56,537
2B	54,187	54,518	61,066	61,398	66,636
2C	64,040	64,432	72,170	72,561	78,752
2D	72,248	72,690	81,420	81,862	88,846
3A	83,926	84,399	95,612	96,085	104,701
3B	92,857	93,379	105,786	106,308	115,842
4A	101,783	102,356	115,956	116,528	126,978
4B	110,713	111,336	126,129	126,752	138,119
5A	124,997	125,701	142,402	143,105	155,939
5B	139,281	140,065	158,675	159,459	173,759
6A	146,427	147,251	166,815	167,639	182,673
6B	164,284	165,208	187,159	188,083	204,950
7	189,282	190,347	215,638	216,703	236,137
8	271,424	272,951	309,218	310,745	338,612

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 PHYSICIANS AND SURGEONS
 STANDARD CLAIMS MADE RATES

MATURE

Class	4000/6000	5000/5000	5000/7000
1A	30,441	32,438	32,589
1B	40,586	43,248	43,449
1C	47,688	50,816	51,052
1D	51,950	55,358	55,615
2A	56,819	60,546	60,827
2B	66,967	71,360	71,691
2C	79,144	84,335	84,727
2D	89,288	95,145	95,587
3A	105,174	112,469	112,964
3B	116,365	124,436	124,984
4A	127,551	136,398	136,999
4B	138,742	148,365	149,019
5A	156,642	167,507	168,245
5B	174,542	186,649	187,472
6A	183,497	196,224	197,089
6B	205,874	220,154	221,124
7	237,202	253,654	254,773
8	340,139	363,731	365,335

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ILLINOIS - AREA 2
 PHYSICIANS AND SURGEONS
 STANDARD CLAIMS MADE RATES

0 YEARS SINCE RETROACTIVE DATE

Class	100/300	200/600	500/1000	1000/1000	1000/3000
1A	1,865	2,536	3,749	4,644	4,830
1B	2,486	3,381	4,997	6,190	6,439
1C	2,921	3,973	5,871	7,273	7,565
1D	3,182	4,328	6,396	7,923	8,241
2A	3,481	4,734	6,997	8,668	9,016
2B	4,102	5,579	8,245	10,214	10,624
2C	4,848	6,593	9,744	12,072	12,556
2D	5,470	7,439	10,995	13,620	14,167
3A	5,843	8,005	12,095	15,367	16,068
3B	6,464	8,856	13,380	17,000	17,776
4A	7,086	9,708	14,668	18,636	19,487
4B	7,707	10,559	15,953	20,269	21,194
5A	8,702	11,922	18,013	22,886	23,931
5B	9,697	13,285	20,073	25,503	26,667
6A	10,194	13,966	21,102	26,810	28,034
6B	11,437	15,669	23,675	30,079	31,452
7	13,177	18,052	27,276	34,656	36,237
8	18,896	25,888	39,115	49,696	51,964

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ILLINOIS - AREA 2

PHYSICIANS AND SURGEONS
 STANDARD CLAIMS MADE RATES

0 YEARS SINCE RETROACTIVE DATE

Class	2000/2000	2000/4000	3000/3000	3000/5000	4000/4000
1A	6,097	6,134	6,871	6,908	7,497
1B	8,127	8,176	9,158	9,208	9,994
1C	9,549	9,607	10,761	10,819	11,742
1D	10,402	10,466	11,722	11,786	12,792
2A	11,379	11,449	12,824	12,894	13,994
2B	13,409	13,491	15,112	15,194	16,490
2C	15,848	15,945	17,860	17,957	19,489
2D	17,881	17,991	20,151	20,261	21,989
3A	20,772	20,889	23,664	23,781	25,914
3B	22,980	23,109	26,179	26,308	28,668
4A	25,191	25,332	28,698	28,840	31,426
4B	27,398	27,553	31,213	31,367	34,181
5A	30,936	31,110	35,243	35,417	38,593
5B	34,473	34,667	39,273	39,467	43,006
6A	36,240	36,444	41,286	41,490	45,210
6B	40,659	40,887	46,320	46,549	50,723
7	46,844	47,108	53,367	53,630	58,440
8	67,175	67,553	76,529	76,907	83,804

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PHYSICIANS AND SURGEONS
 STANDARD CLAIMS MADE RATES

0 YEARS SINCE RETROACTIVE DATE

Class	4000/6000	5000/5000	5000/7000
1A	7,535	8,029	8,066
1B	10,043	10,702	10,752
1C	11,801	12,575	12,633
1D	12,855	13,699	13,762
2A	14,063	14,986	15,055
2B	16,572	17,659	17,741
2C	19,586	20,871	20,968
2D	22,099	23,548	23,658
3A	26,031	27,836	27,959
3B	28,797	30,794	30,930
4A	31,568	33,758	33,907
4B	34,335	36,716	36,878
5A	38,767	41,456	41,639
5B	43,200	46,197	46,400
6A	45,414	48,564	48,778
6B	50,952	54,486	54,726
7	58,704	62,775	63,052
8	84,182	90,021	90,417

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ILLINOIS - AREA 2

PHYSICIANS AND SURGEONS

STANDARD CLAIMS MADE RATES

1 YEAR SINCE RETROACTIVE DATE

Class	100/300	200/600	500/1000	1000/1000	1000/3000
1A	3,221	4,381	6,474	8,020	8,342
1B	4,294	5,840	8,631	10,692	11,121
1C	5,046	6,863	10,142	12,565	13,069
1D	5,497	7,476	11,049	13,688	14,237
2A	6,012	8,176	12,084	14,970	15,571
2B	7,086	9,637	14,243	17,644	18,353
2C	8,374	11,389	16,832	20,851	21,689
2D	9,448	12,849	18,990	23,526	24,470
3A	10,092	13,826	20,890	26,542	27,753
3B	11,166	15,297	23,114	29,367	30,707
4A	12,239	16,767	25,335	32,189	33,657
4B	13,313	18,239	27,558	35,013	36,611
5A	15,031	20,592	31,114	39,532	41,335
5B	16,749	22,946	34,670	44,050	46,060
6A	17,607	24,122	36,446	46,306	48,419
6B	19,755	27,064	40,893	51,956	54,326
7	22,761	31,183	47,115	59,861	62,593
8	32,638	44,714	67,561	85,838	89,755

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PHYSICIANS AND SURGEONS
 STANDARD CLAIMS MADE RATES

1 YEAR SINCE RETROACTIVE DATE

Class	2000/2000	2000/4000	3000/3000	3000/5000	4000/4000
1A	10,529	10,594	11,866	11,931	12,948
1B	14,037	14,123	15,819	15,905	17,262
1C	16,495	16,596	18,589	18,690	20,285
1D	17,970	18,080	20,251	20,361	22,098
2A	19,653	19,773	22,148	22,268	24,168
2B	23,164	23,306	26,105	26,247	28,486
2C	27,375	27,542	30,850	31,017	33,663
2D	30,886	31,074	34,806	34,995	37,981
3A	35,877	36,079	40,873	41,074	44,758
3B	39,695	39,918	45,222	45,446	49,521
4A	43,510	43,754	49,568	49,813	54,280
4B	47,328	47,594	53,918	54,184	59,043
5A	53,435	53,736	60,876	61,176	66,662
5B	59,543	59,878	67,833	68,168	74,282
6A	62,593	62,945	71,308	71,660	78,087
6B	70,229	70,624	80,008	80,403	87,613
7	80,915	81,371	92,182	92,637	100,945
8	116,028	116,681	132,184	132,837	144,750

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1 YEAR SINCE RETROACTIVE DATE

Class	4000/6000	5000/5000	5000/7000
1A	13,013	13,866	13,931
1B	17,348	18,486	18,572
1C	20,386	21,723	21,824
1D	22,208	23,665	23,775
2A	24,288	25,882	26,002
2B	28,627	30,505	30,647
2C	33,831	36,050	36,218
2D	38,170	40,674	40,863
3A	44,960	48,078	48,290
3B	49,745	53,195	53,429
4A	54,525	58,307	58,564
4B	59,309	63,423	63,703
5A	66,963	71,608	71,923
5B	74,617	79,792	80,144
6A	78,439	83,880	84,249
6B	88,009	94,113	94,528
7	101,400	108,433	108,911
8	145,402	155,487	156,173

The
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 Fort Wayne, Indiana 46835
Professional Protection Exclusively Since 1899

ILLINOIS - AREA 2
 PHYSICIANS AND SURGEONS
 STANDARD CLAIMS MADE RATES

2 YEARS SINCE RETROACTIVE DATE

Class	100/300	200/600	500/1000	1000/1000	1000/3000
1A	5,086	6,917	10,223	12,664	13,173
1B	6,781	9,222	13,630	16,885	17,563
1C	7,967	10,835	16,014	19,838	20,635
1D	8,679	11,803	17,445	21,611	22,479
2A	9,493	12,910	19,081	23,638	24,587
2B	11,189	15,217	22,490	27,861	28,980
2C	13,223	17,983	26,578	32,925	34,248
2D	14,918	20,288	29,985	37,146	38,638
3A	15,935	21,831	32,985	41,909	43,821
3B	17,630	24,153	36,494	46,367	48,483
4A	19,325	26,475	40,003	50,825	53,144
4B	21,020	28,797	43,511	55,283	57,805
5A	23,733	32,514	49,127	62,418	65,266
5B	26,445	36,230	54,741	69,550	72,724
6A	27,801	38,087	57,548	73,117	76,453
6B	31,192	42,733	64,567	82,035	85,778
7	35,938	49,235	74,392	94,517	98,830
8	51,534	70,602	106,675	135,534	141,719

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ILLINOIS - AREA 2

PHYSICIANS AND SURGEONS
 STANDARD CLAIMS MADE RATES

2 YEARS SINCE RETROACTIVE DATE

Class	2000/2000	2000/4000	3000/3000	3000/5000	4000/4000
1A	16,626	16,728	18,737	18,839	20,446
1B	22,167	22,303	24,981	25,117	27,260
1C	26,044	26,203	29,350	29,510	32,027
1D	28,372	28,545	31,973	32,147	34,890
2A	31,033	31,222	34,972	35,162	38,162
2B	36,577	36,801	41,220	41,444	44,980
2C	43,226	43,490	48,714	48,978	53,156
2D	48,767	49,065	54,958	55,256	59,970
3A	56,649	56,968	64,537	64,855	70,672
3B	62,675	63,027	71,402	71,754	78,189
4A	68,700	69,087	78,266	78,653	85,706
4B	74,726	75,147	85,131	85,551	93,224
5A	84,371	84,845	96,119	96,593	105,256
5B	94,012	94,541	107,102	107,631	117,284
6A	98,833	99,389	112,594	113,150	123,297
6B	110,888	111,511	126,328	126,951	138,337
7	127,760	128,478	145,549	146,268	159,385
8	183,203	184,234	208,713	209,743	228,553

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ILLINOIS - AREA 2

**PHYSICIANS AND SURGEONS
 STANDARD CLAIMS MADE RATES**

2 YEARS SINCE RETROACTIVE DATE

Class	4000/6000	5000/5000	5000/7000
1A	20,547	21,895	21,997
1B	27,395	29,192	29,328
1C	32,187	34,298	34,457
1D	35,063	37,363	37,537
2A	38,352	40,867	41,057
2B	45,204	48,169	48,392
2C	53,421	56,925	57,189
2D	60,269	64,222	64,520
3A	70,990	75,914	76,249
3B	78,542	83,989	84,360
4A	86,093	92,064	92,470
4B	93,644	100,139	100,581
5A	105,731	113,064	113,562
5B	117,812	125,984	126,539
6A	123,853	132,444	133,028
6B	138,960	148,599	149,254
7	160,104	171,209	171,963
8	229,584	245,508	246,590

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ILLINOIS - AREA 2

PHYSICIANS AND SURGEONS

STANDARD CLAIMS MADE RATES

3 YEARS SINCE RETROACTIVE DATE

Class	100/300	200/600	500/1000	1000/1000	1000/3000
1A	6,103	8,300	12,267	15,196	15,807
1B	8,137	11,066	16,355	20,261	21,075
1C	9,561	13,003	19,218	23,807	24,763
1D	10,415	14,164	20,934	25,933	26,975
2A	11,391	15,492	22,896	28,364	29,503
2B	13,426	18,259	26,986	33,431	34,773
2C	15,867	21,579	31,893	39,509	41,096
2D	17,901	24,345	35,981	44,573	46,364
3A	19,121	26,196	39,580	50,288	52,583
3B	21,156	28,984	43,793	55,640	58,179
4A	23,190	31,770	48,003	60,990	63,773
4B	25,224	34,557	52,214	66,339	69,366
5A	28,480	39,018	58,954	74,902	78,320
5B	31,734	43,476	65,689	83,460	87,269
6A	33,361	45,705	69,057	87,739	91,743
6B	37,430	51,279	77,480	98,441	102,933
7	43,125	59,081	89,269	113,419	118,594
8	61,841	84,722	128,011	162,642	170,063

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PHYSICIANS AND SURGEONS
 STANDARD CLAIMS MADE RATES

3 YEARS SINCE RETROACTIVE DATE

Class	2000/2000	2000/4000	3000/3000	3000/5000	4000/4000
1A	19,951	20,073	22,483	22,606	24,534
1B	26,600	26,763	29,977	30,139	32,711
1C	31,255	31,446	35,223	35,414	38,435
1D	34,047	34,255	38,369	38,577	41,868
2A	37,237	37,465	41,964	42,192	45,792
2B	43,890	44,158	49,461	49,730	53,973
2C	51,869	52,187	58,454	58,771	63,785
2D	58,518	58,876	65,947	66,305	71,962
3A	67,975	68,358	77,440	77,822	84,802
3B	75,210	75,633	85,682	86,105	93,827
4A	82,440	82,904	93,920	94,383	102,848
4B	89,671	90,176	102,157	102,662	111,868
5A	101,246	101,816	115,344	115,914	126,309
5B	112,814	113,449	128,523	129,157	140,740
6A	118,598	119,266	135,112	135,779	147,956
6B	133,064	133,812	151,592	152,340	166,002
7	153,309	154,172	174,656	175,519	191,259
8	219,845	221,082	250,456	251,693	274,265

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ILLINOIS - AREA 2

PHYSICIANS AND SURGEONS
 STANDARD CLAIMS MADE RATES

3 YEARS SINCE RETROACTIVE DATE

Class	4000/6000	5000/5000	5000/7000
1A	24,656	26,273	26,395
1B	32,873	35,030	35,193
1C	38,626	41,160	41,351
1D	42,077	44,837	45,045
2A	46,020	49,038	49,266
2B	54,241	57,799	58,067
2C	64,103	68,307	68,625
2D	72,320	77,064	77,422
3A	85,184	91,092	91,494
3B	94,250	100,787	101,231
4A	103,311	110,477	110,964
4B	112,373	120,167	120,697
5A	126,878	135,679	136,277
5B	141,375	151,181	151,847
6A	148,623	158,932	159,632
6B	166,751	178,317	179,103
7	192,122	205,448	206,353
8	275,502	294,611	295,909

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ILLINOIS - AREA 2

PHYSICIANS AND SURGEONS

STANDARD CLAIMS MADE RATES

4 YEARS SINCE RETROACTIVE DATE

Class	100/300	200/600	500/1000	1000/1000	1000/3000
1A	6,442	8,761	12,948	16,041	16,685
1B	8,589	11,681	17,264	21,387	22,246
1C	10,092	13,725	20,285	25,129	26,138
1D	10,993	14,950	22,096	27,373	28,472
2A	12,024	16,353	24,168	29,940	31,142
2B	14,172	19,274	28,486	35,288	36,705
2C	16,749	22,779	33,665	41,705	43,380
2D	18,896	25,699	37,981	47,051	48,941
3A	20,184	27,652	41,781	53,084	55,506
3B	22,332	30,595	46,227	58,733	61,413
4A	24,479	33,536	50,672	64,380	67,317
4B	26,626	36,478	55,116	70,026	73,222
5A	30,062	41,185	62,228	79,063	82,671
5B	33,497	45,891	69,339	88,097	92,117
6A	35,215	48,245	72,895	92,615	96,841
6B	39,510	54,129	81,786	103,911	108,653
7	45,521	62,364	94,228	119,720	125,183
8	65,276	89,428	135,121	171,676	179,509

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ILLINOIS - AREA 2

PHYSICIANS AND SURGEONS
 STANDARD CLAIMS MADE RATES

4 YEARS SINCE RETROACTIVE DATE

Class	2000/2000	2000/4000	3000/3000	3000/5000	4000/4000
1A	21,059	21,188	23,732	23,861	25,897
1B	28,077	28,249	31,642	31,814	34,528
1C	32,991	33,193	37,179	37,381	40,570
1D	35,936	36,156	40,498	40,718	44,192
2A	39,306	39,547	44,296	44,537	48,336
2B	46,328	46,612	52,210	52,493	56,971
2C	54,752	55,087	61,703	62,038	67,331
2D	61,771	62,149	69,613	69,991	75,962
3A	71,754	72,158	81,745	82,149	89,516
3B	79,390	79,837	90,445	90,891	99,042
4A	87,023	87,512	99,140	99,630	108,564
4B	94,655	95,188	107,835	108,368	118,086
5A	106,870	107,472	121,751	122,352	133,325
5B	119,082	119,752	135,663	136,333	148,559
6A	125,189	125,894	142,621	143,325	156,179
6B	140,458	141,248	160,016	160,806	175,227
7	161,827	162,738	184,360	185,270	201,886
8	232,056	233,362	264,368	265,673	289,499

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ILLINOIS - AREA 2
 PHYSICIANS AND SURGEONS
 STANDARD CLAIMS MADE RATES

4 YEARS SINCE RETROACTIVE DATE

Class	4000/6000	5000/5000	5000/7000
1A	26,026	27,733	27,862
1B	34,700	36,976	37,147
1C	40,772	43,446	43,648
1D	44,412	47,325	47,545
2A	48,577	51,763	52,004
2B	57,255	61,010	61,294
2C	67,666	72,104	72,439
2D	76,340	81,347	81,725
3A	89,920	96,157	96,580
3B	99,489	106,390	106,859
4A	109,054	116,618	117,132
4B	118,619	126,846	127,405
5A	133,926	143,215	143,847
5B	149,229	159,580	160,283
6A	156,883	167,764	168,504
6B	176,017	188,226	189,055
7	202,796	216,862	217,818
8	290,805	310,975	312,346

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The
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Professional Protection Exclusively Since 1899

ILLINOIS - AREA 2
 PHYSICIANS AND SURGEONS
 STANDARD CLAIMS MADE RATES

MATURE

Class	100/300	200/600	500/1000	1000/1000	1000/3000
1A	6,781	9,222	13,630	16,885	17,563
1B	9,041	12,296	18,172	22,512	23,416
1C	10,623	14,447	21,352	26,451	27,514
1D	11,572	15,738	23,260	28,814	29,971
2A	12,657	17,214	25,441	31,516	32,782
2B	14,918	20,288	29,985	37,146	38,638
2C	17,630	23,977	35,436	43,899	45,662
2D	19,890	27,050	39,979	49,526	51,515
3A	21,246	29,107	43,979	55,877	58,427
3B	23,507	32,205	48,659	61,823	64,644
4A	25,767	35,301	53,338	67,767	70,859
4B	28,027	38,397	58,016	73,711	77,074
5A	31,644	43,352	65,503	83,224	87,021
5B	35,260	48,306	72,988	92,734	96,965
6A	37,068	50,783	76,731	97,489	101,937
6B	41,589	56,977	86,089	109,379	114,370
7	47,917	65,646	99,188	126,022	131,772
8	68,712	94,135	142,234	180,713	188,958

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ILLINOIS - AREA 2
 PHYSICIANS AND SURGEONS
 STANDARD CLAIMS MADE RATES

MATURE

Class	2000/2000	2000/4000	3000/3000	3000/5000	4000/4000
1A	22,167	22,303	24,981	25,117	27,260
1B	29,555	29,736	33,307	33,488	36,345
1C	34,727	34,939	39,135	39,348	42,704
1D	37,829	38,060	42,631	42,863	46,519
2A	41,376	41,629	46,628	46,882	50,881
2B	48,767	49,065	54,958	55,256	59,970
2C	57,632	57,985	64,949	65,302	70,873
2D	65,020	65,418	73,275	73,673	79,958
3A	75,530	75,954	86,046	86,471	94,226
3B	83,567	84,038	95,203	95,673	104,254
4A	91,602	92,117	104,356	104,872	114,277
4B	99,636	100,197	113,509	114,070	124,300
5A	112,494	113,127	128,158	128,791	140,341
5B	125,349	126,055	142,803	143,508	156,378
6A	131,777	132,518	150,125	150,867	164,397
6B	147,849	148,681	168,435	169,267	184,447
7	170,345	171,303	194,064	195,022	212,512
8	244,271	245,645	278,284	279,658	304,738

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ILLINOIS - AREA 2
 PHYSICIANS AND SURGEONS
 STANDARD CLAIMS MADE RATES

MATURE

Class	4000/6000	5000/5000	5000/7000
1A	27,395	29,192	29,328
1B	36,526	38,922	39,102
1C	42,917	45,732	45,944
1D	46,751	49,817	50,049
2A	51,134	54,488	54,742
2B	60,269	64,222	64,520
2C	71,225	75,897	76,250
2D	80,356	85,626	86,024
3A	94,651	101,216	101,662
3B	104,724	111,987	112,481
4A	114,792	122,754	123,295
4B	124,860	133,521	134,109
5A	140,974	150,752	151,417
5B	157,083	167,979	168,719
6A	165,138	176,592	177,370
6B	185,279	198,130	199,003
7	213,470	228,277	229,283
8	306,112	327,344	328,787

The
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ILLINOIS - AREA 3

PHYSICIANS AND SURGEONS
 STANDARD CLAIMS MADE RATES

0 YEARS SINCE RETROACTIVE DATE

Class	100/300	200/600	500/1000	1000/1000	1000/3000
1A	1,761	2,395	3,540	4,385	4,561
1B	2,348	3,193	4,719	5,847	6,081
1C	2,759	3,752	5,546	6,870	7,146
1D	3,006	4,088	6,042	7,485	7,786
2A	3,288	4,472	6,609	8,187	8,516
2B	3,874	5,269	7,787	9,646	10,034
2C	4,579	6,227	9,204	11,402	11,860
2D	5,166	7,026	10,384	12,863	13,380
3A	5,518	7,560	11,422	14,512	15,175
3B	6,105	8,364	12,637	16,056	16,789
4A	6,692	9,168	13,852	17,600	18,403
4B	7,280	9,974	15,070	19,146	20,020
5A	8,219	11,260	17,013	21,616	22,602
5B	9,158	12,546	18,957	24,086	25,185
6A	9,628	13,190	19,930	25,322	26,477
6B	10,802	14,799	22,360	28,409	29,706
7	12,446	17,051	25,763	32,733	34,227
8	17,846	24,449	36,941	46,935	49,077

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ILLINOIS - AREA 3

PHYSICIANS AND SURGEONS

STANDARD CLAIMS MADE RATES

0 YEARS SINCE RETROACTIVE DATE

Class	2000/2000	2000/4000	3000/3000	3000/5000	4000/4000
1A	5,757	5,792	6,488	6,523	7,079
1B	7,676	7,723	8,650	8,697	9,439
1C	9,019	9,074	10,164	10,219	11,091
1D	9,827	9,887	11,074	11,134	12,084
2A	10,748	10,814	12,113	12,179	13,218
2B	12,664	12,742	14,272	14,349	15,573
2C	14,969	15,060	16,869	16,961	18,408
2D	16,888	16,991	19,032	19,135	20,767
3A	19,616	19,727	22,348	22,458	24,472
3B	21,703	21,825	24,725	24,847	27,076
4A	23,790	23,924	27,103	27,236	29,679
4B	25,880	26,026	29,484	29,630	32,287
5A	29,219	29,383	33,287	33,451	36,451
5B	32,557	32,740	37,090	37,273	40,616
6A	34,228	34,420	38,993	39,186	42,700
6B	38,401	38,617	43,748	43,964	47,907
7	44,246	44,494	50,406	50,655	55,198
8	63,443	63,799	72,276	72,633	79,147

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ILLINOIS - AREA 3
 PHYSICIANS AND SURGEONS
 STANDARD CLAIMS MADE RATES

0 YEARS SINCE RETROACTIVE DATE

Class	4000/6000	5000/5000	5000/7000
1A	7,114	7,581	7,616
1B	9,486	10,108	10,155
1C	11,146	11,877	11,933
1D	12,144	12,941	13,001
2A	13,284	14,155	14,221
2B	15,651	16,678	16,755
2C	18,499	19,713	19,804
2D	20,871	22,240	22,343
3A	24,583	26,288	26,404
3B	27,198	29,084	29,212
4A	29,813	31,881	32,021
4B	32,432	34,682	34,835
5A	36,616	39,155	39,328
5B	40,799	43,629	43,821
6A	42,893	45,868	46,070
6B	48,123	51,461	51,688
7	55,447	59,293	59,554
8	79,504	85,018	85,393

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ILLINOIS - AREA 3
 PHYSICIANS AND SURGEONS
 STANDARD CLAIMS MADE RATES

1 YEAR SINCE RETROACTIVE DATE

Class	100/300	200/600	500/1000	1000/1000	1000/3000
1A	3,042	4,137	6,114	7,575	7,879
1B	4,056	5,516	8,153	10,099	10,505
1C	4,766	6,482	9,580	11,867	12,344
1D	5,192	7,061	10,436	12,928	13,447
2A	5,679	7,723	11,415	14,141	14,709
2B	6,692	9,101	13,451	16,663	17,332
2C	7,909	10,756	15,897	19,693	20,484
2D	8,923	12,135	17,935	22,218	23,111
3A	9,532	13,059	19,731	25,069	26,213
3B	10,545	14,447	21,828	27,733	28,999
4A	11,560	15,837	23,929	30,403	31,790
4B	12,574	17,226	26,028	33,070	34,579
5A	14,196	19,449	29,386	37,335	39,039
5B	15,818	21,671	32,743	41,601	43,500
6A	16,630	22,783	34,424	43,737	45,733
6B	18,658	25,561	38,622	49,071	51,310
7	21,497	29,451	44,499	56,537	59,117
8	30,826	42,232	63,810	81,072	84,772

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ILLINOIS - AREA 3

PHYSICIANS AND SURGEONS
 STANDARD CLAIMS MADE RATES

1 YEAR SINCE RETROACTIVE DATE

Class	2000/2000	2000/4000	3000/3000	3000/5000	4000/4000
1A	9,944	10,005	11,207	11,268	12,229
1B	13,259	13,340	14,942	15,023	16,305
1C	15,580	15,675	17,558	17,653	19,159
1D	16,973	17,076	19,127	19,231	20,872
2A	18,565	18,678	20,921	21,035	22,830
2B	21,876	22,010	24,653	24,787	26,902
2C	25,855	26,013	29,137	29,295	31,794
2D	29,169	29,348	32,872	33,051	35,870
3A	33,886	34,077	38,605	38,795	42,274
3B	37,487	37,698	42,707	42,918	46,767
4A	41,096	41,327	46,818	47,049	51,269
4B	44,701	44,952	50,925	51,176	55,766
5A	50,467	50,751	57,494	57,778	62,959
5B	56,233	56,549	64,063	64,379	70,153
6A	59,120	59,452	67,352	67,684	73,754
6B	66,329	66,702	75,565	75,938	82,748
7	76,422	76,852	87,063	87,493	95,339
8	109,586	110,203	124,845	125,462	136,713

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

ILLINOIS - AREA 3

PHYSICIANS AND SURGEONS
STANDARD CLAIMS MADE RATES

1 YEAR SINCE RETROACTIVE DATE

Class	4000/6000	5000/5000	5000/7000
1A	12,290	13,096	13,157
1B	16,386	17,461	17,542
1C	19,255	20,518	20,613
1D	20,976	22,352	22,455
2A	22,943	24,448	24,562
2B	27,036	28,809	28,943
2C	31,952	34,048	34,206
2D	36,049	38,414	38,592
3A	42,465	45,410	45,611
3B	46,978	50,236	50,458
4A	51,500	55,072	55,315
4B	56,017	59,903	60,167
5A	63,243	67,630	67,928
5B	70,469	75,357	75,689
6A	74,087	79,225	79,575
6B	83,121	88,887	89,279
7	95,769	102,412	102,863
8	137,330	146,855	147,502

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ILLINOIS - AREA 3

PHYSICIANS AND SURGEONS

STANDARD CLAIMS MADE RATES

2 YEARS SINCE RETROACTIVE DATE

Class	100/300	200/600	500/1000	1000/1000	1000/3000
1A	4,803	6,532	9,654	11,959	12,440
1B	6,404	8,709	12,872	15,946	16,586
1C	7,525	10,234	15,125	18,737	19,490
1D	8,198	11,149	16,478	20,413	21,233
2A	8,966	12,194	18,022	22,325	23,222
2B	10,567	14,371	21,240	26,312	27,369
2C	12,488	16,984	25,101	31,095	32,344
2D	14,090	19,162	28,321	35,084	36,493
3A	15,050	20,619	31,154	39,582	41,388
3B	16,651	22,812	34,468	43,792	45,790
4A	18,252	25,005	37,782	48,003	50,193
4B	19,853	27,199	41,096	52,213	54,596
5A	22,415	30,709	46,399	58,951	61,641
5B	24,977	34,218	51,702	65,690	68,687
6A	26,258	35,973	54,354	69,059	72,210
6B	29,459	40,359	60,980	77,477	81,012
7	33,943	46,502	70,262	89,270	93,343
8	48,672	66,681	100,751	128,007	133,848

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ILLINOIS - AREA 3
 PHYSICIANS AND SURGEONS
 STANDARD CLAIMS MADE RATES

2 YEARS SINCE RETROACTIVE DATE

Class	2000/2000	2000/4000	3000/3000	3000/5000	4000/4000
1A	15,701	15,797	17,694	17,790	19,308
1B	20,935	21,063	23,592	23,720	25,744
1C	24,599	24,750	27,722	27,873	30,251
1D	26,799	26,963	30,201	30,365	32,956
2A	29,310	29,489	33,031	33,210	36,043
2B	34,544	34,755	38,929	39,140	42,479
2C	40,823	41,073	46,006	46,256	50,202
2D	46,060	46,342	51,908	52,189	56,642
3A	53,503	53,804	60,953	61,254	66,747
3B	59,194	59,527	67,437	67,770	73,847
4A	64,886	65,251	73,921	74,286	80,948
4B	70,577	70,974	80,405	80,802	88,048
5A	79,685	80,134	90,781	91,229	99,411
5B	88,793	89,293	101,157	101,656	110,773
6A	93,347	93,872	106,345	106,870	116,454
6B	104,727	105,316	119,309	119,898	130,651
7	120,667	121,346	137,469	138,148	150,537
8	173,029	174,002	197,122	198,095	215,860

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ILLINOIS - AREA 3
 PHYSICIANS AND SURGEONS
 STANDARD CLAIMS MADE RATES

2 YEARS SINCE RETROACTIVE DATE

Class	4000/6000	5000/5000	5000/7000
1A	19,404	20,677	20,773
1B	25,872	27,569	27,697
1C	30,401	32,395	32,546
1D	33,120	35,292	35,456
2A	36,223	38,599	38,778
2B	42,691	45,491	45,702
2C	50,452	53,761	54,011
2D	56,924	60,657	60,939
3A	67,048	71,698	72,014
3B	74,180	79,325	79,675
4A	81,313	86,953	87,336
4B	88,445	94,580	94,997
5A	99,859	106,785	107,256
5B	111,273	118,990	119,515
6A	116,979	125,093	125,645
6B	131,240	140,343	140,961
7	151,216	161,704	162,417
8	216,834	231,873	232,896

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ILLINOIS - AREA 3

PHYSICIANS AND SURGEONS
 STANDARD CLAIMS MADE RATES

3 YEARS SINCE RETROACTIVE DATE

Class	100/300	200/600	500/1000	1000/1000	1000/3000
1A	5,764	7,839	11,586	14,352	14,929
1B	7,685	10,452	15,447	19,136	19,904
1C	9,030	12,281	18,150	22,485	23,388
1D	9,837	13,378	19,772	24,494	25,478
2A	10,760	14,634	21,628	26,792	27,868
2B	12,680	17,245	25,487	31,573	32,841
2C	14,986	20,381	30,122	37,315	38,814
2D	16,907	22,994	33,983	42,098	43,789
3A	18,060	24,742	37,384	47,498	49,665
3B	19,981	27,374	41,361	52,550	54,948
4A	21,902	30,006	45,337	57,602	60,231
4B	23,824	32,639	49,316	62,657	65,516
5A	26,898	36,850	55,679	70,742	73,970
5B	29,972	41,062	62,042	78,826	82,423
6A	31,509	43,167	65,224	82,869	86,650
6B	35,351	48,431	73,177	92,973	97,215
7	40,731	55,801	84,313	107,123	112,010
8	58,406	80,016	120,900	153,608	160,617

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ILLINOIS - AREA 3

PHYSICIANS AND SURGEONS
 STANDARD CLAIMS MADE RATES

3 YEARS SINCE RETROACTIVE DATE

Class	2000/2000	2000/4000	3000/3000	3000/5000	4000/4000
1A	18,843	18,958	21,235	21,350	23,171
1B	25,122	25,276	28,312	28,465	30,894
1C	29,519	29,700	33,267	33,447	36,301
1D	32,157	32,354	36,240	36,436	39,545
2A	35,174	35,390	39,640	39,855	43,255
2B	41,451	41,705	46,713	46,967	50,974
2C	48,989	49,289	55,208	55,508	60,244
2D	55,269	55,607	62,285	62,624	67,966
3A	64,203	64,565	73,143	73,504	80,096
3B	71,032	71,432	80,923	81,323	88,616
4A	77,862	78,300	88,703	89,141	97,135
4B	84,694	85,171	96,487	96,964	105,659
5A	95,622	96,160	108,937	109,475	119,293
5B	106,550	107,150	121,387	121,986	132,926
6A	112,014	112,645	127,611	128,242	139,742
6B	125,673	126,380	143,172	143,879	156,782
7	144,799	145,613	164,961	165,775	180,642
8	207,633	208,801	236,544	237,712	259,031

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ILLINOIS - AREA 3
 PHYSICIANS AND SURGEONS
 STANDARD CLAIMS MADE RATES
 3 YEARS SINCE RETROACTIVE DATE

Class	4000/6000	5000/5000	5000/7000
1A	23,287	24,814	24,929
1B	31,047	33,084	33,238
1C	36,481	38,874	39,055
1D	39,741	42,348	42,545
2A	43,470	46,322	46,537
2B	51,227	54,587	54,841
2C	60,543	64,515	64,814
2D	68,304	72,785	73,123
3A	80,457	86,038	86,417
3B	89,015	95,189	95,609
4A	97,573	104,341	104,801
4B	106,136	113,498	113,998
5A	119,831	128,142	128,707
5B	133,525	142,787	143,416
6A	140,373	150,109	150,771
6B	157,489	168,412	169,155
7	181,457	194,042	194,898
8	260,199	278,246	279,473

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ILLINOIS - AREA 3

**PHYSICIANS AND SURGEONS
 STANDARD CLAIMS MADE RATES**

4 YEARS SINCE RETROACTIVE DATE

Class	100/300	200/600	500/1000	1000/1000	1000/3000
1A	6,084	8,274	12,229	15,149	15,758
1B	8,112	11,032	16,305	20,199	21,010
1C	9,531	12,962	19,157	23,732	24,685
1D	10,384	14,122	20,872	25,856	26,895
2A	11,357	15,446	22,828	28,279	29,415
2B	13,385	18,204	26,904	33,329	34,667
2C	15,818	21,512	31,794	39,387	40,969
2D	17,847	24,272	35,872	44,439	46,224
3A	19,064	26,118	39,462	50,138	52,426
3B	21,091	28,895	43,658	55,469	58,000
4A	23,119	31,673	47,856	60,803	63,577
4B	25,147	34,451	52,054	66,137	69,154
5A	28,393	38,898	58,774	74,674	78,081
5B	31,637	43,343	65,489	83,205	87,002
6A	33,260	45,566	68,848	87,474	91,465
6B	37,315	51,122	77,242	98,138	102,616
7	42,994	58,902	88,998	113,074	118,234
8	61,651	84,462	127,618	162,142	169,540

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ILLINOIS - AREA 3

PHYSICIANS AND SURGEONS
 STANDARD CLAIMS MADE RATES

4 YEARS SINCE RETROACTIVE DATE

Class	2000/2000	2000/4000	3000/3000	3000/5000	4000/4000
1A	19,889	20,010	22,413	22,535	24,458
1B	26,518	26,680	29,885	30,047	32,610
1C	31,157	31,347	35,112	35,303	38,315
1D	33,945	34,153	38,255	38,462	41,744
2A	37,126	37,353	41,839	42,066	45,655
2B	43,756	44,023	49,310	49,578	53,808
2C	51,709	52,025	58,274	58,590	63,588
2D	58,342	58,699	65,748	66,105	71,745
3A	67,773	68,154	77,209	77,590	84,549
3B	74,979	75,400	85,419	85,840	93,539
4A	82,188	82,650	93,632	94,094	102,533
4B	89,398	89,901	101,845	102,348	111,527
5A	100,937	101,505	114,992	115,560	125,923
5B	112,470	113,102	128,130	128,763	140,310
6A	118,239	118,905	134,703	135,368	147,508
6B	132,655	133,401	151,126	151,872	165,492
7	152,844	153,704	174,126	174,986	190,678
8	219,169	220,402	249,687	250,920	273,422

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ILLINOIS - AREA 3

PHYSICIANS AND SURGEONS
 STANDARD CLAIMS MADE RATES

4 YEARS SINCE RETROACTIVE DATE

Class	4000/6000	5000/5000	5000/7000
1A	24,579	26,192	26,313
1B	32,772	34,922	35,084
1C	38,505	41,031	41,222
1D	41,951	44,703	44,911
2A	45,882	48,892	49,119
2B	54,075	57,622	57,890
2C	63,905	68,096	68,413
2D	72,102	76,831	77,188
3A	84,930	90,821	91,221
3B	93,960	100,478	100,920
4A	102,995	110,139	110,624
4B	112,030	119,800	120,328
5A	126,491	135,264	135,861
5B	140,943	150,719	151,383
6A	148,173	158,451	159,149
6B	166,238	177,769	178,552
7	191,538	204,823	205,726
8	274,655	293,705	295,000

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ILLINOIS - AREA 3
PHYSICIANS AND SURGEONS
STANDARD CLAIMS MADE RATES

MATURE

Class	100/300	200/600	500/1000	1000/1000	1000/3000
1A	6,404	8,709	12,872	15,946	16,586
1B	8,539	11,613	17,163	21,262	22,116
1C	10,033	13,645	20,166	24,982	25,985
1D	10,930	14,865	21,969	27,216	28,309
2A	11,955	16,259	24,030	29,768	30,963
2B	14,089	19,161	28,319	35,082	36,491
2C	16,651	22,645	33,469	41,461	43,126
2D	18,786	25,549	37,760	46,777	48,656
3A	20,067	27,492	41,539	52,776	55,184
3B	22,201	30,415	45,956	58,389	61,053
4A	24,336	33,340	50,376	64,004	66,924
4B	26,471	36,265	54,795	69,619	72,795
5A	29,887	40,945	61,866	78,603	82,189
5B	33,302	45,624	68,935	87,584	91,581
6A	35,010	47,964	72,471	92,076	96,278
6B	39,279	53,812	81,308	103,304	108,017
7	45,257	62,002	93,682	119,026	124,457
8	64,896	88,908	134,335	170,676	178,464

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ILLINOIS - AREA 3
 PHYSICIANS AND SURGEONS
 STANDARD CLAIMS MADE RATES

MATURE

Class	2000/2000	2000/4000	3000/3000	3000/5000	4000/4000
1A	20,935	21,063	23,592	23,720	25,744
1B	27,914	28,085	31,458	31,628	34,327
1C	32,798	32,999	36,962	37,162	40,333
1D	35,730	35,949	40,266	40,485	43,939
2A	39,081	39,320	44,042	44,281	48,059
2B	46,057	46,339	51,904	52,186	56,638
2C	54,432	54,765	61,342	61,675	66,937
2D	61,411	61,787	69,208	69,583	75,520
3A	71,338	71,740	81,271	81,673	88,997
3B	78,925	79,369	89,914	90,358	98,461
4A	86,514	87,001	98,561	99,048	107,930
4B	94,104	94,634	107,208	107,737	117,399
5A	106,248	106,846	121,042	121,640	132,549
5B	118,389	119,055	134,873	135,539	147,694
6A	124,461	125,161	141,791	142,491	155,269
6B	139,637	140,422	159,080	159,866	174,202
7	160,889	161,794	183,291	184,196	200,715
8	230,705	232,003	262,829	264,127	287,814

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ILLINOIS - AREA 3
 PHYSICIANS AND SURGEONS
 STANDARD CLAIMS MADE RATES

MATURE

Class	4000/6000	5000/5000	5000/7000
1A	25,872	27,569	27,697
1B	34,498	36,760	36,931
1C	40,533	43,192	43,393
1D	44,157	47,054	47,272
2A	48,298	51,466	51,705
2B	56,920	60,653	60,935
2C	67,270	71,683	72,016
2D	75,895	80,874	81,249
3A	89,398	95,599	96,021
3B	98,905	105,766	106,232
4A	108,417	115,937	116,448
4B	117,928	126,108	126,664
5A	133,147	142,382	143,009
5B	148,360	158,651	159,350
6A	155,970	166,788	167,523
6B	174,988	187,125	187,950
7	201,620	215,604	216,555
8	289,112	309,165	310,527

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ILLINOIS - AREA 4

PHYSICIANS AND SURGEONS

STANDARD CLAIMS MADE RATES

0 YEARS SINCE RETROACTIVE DATE

Class	100/300	200/600	500/1000	1000/1000	1000/3000
1A	1,554	2,113	3,124	3,869	4,025
1B	2,072	2,818	4,165	5,159	5,366
1C	2,435	3,312	4,894	6,063	6,307
1D	2,652	3,607	5,331	6,603	6,869
2A	2,901	3,945	5,831	7,223	7,514
2B	3,419	4,650	6,872	8,513	8,855
2C	4,041	5,496	8,122	10,062	10,466
2D	4,559	6,200	9,164	11,352	11,808
3A	4,869	6,671	10,079	12,805	13,390
3B	5,388	7,382	11,153	14,170	14,817
4A	5,906	8,091	12,225	15,533	16,242
4B	6,424	8,801	13,298	16,895	17,666
5A	7,253	9,937	15,014	19,075	19,946
5B	8,081	11,071	16,728	21,253	22,223
6A	8,496	11,640	17,587	22,344	23,364
6B	9,532	13,059	19,731	25,069	26,213
7	10,982	15,045	22,733	28,883	30,201
8	15,748	21,575	32,598	41,417	43,307

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ILLINOIS - AREA 4

PHYSICIANS AND SURGEONS
 STANDARD CLAIMS MADE RATES

0 YEARS SINCE RETROACTIVE DATE

Class	2000/2000	2000/4000	3000/3000	3000/5000	4000/4000
1A	5,080	5,111	5,725	5,756	6,247
1B	6,773	6,815	7,633	7,675	8,329
1C	7,960	8,009	8,971	9,019	9,789
1D	8,669	8,722	9,770	9,823	10,661
2A	9,483	9,541	10,687	10,745	11,662
2B	11,177	11,245	12,596	12,664	13,744
2C	13,210	13,291	14,887	14,968	16,245
2D	14,903	14,995	16,795	16,887	18,327
3A	17,309	17,407	19,719	19,817	21,594
3B	19,154	19,262	21,821	21,929	23,896
4A	20,996	21,114	23,919	24,037	26,193
4B	22,837	22,966	26,017	26,146	28,490
5A	25,784	25,929	29,375	29,520	32,167
5B	28,728	28,890	32,728	32,890	35,839
6A	30,203	30,373	34,409	34,579	37,680
6B	33,886	34,077	38,605	38,795	42,274
7	39,041	39,261	44,477	44,697	48,705
8	55,984	56,299	63,779	64,094	69,842

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ILLINOIS - AREA 4
 PHYSICIANS AND SURGEONS
 STANDARD CLAIMS MADE RATES

0 YEARS SINCE RETROACTIVE DATE

Class	4000/6000	5000/5000	5000/7000
1A	6,278	6,690	6,721
1B	8,371	8,920	8,961
1C	9,837	10,483	10,531
1D	10,714	11,417	11,470
2A	11,720	12,489	12,547
2B	13,813	14,719	14,787
2C	16,326	17,397	17,477
2D	18,418	19,626	19,718
3A	21,691	23,196	23,298
3B	24,004	25,668	25,782
4A	26,311	28,136	28,260
4B	28,619	30,604	30,739
5A	32,312	34,553	34,706
5B	36,001	38,498	38,668
6A	37,850	40,475	40,653
6B	42,465	45,410	45,611
7	48,925	52,318	52,549
8	70,157	75,023	75,354

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ILLINOIS - AREA 4
 PHYSICIANS AND SURGEONS
 STANDARD CLAIMS MADE RATES
 1 YEAR SINCE RETROACTIVE DATE

Class	100/300	200/600	500/1000	1000/1000	1000/3000
1A	2,684	3,650	5,395	6,683	6,952
1B	3,579	4,867	7,194	8,912	9,270
1C	4,206	5,720	8,454	10,473	10,894
1D	4,581	6,230	9,208	11,407	11,865
2A	5,011	6,815	10,072	12,477	12,978
2B	5,906	8,032	11,871	14,706	15,297
2C	6,979	9,491	14,028	17,378	18,076
2D	7,874	10,709	15,827	19,606	20,394
3A	8,411	11,523	17,411	22,121	23,130
3B	9,306	12,749	19,263	24,475	25,592
4A	10,201	13,975	21,116	26,829	28,053
4B	11,096	15,202	22,969	29,182	30,514
5A	12,527	17,162	25,931	32,946	34,449
5B	13,959	19,124	28,895	36,712	38,387
6A	14,675	20,105	30,377	38,595	40,356
6B	16,464	22,556	34,080	43,300	45,276
7	18,970	25,989	39,268	49,891	52,168
8	27,201	37,265	56,306	71,539	74,803

The
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 Fort Wayne, Indiana 46835
Professional Protection Exclusively Since 1899

ILLINOIS - AREA 4

PHYSICIANS AND SURGEONS
 STANDARD CLAIMS MADE RATES

1 YEAR SINCE RETROACTIVE DATE

Class	2000/2000	2000/4000	3000/3000	3000/5000	4000/4000
1A	8,774	8,828	9,888	9,942	10,790
1B	11,700	11,771	13,185	13,257	14,388
1C	13,749	13,834	15,495	15,579	16,908
1D	14,975	15,067	16,876	16,968	18,416
2A	16,381	16,481	18,461	18,561	20,144
2B	19,307	19,425	21,758	21,876	23,742
2C	22,814	22,954	25,711	25,850	28,056
2D	25,740	25,898	29,008	29,165	31,653
3A	29,901	30,069	34,065	34,233	37,303
3B	33,083	33,269	37,689	37,875	41,272
4A	36,265	36,469	41,314	41,518	45,241
4B	39,446	39,668	44,939	45,161	49,211
5A	44,533	44,784	50,734	50,985	55,557
5B	49,624	49,903	56,534	56,813	61,908
6A	52,170	52,463	59,434	59,727	65,084
6B	58,530	58,859	66,679	67,008	73,018
7	67,438	67,818	76,829	77,208	84,132
8	96,700	97,244	110,164	110,708	120,636

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ILLINOIS - AREA 4

PHYSICIANS AND SURGEONS
 STANDARD CLAIMS MADE RATES

1 YEAR SINCE RETROACTIVE DATE

Class	4000/6000	5000/5000	5000/7000
1A	10,843	11,555	11,608
1B	14,459	15,408	15,479
1C	16,992	18,107	18,191
1D	18,507	19,721	19,813
2A	20,244	21,572	21,673
2B	23,860	25,425	25,543
2C	28,195	30,045	30,184
2D	31,811	33,898	34,055
3A	37,471	40,070	40,247
3B	41,458	44,334	44,529
4A	45,445	48,598	48,812
4B	49,433	52,861	53,094
5A	55,808	59,679	59,942
5B	62,187	66,501	66,794
6A	65,377	69,912	70,220
6B	73,347	78,434	78,780
7	84,511	90,373	90,771
8	121,180	129,586	130,157

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ILLINOIS - AREA 4

PHYSICIANS AND SURGEONS
 STANDARD CLAIMS MADE RATES

2 YEARS SINCE RETROACTIVE DATE

Class	100/300	200/600	500/1000	1000/1000	1000/3000
1A	4,238	5,764	8,518	10,553	10,976
1B	5,651	7,685	11,359	14,071	14,636
1C	6,641	9,032	13,348	16,536	17,200
1D	7,234	9,838	14,540	18,013	18,736
2A	7,912	10,760	15,903	19,701	20,492
2B	9,325	12,682	18,743	23,219	24,152
2C	11,020	14,987	22,150	27,440	28,542
2D	12,433	16,909	24,990	30,958	32,201
3A	13,280	18,194	27,490	34,926	36,520
3B	14,693	20,129	30,415	38,643	40,406
4A	16,106	22,065	33,339	42,359	44,292
4B	17,519	24,001	36,264	46,075	48,177
5A	19,780	27,099	40,945	52,021	54,395
5B	22,040	30,195	45,623	57,965	60,610
6A	23,171	31,744	47,964	60,940	63,720
6B	25,996	35,615	53,812	68,369	71,489
7	29,952	41,034	62,001	78,774	82,368
8	42,950	58,842	88,907	112,959	118,113

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ILLINOIS - AREA 4

PHYSICIANS AND SURGEONS
 STANDARD CLAIMS MADE RATES

2 YEARS SINCE RETROACTIVE DATE

Class	2000/2000	2000/4000	3000/3000	3000/5000	4000/4000
1A	13,854	13,939	15,613	15,698	17,037
1B	18,473	18,586	20,818	20,931	22,717
1C	21,709	21,842	24,465	24,598	26,697
1D	23,648	23,793	26,650	26,795	29,081
2A	25,864	26,023	29,148	29,306	31,806
2B	30,483	30,670	34,353	34,540	37,487
2C	36,024	36,245	40,598	40,818	44,300
2D	40,643	40,892	45,803	46,052	49,981
3A	47,210	47,476	53,784	54,050	58,897
3B	52,234	52,527	59,507	59,801	65,163
4A	57,257	57,579	65,229	65,551	71,430
4B	62,280	62,630	70,952	71,302	77,697
5A	70,318	70,714	80,109	80,505	87,724
5B	78,352	78,793	89,262	89,703	97,747
6A	82,373	82,836	93,843	94,306	102,763
6B	92,416	92,936	105,284	105,804	115,292
7	106,479	107,078	121,306	121,905	132,837
8	152,687	153,546	173,948	174,807	190,483

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ILLINOIS - AREA 4
 PHYSICIANS AND SURGEONS
 STANDARD CLAIMS MADE RATES

2 YEARS SINCE RETROACTIVE DATE

Class	4000/6000	5000/5000	5000/7000
1A	17,122	18,245	18,329
1B	22,830	24,328	24,441
1C	26,830	28,590	28,722
1D	29,225	31,142	31,287
2A	31,964	34,061	34,219
2B	37,673	40,144	40,331
2C	44,521	47,441	47,662
2D	50,229	53,524	53,773
3A	59,162	63,266	63,545
3B	65,457	69,997	70,306
4A	71,752	76,729	77,067
4B	78,047	83,461	83,828
5A	88,120	94,232	94,647
5B	98,188	104,999	105,461
6A	103,227	110,387	110,873
6B	115,812	123,845	124,391
7	133,436	142,691	143,320
8	191,342	204,614	205,516

The
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Professional Protection Exclusively Since 1899

ILLINOIS - AREA 4

**PHYSICIANS AND SURGEONS
 STANDARD CLAIMS MADE RATES**

3 YEARS SINCE RETROACTIVE DATE

Class	100/300	200/600	500/1000	1000/1000	1000/3000
1A	5,086	6,917	10,223	12,664	13,173
1B	6,782	9,224	13,632	16,887	17,565
1C	7,969	10,838	16,018	19,843	20,640
1D	8,681	11,806	17,449	21,616	22,484
2A	9,494	12,912	19,083	23,640	24,589
2B	11,190	15,218	22,492	27,863	28,982
2C	13,224	17,985	26,580	32,928	34,250
2D	14,919	20,290	29,987	37,148	38,640
3A	15,936	21,832	32,988	41,912	43,824
3B	17,632	24,156	36,498	46,372	48,488
4A	19,328	26,479	40,009	50,833	53,152
4B	21,023	28,802	43,518	55,290	57,813
5A	23,736	32,518	49,134	62,426	65,274
5B	26,448	36,234	54,747	69,558	72,732
6A	27,805	38,093	57,556	73,127	76,464
6B	31,195	42,737	64,574	82,043	85,786
7	35,942	49,241	74,400	94,527	98,841
8	51,539	70,608	106,686	135,548	141,732

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ILLINOIS - AREA 4

PHYSICIANS AND SURGEONS
 STANDARD CLAIMS MADE RATES

3 YEARS SINCE RETROACTIVE DATE

Class	2000/2000	2000/4000	3000/3000	3000/5000	4000/4000
1A	16,626	16,728	18,737	18,839	20,446
1B	22,170	22,306	24,985	25,121	27,264
1C	26,051	26,210	29,358	29,517	32,035
1D	28,378	28,552	31,981	32,154	34,898
2A	31,036	31,226	34,976	35,166	38,166
2B	36,580	36,804	41,224	41,448	44,984
2C	43,229	43,494	48,717	48,982	53,160
2D	48,770	49,069	54,962	55,260	59,974
3A	56,652	56,971	64,541	64,860	70,676
3B	62,682	63,034	71,410	71,762	78,198
4A	68,711	69,098	78,278	78,665	85,720
4B	74,737	75,157	85,143	85,564	93,237
5A	84,381	84,856	96,131	96,606	105,269
5B	94,023	94,552	107,114	107,643	117,297
6A	98,847	99,403	112,610	113,166	123,315
6B	110,898	111,522	126,340	126,964	138,350
7	127,774	128,493	145,565	146,284	159,403
8	183,221	184,252	208,733	209,764	228,575

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Professional Protection Exclusively Since 1899

ILLINOIS - AREA 4
 PHYSICIANS AND SURGEONS
 STANDARD CLAIMS MADE RATES

3 YEARS SINCE RETROACTIVE DATE

Class	4000/6000	5000/5000	5000/7000
1A	20,547	21,895	21,997
1B	27,399	29,197	29,332
1C	32,195	34,307	34,466
1D	35,071	37,372	37,545
2A	38,356	40,872	41,062
2B	45,208	48,173	48,397
2C	53,425	56,929	57,194
2D	60,273	64,226	64,525
3A	70,995	75,919	76,254
3B	78,551	83,999	84,369
4A	86,106	92,079	92,484
4B	93,657	100,154	100,595
5A	105,744	113,078	113,577
5B	117,826	125,998	126,554
6A	123,871	132,463	133,047
6B	138,974	148,613	149,268
7	160,122	171,228	171,982
8	229,606	245,532	246,614

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ILLINOIS - AREA 4

**PHYSICIANS AND SURGEONS
 STANDARD CLAIMS MADE RATES**

4 YEARS SINCE RETROACTIVE DATE

Class	100/300	200/600	500/1000	1000/1000	1000/3000
1A	5,368	7,300	10,790	13,366	13,903
1B	7,158	9,735	14,388	17,823	18,539
1C	8,411	11,439	16,906	20,943	21,784
1D	9,163	12,462	18,418	22,816	23,732
2A	10,022	13,630	20,144	24,955	25,957
2B	11,811	16,063	23,740	29,409	30,590
2C	13,958	18,983	28,056	34,755	36,151
2D	15,748	21,417	31,653	39,213	40,787
3A	16,822	23,046	34,822	44,242	46,261
3B	18,611	25,497	38,525	48,947	51,180
4A	20,401	27,949	42,230	53,655	56,103
4B	22,191	30,402	45,935	58,362	61,025
5A	25,054	34,324	51,862	65,892	68,899
5B	27,918	38,248	57,790	73,424	76,775
6A	29,349	40,208	60,752	77,188	80,710
6B	32,928	45,111	68,161	86,601	90,552
7	37,939	51,976	78,534	99,780	104,332
8	54,403	74,532	112,614	143,080	149,608

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ILLINOIS - AREA 4
 PHYSICIANS AND SURGEONS
 STANDARD CLAIMS MADE RATES
 4 YEARS SINCE RETROACTIVE DATE

Class	2000/2000	2000/4000	3000/3000	3000/5000	4000/4000
1A	17,548	17,655	19,776	19,883	21,579
1B	23,400	23,543	26,370	26,513	28,775
1C	27,496	27,664	30,986	31,154	33,812
1D	29,954	30,137	33,756	33,940	36,835
2A	32,762	32,962	36,921	37,121	40,288
2B	38,610	38,846	43,512	43,748	47,480
2C	45,629	45,908	51,421	51,700	56,111
2D	51,480	51,795	58,016	58,331	63,307
3A	59,802	60,139	68,129	68,466	74,606
3B	66,162	66,534	75,375	75,747	82,540
4A	72,526	72,934	82,624	83,032	90,478
4B	78,889	79,333	89,874	90,317	98,417
5A	89,067	89,568	101,469	101,970	111,114
5B	99,248	99,807	113,068	113,626	123,816
6A	104,336	104,923	118,863	119,450	130,163
6B	117,059	117,718	133,358	134,017	146,036
7	134,873	135,632	153,653	154,412	168,259
8	193,403	194,491	220,332	221,420	241,277

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ILLINOIS - AREA 4
 PHYSICIANS AND SURGEONS
 STANDARD CLAIMS MADE RATES

4 YEARS SINCE RETROACTIVE DATE

Class	4000/6000	5000/5000	5000/7000
1A	21,687	23,109	23,217
1B	28,918	30,815	30,958
1C	33,980	36,209	36,378
1D	37,019	39,447	39,630
2A	40,489	43,145	43,345
2B	47,716	50,846	51,083
2C	56,390	60,089	60,368
2D	63,622	67,795	68,110
3A	74,942	80,140	80,493
3B	82,912	88,663	89,054
4A	90,886	97,190	97,619
4B	98,861	105,718	106,184
5A	111,616	119,357	119,883
5B	124,375	133,001	133,588
6A	130,750	139,819	140,435
6B	146,694	156,869	157,560
7	169,018	180,741	181,538
8	242,365	259,176	260,318

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ILLINOIS - AREA 4
 PHYSICIANS AND SURGEONS
 STANDARD CLAIMS MADE RATES

MATURE

Class	100/300	200/600	500/1000	1000/1000	1000/3000
1A	5,651	7,685	11,359	14,071	14,636
1B	7,535	10,248	15,145	18,762	19,516
1C	8,854	12,041	17,797	22,046	22,932
1D	9,645	13,117	19,386	24,016	24,981
2A	10,549	14,347	21,203	26,267	27,322
2B	12,433	16,909	24,990	30,958	32,201
2C	14,693	19,982	29,533	36,586	38,055
2D	16,577	22,545	33,320	41,277	42,934
3A	17,707	24,259	36,653	46,569	48,694
3B	19,591	26,840	40,553	51,524	53,875
4A	21,475	29,421	44,453	56,479	59,056
4B	23,359	32,002	48,353	61,434	64,237
5A	26,373	36,131	54,592	69,361	72,526
5B	29,387	40,260	60,831	77,288	80,814
6A	30,894	42,325	63,951	81,251	84,959
6B	34,661	47,486	71,748	91,158	95,318
7	39,936	54,712	82,668	105,032	109,824
8	57,266	78,454	118,541	150,610	157,482

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ILLINOIS - AREA 4
 PHYSICIANS AND SURGEONS
 STANDARD CLAIMS MADE RATES

MATURE

Class	2000/2000	2000/4000	3000/3000	3000/5000	4000/4000
1A	18,473	18,586	20,818	20,931	22,717
1B	24,632	24,783	27,759	27,910	30,291
1C	28,944	29,121	32,618	32,795	35,593
1D	31,530	31,722	35,532	35,725	38,773
2A	34,485	34,696	38,863	39,073	42,407
2B	40,643	40,892	45,803	46,052	49,981
2C	48,031	48,325	54,129	54,423	59,066
2D	54,190	54,522	61,070	61,401	66,640
3A	62,948	63,303	71,713	72,067	78,531
3B	69,646	70,038	79,344	79,735	86,886
4A	76,344	76,773	86,974	87,403	95,242
4B	83,041	83,508	94,604	95,071	103,597
5A	93,756	94,283	106,811	107,338	116,964
5B	104,471	105,059	119,017	119,605	130,331
6A	109,828	110,446	125,121	125,739	137,015
6B	123,220	123,913	140,377	141,070	153,722
7	141,972	142,771	161,741	162,540	177,116
8	203,581	204,726	231,927	233,073	253,975

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ILLINOIS - AREA 4
 PHYSICIANS AND SURGEONS
 STANDARD CLAIMS MADE RATES

MATURE

Class	4000/6000	5000/5000	5000/7000
1A	22,830	24,328	24,441
1B	30,441	32,438	32,589
1C	35,770	38,116	38,294
1D	38,966	41,522	41,715
2A	42,618	45,413	45,624
2B	50,229	53,524	53,773
2C	59,360	63,253	63,547
2D	66,971	71,364	71,696
3A	78,885	84,356	84,728
3B	87,278	93,332	93,743
4A	95,671	102,307	102,758
4B	104,064	111,282	111,773
5A	117,492	125,641	126,195
5B	130,919	140,000	140,617
6A	137,633	147,179	147,828
6B	154,415	165,125	165,853
7	177,915	190,255	191,094
8	255,120	272,815	274,018

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ILLINOIS - AREA 5

PHYSICIANS AND SURGEONS

STANDARD CLAIMS MADE RATES

0 YEARS SINCE RETROACTIVE DATE

Class	100/300	200/600	500/1000	1000/1000	1000/3000
1A	1,450	1,972	2,915	3,611	3,756
1B	1,934	2,630	3,887	4,816	5,009
1C	2,272	3,090	4,567	5,657	5,884
1D	2,475	3,366	4,975	6,163	6,410
2A	2,707	3,682	5,441	6,740	7,011
2B	3,191	4,340	6,414	7,946	8,265
2C	3,771	5,129	7,580	9,390	9,767
2D	4,254	5,785	8,551	10,592	11,018
3A	4,544	6,225	9,406	11,951	12,496
3B	5,028	6,888	10,408	13,224	13,827
4A	5,511	7,550	11,408	14,494	15,155
4B	5,995	8,213	12,410	15,767	16,486
5A	6,768	9,272	14,010	17,800	18,612
5B	7,542	10,333	15,612	19,835	20,741
6A	7,929	10,863	16,413	20,853	21,805
6B	8,895	12,186	18,413	23,394	24,461
7	10,249	14,041	21,215	26,955	28,185
8	14,697	20,135	30,423	38,653	40,417

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ILLINOIS - AREA 5
 PHYSICIANS AND SURGEONS
 STANDARD CLAIMS MADE RATES
 0 YEARS SINCE RETROACTIVE DATE

Class	2000/2000	2000/4000	3000/3000	3000/5000	4000/4000
1A	4,740	4,769	5,342	5,371	5,829
1B	6,322	6,361	7,125	7,164	7,775
1C	7,427	7,473	8,370	8,415	9,133
1D	8,091	8,140	9,118	9,167	9,950
2A	8,849	8,903	9,973	10,027	10,882
2B	10,431	10,495	11,756	11,819	12,828
2C	12,327	12,403	13,892	13,968	15,159
2D	13,906	13,991	15,672	15,757	17,101
3A	16,154	16,245	18,403	18,494	20,153
3B	17,875	17,975	20,363	20,464	22,299
4A	19,592	19,702	22,320	22,430	24,441
4B	21,312	21,432	24,280	24,400	26,588
5A	24,060	24,196	27,410	27,546	30,016
5B	26,812	26,963	30,545	30,696	33,449
6A	28,188	28,346	32,112	32,271	35,165
6B	31,622	31,800	36,025	36,203	39,449
7	36,435	36,640	41,508	41,713	45,454
8	52,248	52,542	59,523	59,817	65,181

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ILLINOIS - AREA 5
 PHYSICIANS AND SURGEONS
 STANDARD CLAIMS MADE RATES
 0 YEARS SINCE RETROACTIVE DATE

Class	4000/6000	5000/5000	5000/7000
1A	5,858	6,242	6,271
1B	7,813	8,326	8,365
1C	9,179	9,781	9,826
1D	9,999	10,655	10,704
2A	10,936	11,654	11,708
2B	12,892	13,737	13,801
2C	15,235	16,234	16,310
2D	17,186	18,313	18,399
3A	20,244	21,648	21,743
3B	22,400	23,953	24,059
4A	24,552	26,254	26,370
4B	26,708	28,560	28,686
5A	30,151	32,243	32,385
5B	33,600	35,930	36,088
6A	35,324	37,774	37,940
6B	39,627	42,376	42,563
7	45,659	48,826	49,041
8	65,475	70,017	70,325

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ILLINOIS - AREA 5
 PHYSICIANS AND SURGEONS
 STANDARD CLAIMS MADE RATES

1 YEAR SINCE RETROACTIVE DATE

Class	100/300	200/600	500/1000	1000/1000	1000/3000
1A	2,505	3,407	5,035	6,237	6,488
1B	3,340	4,542	6,713	8,317	8,651
1C	3,925	5,338	7,889	9,773	10,166
1D	4,275	5,814	8,593	10,645	11,072
2A	4,676	6,359	9,399	11,643	12,111
2B	5,511	7,495	11,077	13,722	14,273
2C	6,513	8,858	13,091	16,217	16,869
2D	7,348	9,993	14,769	18,297	19,031
3A	7,849	10,753	16,247	20,643	21,585
3B	8,684	11,897	17,976	22,839	23,881
4A	9,519	13,041	19,704	25,035	26,177
4B	10,355	14,186	21,435	27,234	28,476
5A	11,691	16,017	24,200	30,747	32,150
5B	13,027	17,847	26,966	34,261	35,824
6A	13,695	18,762	28,349	36,018	37,661
6B	15,365	21,050	31,806	40,410	42,254
7	17,703	24,253	36,645	46,559	48,683
8	25,385	34,777	52,547	66,763	69,809

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ILLINOIS - AREA 5
 PHYSICIANS AND SURGEONS
 STANDARD CLAIMS MADE RATES

1 YEAR SINCE RETROACTIVE DATE

Class	2000/2000	2000/4000	3000/3000	3000/5000	4000/4000
1A	8,189	8,239	9,228	9,279	10,070
1B	10,918	10,985	12,305	12,371	13,427
1C	12,831	12,909	14,460	14,538	15,779
1D	13,975	14,060	15,749	15,835	17,186
2A	15,286	15,379	17,226	17,320	18,798
2B	18,015	18,126	20,303	20,413	22,154
2C	21,291	21,421	23,994	24,124	26,182
2D	24,021	24,168	27,070	27,217	29,539
3A	27,903	28,060	31,788	31,945	34,810
3B	30,872	31,045	35,170	35,344	38,514
4A	33,840	34,030	38,552	38,742	42,217
4B	36,812	37,019	41,938	42,145	45,924
5A	41,562	41,795	47,349	47,582	51,850
5B	46,311	46,572	52,759	53,020	57,775
6A	48,686	48,960	55,465	55,739	60,737
6B	54,623	54,930	62,228	62,536	68,144
7	62,934	63,288	71,697	72,051	78,513
8	90,244	90,751	102,809	103,317	112,582

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 PHYSICIANS AND SURGEONS
 STANDARD CLAIMS MADE RATES

1 YEAR SINCE RETROACTIVE DATE

Class	4000/6000	5000/5000	5000/7000
1A	10,120	10,784	10,834
1B	13,494	14,379	14,446
1C	15,857	16,897	16,976
1D	17,271	18,404	18,489
2A	18,891	20,130	20,224
2B	22,264	23,725	23,835
2C	26,313	28,038	28,169
2D	29,686	31,633	31,780
3A	34,967	37,393	37,557
3B	38,687	41,371	41,553
4A	42,407	45,349	45,548
4B	46,132	49,331	49,549
5A	52,083	55,696	55,941
5B	58,035	62,061	62,334
6A	61,011	65,243	65,531
6B	68,451	73,199	73,522
7	78,867	84,337	84,709
8	113,090	120,934	121,467

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ILLINOIS - AREA 5
PHYSICIANS AND SURGEONS
STANDARD CLAIMS MADE RATES

2 YEARS SINCE RETROACTIVE DATE

Class	100/300	200/600	500/1000	1000/1000	1000/3000
1A	3,956	5,380	7,952	9,850	10,246
1B	5,274	7,173	10,601	13,132	13,660
1C	6,197	8,428	12,456	15,431	16,050
1D	6,751	9,181	13,570	16,810	17,485
2A	7,384	10,042	14,842	18,386	19,125
2B	8,702	11,835	17,491	21,668	22,538
2C	10,284	13,986	20,671	25,607	26,636
2D	11,603	15,780	23,322	28,891	30,052
3A	12,394	16,980	25,656	32,596	34,084
3B	13,712	18,785	28,384	36,063	37,708
4A	15,031	20,592	31,114	39,532	41,335
4B	16,349	22,398	33,842	42,998	44,960
5A	18,459	25,289	38,210	48,547	50,762
5B	20,569	28,180	42,578	54,096	56,565
6A	21,623	29,624	44,760	56,868	59,463
6B	24,260	33,236	50,218	63,804	66,715
7	27,953	38,296	57,863	73,516	76,871
8	40,082	54,912	82,970	105,416	110,226

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2 YEARS SINCE RETROACTIVE DATE

Class	2000/2000	2000/4000	3000/3000	3000/5000	4000/4000
1A	12,932	13,011	14,574	14,653	15,903
1B	17,241	17,346	19,429	19,535	21,201
1C	20,258	20,382	22,830	22,954	24,912
1D	22,069	22,204	24,871	25,006	27,139
2A	24,138	24,286	27,203	27,350	29,684
2B	28,447	28,621	32,058	32,232	34,982
2C	33,618	33,824	37,886	38,092	41,342
2D	37,930	38,162	42,745	42,978	46,644
3A	44,061	44,309	50,196	50,444	54,967
3B	48,746	49,020	55,534	55,808	60,813
4A	53,435	53,736	60,876	61,176	66,662
4B	58,121	58,448	66,213	66,540	72,508
5A	65,622	65,991	74,759	75,128	81,866
5B	73,123	73,534	83,304	83,716	91,224
6A	76,870	77,302	87,573	88,006	95,898
6B	86,244	86,730	98,253	98,738	107,593
7	99,373	99,932	113,210	113,769	123,972
8	142,492	143,293	162,332	163,134	177,764

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ILLINOIS - AREA 5
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 STANDARD CLAIMS MADE RATES

2 YEARS SINCE RETROACTIVE DATE

Class	4000/6000	5000/5000	5000/7000
1A	15,982	17,031	17,110
1B	21,307	22,705	22,810
1C	25,036	26,678	26,802
1D	27,274	29,063	29,198
2A	29,831	31,788	31,936
2B	35,156	37,462	37,636
2C	41,547	44,273	44,478
2D	46,876	49,951	50,183
3A	55,215	59,045	59,305
3B	61,087	65,324	65,612
4A	66,963	71,608	71,923
4B	72,835	77,887	78,230
5A	82,235	87,939	88,326
5B	91,635	97,991	98,423
6A	96,330	103,012	103,466
6B	108,078	115,575	116,084
7	124,531	133,168	133,755
8	178,565	190,951	191,792

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 PHYSICIANS AND SURGEONS
 STANDARD CLAIMS MADE RATES

3 YEARS SINCE RETROACTIVE DATE

Class	100/300	200/600	500/1000	1000/1000	1000/3000
1A	4,747	6,456	9,541	11,820	12,295
1B	6,329	8,607	12,721	15,759	16,392
1C	7,437	10,114	14,948	18,518	19,262
1D	8,101	11,017	16,283	20,171	20,982
2A	8,861	12,051	17,811	22,064	22,950
2B	10,443	14,202	20,990	26,003	27,047
2C	12,341	16,784	24,805	30,729	31,963
2D	13,923	18,935	27,985	34,668	36,061
3A	14,873	20,376	30,787	39,116	40,901
3B	16,455	22,543	34,062	43,277	45,251
4A	18,037	24,711	37,337	47,437	49,602
4B	19,619	26,878	40,611	51,598	53,952
5A	22,151	30,347	45,853	58,257	60,915
5B	24,683	33,816	51,094	64,916	67,878
6A	25,948	35,549	53,712	68,243	71,357
6B	29,112	39,883	60,262	76,565	80,058
7	33,543	45,954	69,434	88,218	92,243
8	48,099	65,896	99,565	126,500	132,272

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 STANDARD CLAIMS MADE RATES
 3 YEARS SINCE RETROACTIVE DATE

Class	2000/2000	2000/4000	3000/3000	3000/5000	4000/4000
1A	15,518	15,613	17,488	17,583	19,083
1B	20,690	20,816	23,316	23,443	25,443
1C	24,312	24,460	27,398	27,547	29,897
1D	26,482	26,644	29,844	30,006	32,566
2A	28,967	29,144	32,644	32,821	35,621
2B	34,138	34,347	38,472	38,681	41,981
2C	40,343	40,590	45,464	45,711	49,611
2D	45,514	45,793	51,292	51,571	55,970
3A	52,874	53,171	60,236	60,533	65,962
3B	58,498	58,827	66,643	66,972	72,978
4A	64,122	64,482	73,050	73,411	79,994
4B	69,746	70,138	79,457	79,849	87,010
5A	78,747	79,190	89,712	90,155	98,240
5B	87,748	88,242	99,966	100,460	109,469
6A	92,245	92,764	105,089	105,608	115,079
6B	103,493	104,075	117,904	118,486	129,112
7	119,245	119,916	135,849	136,520	148,763
8	170,992	171,954	194,801	195,763	213,319

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ILLINOIS - AREA 5

PHYSICIANS AND SURGEONS
 STANDARD CLAIMS MADE RATES

3 YEARS SINCE RETROACTIVE DATE

Class	4000/6000	5000/5000	5000/7000
1A	19,178	20,436	20,531
1B	25,569	27,246	27,373
1C	30,045	32,016	32,165
1D	32,728	34,875	35,037
2A	35,798	38,147	38,324
2B	42,190	44,957	45,166
2C	49,858	53,128	53,375
2D	56,249	59,939	60,217
3A	66,259	70,855	71,167
3B	73,307	78,392	78,737
4A	80,355	85,928	86,307
4B	87,403	93,465	93,877
5A	98,683	105,527	105,993
5B	109,963	117,590	118,108
6A	115,598	123,616	124,161
6B	129,694	138,690	139,301
7	149,434	159,799	160,503
8	214,281	229,144	230,154

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ILLINOIS - AREA 5
 PHYSICIANS AND SURGEONS
 STANDARD CLAIMS MADE RATES

4 YEARS SINCE RETROACTIVE DATE

Class	100/300	200/600	500/1000	1000/1000	1000/3000
1A	5,010	6,814	10,070	12,475	12,976
1B	6,680	9,085	13,427	16,633	17,301
1C	7,850	10,676	15,779	19,547	20,332
1D	8,551	11,629	17,188	21,292	22,147
2A	9,353	12,720	18,800	23,289	24,224
2B	11,023	14,991	22,156	27,447	28,550
2C	13,026	17,715	26,182	32,435	33,737
2D	14,697	19,988	29,541	36,596	38,065
3A	15,699	21,508	32,497	41,288	43,172
3B	17,369	23,796	35,954	45,680	47,765
4A	19,039	26,083	39,411	50,073	52,357
4B	20,709	28,371	42,868	54,465	56,950
5A	23,381	32,032	48,399	61,492	64,298
5B	26,054	35,694	53,932	68,522	71,649
6A	27,389	37,523	56,695	72,033	75,320
6B	30,730	42,100	63,611	80,820	84,508
7	35,407	48,508	73,292	93,120	97,369
8	50,771	69,556	105,096	133,528	139,620

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ILLINOIS - AREA 5

PHYSICIANS AND SURGEONS
 STANDARD CLAIMS MADE RATES

4 YEARS SINCE RETROACTIVE DATE

Class	2000/2000	2000/4000	3000/3000	3000/5000	4000/4000
1A	16,378	16,478	18,457	18,557	20,140
1B	21,837	21,971	24,609	24,743	26,854
1C	25,662	25,819	28,919	29,076	31,557
1D	27,953	28,124	31,502	31,673	34,375
2A	30,575	30,762	34,456	34,644	37,599
2B	36,034	36,255	40,609	40,829	44,312
2C	42,582	42,843	47,988	48,248	52,365
2D	48,044	48,338	54,144	54,438	59,082
3A	55,810	56,124	63,581	63,895	69,625
3B	61,747	62,094	70,344	70,692	77,032
4A	67,684	68,064	77,108	77,489	84,438
4B	73,620	74,035	83,871	84,286	91,844
5A	83,119	83,587	94,693	95,161	103,695
5B	92,622	93,143	105,519	106,040	115,549
6A	97,368	97,916	110,925	111,473	121,470
6B	109,245	109,860	124,457	125,071	136,288
7	125,872	126,580	143,398	144,106	157,030
8	180,491	181,506	205,623	206,638	225,169

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ILLINOIS - AREA 5
 PHYSICIANS AND SURGEONS
 STANDARD CLAIMS MADE RATES
 4 YEARS SINCE RETROACTIVE DATE

Class	4000/6000	5000/5000	5000/7000
1A	20,240	21,568	21,668
1B	26,987	28,757	28,891
1C	31,714	33,794	33,951
1D	34,546	36,812	36,983
2A	37,786	40,265	40,452
2B	44,533	47,454	47,674
2C	52,625	56,077	56,337
2D	59,376	63,271	63,565
3A	69,939	74,790	75,120
3B	77,379	82,746	83,111
4A	84,819	90,702	91,102
4B	92,259	98,658	99,093
5A	104,162	111,387	111,878
5B	116,071	124,121	124,668
6A	122,018	130,481	131,056
6B	136,902	146,398	147,043
7	157,738	168,679	169,422
8	226,185	241,873	242,939

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ILLINOIS - AREA 5
 PHYSICIANS AND SURGEONS
 STANDARD CLAIMS MADE RATES

MATURE

Class	100/300	200/600	500/1000	1000/1000	1000/3000
1A	5,274	7,173	10,601	13,132	13,660
1B	7,032	9,564	14,134	17,510	18,213
1C	8,263	11,238	16,609	20,575	21,401
1D	9,001	12,241	18,092	22,412	23,313
2A	9,845	13,389	19,788	24,514	25,499
2B	11,603	15,780	23,322	28,891	30,052
2C	13,712	18,648	27,561	34,143	35,514
2D	15,470	21,039	31,095	38,520	40,067
3A	16,525	22,639	34,207	43,461	45,444
3B	18,283	25,048	37,846	48,084	50,278
4A	20,041	27,456	41,485	52,708	55,113
4B	21,799	29,865	45,124	57,331	59,947
5A	24,612	33,718	50,947	64,730	67,683
5B	27,425	37,572	56,770	72,128	75,419
6A	28,831	39,498	59,680	75,826	79,285
6B	32,347	44,315	66,958	85,073	88,954
7	37,270	51,060	77,149	98,020	102,493
8	53,443	73,217	110,627	140,555	146,968

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ILLINOIS - AREA 5
PHYSICIANS AND SURGEONS
STANDARD CLAIMS MADE RATES

MATURE

Class	2000/2000	2000/4000	3000/3000	3000/5000	4000/4000
1A	17,241	17,346	19,429	19,535	21,201
1B	22,988	23,128	25,906	26,047	28,269
1C	27,012	27,177	30,441	30,606	33,217
1D	29,424	29,604	33,160	33,340	36,184
2A	32,183	32,380	36,269	36,466	39,577
2B	37,930	38,162	42,745	42,978	46,644
2C	44,825	45,099	50,515	50,789	55,122
2D	50,571	50,881	56,991	57,301	62,189
3A	58,746	59,077	66,926	67,257	73,288
3B	64,996	65,362	74,046	74,412	81,085
4A	71,246	71,647	81,166	81,567	88,882
4B	77,495	77,931	88,286	88,722	96,679
5A	87,496	87,988	99,679	100,171	109,154
5B	97,496	98,044	111,071	111,620	121,630
6A	102,494	103,071	116,766	117,342	127,865
6B	114,994	115,641	131,005	131,652	143,459
7	132,495	133,240	150,944	151,689	165,292
8	189,990	191,059	216,444	217,513	237,020

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ILLINOIS - AREA 5
PHYSICIANS AND SURGEONS
STANDARD CLAIMS MADE RATES

MATURE

Class	4000/6000	5000/5000	5000/7000
1A	21,307	22,705	22,810
1B	28,409	30,273	30,413
1C	33,383	35,572	35,737
1D	36,364	38,749	38,929
2A	39,774	42,383	42,580
2B	46,876	49,951	50,183
2C	55,396	59,030	59,304
2D	62,499	66,598	66,908
3A	73,619	78,725	79,072
3B	81,451	87,100	87,484
4A	89,283	95,475	95,896
4B	97,115	103,850	104,308
5A	109,646	117,252	117,768
5B	122,178	130,653	131,229
6A	128,442	137,351	137,956
6B	144,106	154,101	154,780
7	166,038	177,554	178,337
8	238,089	254,602	255,725

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ILLINOIS - AREA 6

PHYSICIANS AND SURGEONS
 STANDARD CLAIMS MADE RATES

0 YEARS SINCE RETROACTIVE DATE

Class	100/300	200/600	500/1000	1000/1000	1000/3000
1A	1,243	1,690	2,498	3,095	3,219
1B	1,658	2,255	3,333	4,128	4,294
1C	1,948	2,649	3,915	4,851	5,045
1D	2,122	2,886	4,265	5,284	5,496
2A	2,321	3,157	4,665	5,779	6,011
2B	2,735	3,720	5,497	6,810	7,084
2C	3,233	4,397	6,498	8,050	8,373
2D	3,647	4,960	7,330	9,081	9,446
3A	3,896	5,338	8,065	10,246	10,714
3B	4,310	5,905	8,922	11,335	11,853
4A	4,725	6,473	9,781	12,427	12,994
4B	5,139	7,040	10,638	13,516	14,132
5A	5,802	7,949	12,010	15,259	15,956
5B	6,465	8,857	13,383	17,003	17,779
6A	6,797	9,312	14,070	17,876	18,692
6B	7,625	10,446	15,784	20,054	20,969
7	8,786	12,037	18,187	23,107	24,162
8	12,599	17,261	26,080	33,135	34,647

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ILLINOIS - AREA 6
 PHYSICIANS AND SURGEONS
 STANDARD CLAIMS MADE RATES
 0 YEARS SINCE RETROACTIVE DATE

Class	2000/2000	2000/4000	3000/3000	3000/5000	4000/4000
1A	4,063	4,088	4,579	4,604	4,997
1B	5,420	5,453	6,108	6,141	6,665
1C	6,368	6,407	7,176	7,215	7,831
1D	6,937	6,979	7,817	7,860	8,530
2A	7,587	7,634	8,551	8,597	9,330
2B	8,941	8,995	10,076	10,130	10,995
2C	10,569	10,633	11,910	11,975	12,997
2D	11,922	11,995	13,436	13,508	14,661
3A	13,850	13,928	15,779	15,857	17,279
3B	15,322	15,408	17,456	17,542	19,115
4A	16,797	16,892	19,136	19,231	20,955
4B	18,269	18,372	20,813	20,916	22,791
5A	20,626	20,742	23,498	23,614	25,732
5B	22,983	23,112	26,183	26,313	28,672
6A	24,163	24,299	27,528	27,664	30,145
6B	27,107	27,259	30,881	31,034	33,817
7	31,234	31,410	35,583	35,759	38,966
8	44,789	45,041	51,026	51,278	55,877

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ILLINOIS - AREA 6
 PHYSICIANS AND SURGEONS
 STANDARD CLAIMS MADE RATES

0 YEARS SINCE RETROACTIVE DATE

Class	4000/6000	5000/5000	5000/7000
1A	5,022	5,351	5,376
1B	6,698	7,138	7,171
1C	7,870	8,386	8,425
1D	8,573	9,135	9,178
2A	9,377	9,992	10,038
2B	11,049	11,774	11,829
2C	13,061	13,918	13,983
2D	14,734	15,700	15,773
3A	17,357	18,561	18,642
3B	19,201	20,533	20,623
4A	21,050	22,510	22,609
4B	22,894	24,482	24,590
5A	25,848	27,641	27,763
5B	28,802	30,799	30,935
6A	30,281	32,381	32,524
6B	33,969	36,326	36,486
7	39,142	41,857	42,041
8	56,129	60,022	60,286

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ILLINOIS - AREA 6

PHYSICIANS AND SURGEONS
 STANDARD CLAIMS MADE RATES

1 YEAR SINCE RETROACTIVE DATE

Class	100/300	200/600	500/1000	1000/1000	1000/3000
1A	2,147	2,920	4,315	5,346	5,561
1B	2,863	3,894	5,755	7,129	7,415
1C	3,364	4,575	6,762	8,376	8,713
1D	3,665	4,984	7,367	9,126	9,492
2A	4,009	5,452	8,058	9,982	10,383
2B	4,724	6,425	9,495	11,763	12,235
2C	5,584	7,594	11,224	13,904	14,463
2D	6,299	8,567	12,661	15,685	16,314
3A	6,729	9,219	13,929	17,697	18,505
3B	7,445	10,200	15,411	19,580	20,474
4A	8,161	11,181	16,893	21,463	22,443
4B	8,876	12,160	18,373	23,344	24,409
5A	10,022	13,730	20,746	26,358	27,561
5B	11,167	15,299	23,116	29,369	30,709
6A	11,740	16,084	24,302	30,876	32,285
6B	13,171	18,044	27,264	34,640	36,220
7	15,175	20,790	31,412	39,910	41,731
8	21,761	29,813	45,045	57,231	59,843

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ILLINOIS - AREA 6
 PHYSICIANS AND SURGEONS
 STANDARD CLAIMS MADE RATES

1 YEAR SINCE RETROACTIVE DATE

Class	2000/2000	2000/4000	3000/3000	3000/5000	4000/4000
1A	7,019	7,061	7,910	7,952	8,631
1B	9,359	9,416	10,547	10,605	11,509
1C	10,997	11,064	12,393	12,460	13,523
1D	11,981	12,054	13,502	13,575	14,733
2A	13,105	13,186	14,769	14,849	16,116
2B	15,443	15,537	17,403	17,498	18,990
2C	18,254	18,366	20,571	20,683	22,448
2D	20,591	20,717	23,206	23,331	25,322
3A	23,922	24,056	27,252	27,387	29,843
3B	26,467	26,616	30,152	30,301	33,019
4A	29,012	29,176	33,052	33,215	36,194
4B	31,554	31,732	35,948	36,125	39,365
5A	35,628	35,829	40,589	40,790	44,448
5B	39,699	39,922	45,226	45,450	49,526
6A	41,736	41,971	47,547	47,782	52,067
6B	46,823	47,086	53,343	53,606	58,413
7	53,947	54,251	61,459	61,762	67,301
8	77,360	77,796	88,132	88,567	96,510

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ILLINOIS - AREA 6
 PHYSICIANS AND SURGEONS
 STANDARD CLAIMS MADE RATES

1 YEAR SINCE RETROACTIVE DATE

Class	4000/6000	5000/5000	5000/7000
1A	8,674	9,243	9,286
1B	11,567	12,325	12,382
1C	13,591	14,482	14,549
1D	14,807	15,778	15,851
2A	16,196	17,259	17,339
2B	19,085	20,337	20,431
2C	22,559	24,039	24,151
2D	25,448	27,117	27,243
3A	29,978	32,057	32,198
3B	33,167	35,468	35,624
4A	36,357	38,879	39,050
4B	39,543	42,285	42,472
5A	44,648	47,745	47,955
5B	49,749	53,200	53,434
6A	52,302	55,929	56,176
6B	58,677	62,747	63,023
7	67,605	72,294	72,612
8	96,945	103,669	104,126

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ILLINOIS - AREA 6

PHYSICIANS AND SURGEONS
 STANDARD CLAIMS MADE RATES

2 YEARS SINCE RETROACTIVE DATE

Class	100/300	200/600	500/1000	1000/1000	1000/3000
1A	3,391	4,612	6,816	8,444	8,783
1B	4,521	6,149	9,087	11,257	11,709
1C	5,312	7,224	10,677	13,227	13,758
1D	5,787	7,870	11,632	14,410	14,988
2A	6,329	8,607	12,721	15,759	16,392
2B	7,460	10,146	14,995	18,575	19,321
2C	8,816	11,990	17,720	21,952	22,833
2D	9,947	13,528	19,993	24,768	25,763
3A	10,625	14,556	21,994	27,944	29,219
3B	11,755	16,104	24,333	30,916	32,326
4A	12,885	17,652	26,672	33,888	35,434
4B	14,015	19,201	29,011	36,859	38,541
5A	15,824	21,679	32,756	41,617	43,516
5B	17,632	24,156	36,498	46,372	48,488
6A	18,536	25,394	38,370	48,750	50,974
6B	20,797	28,492	43,050	54,696	57,192
7	23,961	32,827	49,599	63,017	65,893
8	34,360	47,073	71,125	90,367	94,490

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ILLINOIS - AREA 6
 PHYSICIANS AND SURGEONS
 STANDARD CLAIMS MADE RATES
 2 YEARS SINCE RETROACTIVE DATE

Class	2000/2000	2000/4000	3000/3000	3000/5000	4000/4000
1A	11,085	11,153	12,492	12,560	13,632
1B	14,779	14,870	16,655	16,746	18,174
1C	17,365	17,471	19,569	19,676	21,354
1D	18,918	19,033	21,319	21,435	23,264
2A	20,690	20,816	23,316	23,443	25,443
2B	24,387	24,536	27,483	27,632	29,989
2C	28,820	28,996	32,478	32,654	35,440
2D	32,517	32,716	36,645	36,844	39,987
3A	37,772	37,984	43,031	43,244	47,122
3B	41,789	42,024	47,608	47,843	52,133
4A	45,806	46,064	52,184	52,442	57,145
4B	49,823	50,104	56,761	57,041	62,157
5A	56,254	56,571	64,087	64,404	70,179
5B	62,682	63,034	71,410	71,762	78,198
6A	65,895	66,266	75,071	75,442	82,207
6B	73,933	74,349	84,228	84,644	92,235
7	85,181	85,661	97,042	97,521	106,267
8	122,150	122,837	139,158	139,845	152,387

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ILLINOIS - AREA 6
 PHYSICIANS AND SURGEONS
 STANDARD CLAIMS MADE RATES

2 YEARS SINCE RETROACTIVE DATE

Class	4000/6000	5000/5000	5000/7000
1A	13,700	14,598	14,666
1B	18,265	19,463	19,553
1C	21,460	22,868	22,974
1D	23,379	24,913	25,029
2A	25,569	27,246	27,373
2B	30,138	32,115	32,265
2C	35,617	37,953	38,129
2D	40,186	42,822	43,021
3A	47,334	50,618	50,841
3B	52,369	56,001	56,248
4A	57,403	61,384	61,655
4B	62,437	66,767	67,062
5A	70,496	75,386	75,718
5B	78,551	83,999	84,369
6A	82,578	88,306	88,695
6B	92,651	99,077	99,514
7	106,746	114,150	114,653
8	153,074	163,691	164,413

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ILLINOIS - AREA 6

PHYSICIANS AND SURGEONS
 STANDARD CLAIMS MADE RATES

3 YEARS SINCE RETROACTIVE DATE

Class	100/300	200/600	500/1000	1000/1000	1000/3000
1A	4,069	5,534	8,179	10,132	10,539
1B	5,425	7,378	10,904	13,508	14,051
1C	6,375	8,670	12,814	15,874	16,511
1D	6,944	9,444	13,957	17,291	17,985
2A	7,595	10,329	15,266	18,912	19,671
2B	8,951	12,173	17,992	22,288	23,183
2C	10,580	14,389	21,266	26,344	27,402
2D	11,936	16,233	23,991	29,721	30,914
3A	12,749	17,466	26,390	33,530	35,060
3B	14,106	19,325	29,199	37,099	38,792
4A	15,462	21,183	32,006	40,665	42,521
4B	16,818	23,041	34,813	44,231	46,250
5A	18,988	26,014	39,305	49,938	52,217
5B	21,158	28,986	43,797	55,646	58,185
6A	22,244	30,474	46,045	58,502	61,171
6B	24,956	34,190	51,659	65,634	68,629
7	28,753	39,392	59,519	75,620	79,071
8	41,232	56,488	85,350	108,440	113,388

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PHYSICIANS AND SURGEONS
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3 YEARS SINCE RETROACTIVE DATE

Class	2000/2000	2000/4000	3000/3000	3000/5000	4000/4000
1A	13,302	13,383	14,990	15,072	16,357
1B	17,734	17,843	19,986	20,094	21,809
1C	20,840	20,967	23,486	23,613	25,628
1D	22,700	22,839	25,582	25,721	27,915
2A	24,828	24,980	27,980	28,132	30,532
2B	29,261	29,440	32,975	33,155	35,983
2C	34,586	34,798	38,977	39,188	42,532
2D	39,019	39,258	43,972	44,211	47,983
3A	45,323	45,578	51,633	51,888	56,542
3B	50,147	50,429	57,129	57,411	62,560
4A	54,967	55,277	62,621	62,930	68,574
4B	59,788	60,124	68,113	68,449	74,588
5A	67,502	67,882	76,901	77,281	84,212
5B	75,217	75,640	86,690	86,113	93,836
6A	79,077	79,522	90,088	90,533	98,652
6B	88,719	89,218	101,072	101,571	110,680
7	102,217	102,792	116,450	117,025	127,520
8	146,580	147,404	166,990	167,814	182,864

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 PHYSICIANS AND SURGEONS
 STANDARD CLAIMS MADE RATES

3 YEARS SINCE RETROACTIVE DATE

Class	4000/6000	5000/5000	5000/7000
1A	16,439	17,517	17,598
1B	21,917	23,355	23,463
1C	25,755	27,444	27,572
1D	28,054	29,894	30,033
2A	30,684	32,696	32,848
2B	36,162	38,534	38,713
2C	42,743	45,547	45,759
2D	48,221	51,384	51,623
3A	56,797	60,736	61,004
3B	62,842	67,201	67,497
4A	68,883	73,661	73,986
4B	74,924	80,121	80,474
5A	84,592	90,459	90,858
5B	94,259	100,797	101,241
6A	99,097	105,970	106,438
6B	111,179	118,890	119,414
7	128,095	136,979	137,583
8	183,689	196,429	197,295

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ILLINOIS - AREA 6

PHYSICIANS AND SURGEONS
 STANDARD CLAIMS MADE RATES

4 YEARS SINCE RETROACTIVE DATE

Class	100/300	200/600	500/1000	1000/1000	1000/3000
1A	4,295	5,841	8,633	10,695	11,124
1B	5,727	7,789	11,511	14,260	14,833
1C	6,729	9,151	13,525	16,755	17,428
1D	7,330	9,969	14,733	18,252	18,985
2A	8,017	10,903	16,114	19,962	20,764
2B	9,449	12,851	18,992	23,528	24,473
2C	11,167	15,187	22,446	27,806	28,923
2D	12,599	17,135	25,324	31,372	32,631
3A	13,458	18,437	27,858	35,395	37,010
3B	14,889	20,398	30,820	39,158	40,945
4A	16,321	22,360	33,784	42,924	44,883
4B	17,753	24,322	36,749	46,690	48,821
5A	20,043	27,459	41,489	52,713	55,118
5B	22,334	30,598	46,231	58,738	61,419
6A	23,479	32,166	48,602	61,750	64,567
6B	26,343	36,090	54,530	69,282	72,443
7	30,351	41,581	62,827	79,823	83,465
8	43,522	59,625	90,091	114,463	119,686

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ILLINOIS - AREA 6
 PHYSICIANS AND SURGEONS
 STANDARD CLAIMS MADE RATES
 4 YEARS SINCE RETROACTIVE DATE

Class	2000/2000	2000/4000	3000/3000	3000/5000	4000/4000
1A	14,040	14,126	15,823	15,909	17,266
1B	18,722	18,836	21,098	21,213	23,023
1C	21,997	22,132	24,790	24,924	27,051
1D	23,962	24,108	27,004	27,150	29,467
2A	26,208	26,368	29,535	29,695	32,228
2B	30,889	31,078	34,810	34,999	37,985
2C	36,505	36,728	41,139	41,363	44,891
2D	41,186	41,438	46,415	46,667	50,648
3A	47,843	48,112	54,505	54,774	59,686
3B	52,930	53,228	60,300	60,598	66,033
4A	58,021	58,348	66,100	66,426	72,384
4B	63,112	63,467	71,900	72,255	78,735
5A	71,253	71,654	81,174	81,575	88,891
5B	79,397	79,844	90,453	90,899	99,051
6A	83,468	83,937	95,090	95,560	104,129
6B	93,649	94,176	106,689	107,216	116,831
7	107,898	108,505	122,922	123,529	134,607
8	154,721	155,591	176,264	177,135	193,020

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ILLINOIS - AREA 6
 PHYSICIANS AND SURGEONS
 STANDARD CLAIMS MADE RATES

4 YEARS SINCE RETROACTIVE DATE

Class	4000/6000	5000/5000	5000/7000
1A	17,352	18,490	18,576
1B	23,137	24,655	24,769
1C	27,185	28,968	29,103
1D	29,613	31,556	31,702
2A	32,389	34,513	34,674
2B	38,174	40,678	40,867
2C	45,115	48,074	48,297
2D	50,900	54,239	54,491
3A	59,955	64,114	64,397
3B	66,330	70,931	71,244
4A	72,710	77,753	78,096
4B	79,090	84,575	84,948
5A	89,292	95,485	95,906
5B	99,498	106,399	106,868
6A	104,599	111,854	112,347
6B	117,358	125,498	126,051
7	135,214	144,592	145,230
8	193,891	207,339	208,253

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ILLINOIS - AREA 6
 PHYSICIANS AND SURGEONS
 STANDARD CLAIMS MADE RATES

MATURE

Class	100/300	200/600	500/1000	1000/1000	1000/3000
1A	4,521	6,149	9,087	11,257	11,709
1B	6,028	8,198	12,116	15,010	15,613
1C	7,083	9,633	14,237	17,637	18,345
1D	7,716	10,494	15,509	19,213	19,984
2A	8,439	11,477	16,962	21,013	21,857
2B	9,946	13,527	19,991	24,766	25,760
2C	11,755	15,987	23,628	29,270	30,445
2D	13,262	18,036	26,657	33,022	34,349
3A	14,166	19,407	29,324	37,257	38,957
3B	15,673	21,472	32,443	41,220	43,101
4A	17,180	23,537	35,563	45,183	47,245
4B	18,687	25,601	38,682	49,147	51,389
5A	21,098	28,904	43,673	55,488	58,020
5B	23,509	32,207	48,664	61,829	64,650
6A	24,715	33,860	51,160	65,000	67,966
6B	27,729	37,989	57,399	72,927	76,255
7	31,948	43,769	66,132	84,023	87,857
8	45,813	62,764	94,833	120,488	125,986

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ILLINOIS - AREA 6
 PHYSICIANS AND SURGEONS
 STANDARD CLAIMS MADE RATES

MATURE

Class	2000/2000	2000/4000	3000/3000	3000/5000	4000/4000
1A	14,779	14,870	16,655	16,746	18,174
1B	19,706	19,826	22,207	22,328	24,233
1C	23,154	23,296	26,094	26,235	28,474
1D	25,224	25,378	28,426	28,580	31,018
2A	27,587	27,756	31,089	31,258	33,925
2B	32,513	32,712	36,641	36,840	39,983
2C	38,427	38,662	43,305	43,541	47,255
2D	43,353	43,619	48,857	49,122	53,313
3A	50,360	50,643	57,372	57,656	62,826
3B	55,718	56,031	63,476	63,789	69,510
4A	61,075	61,419	69,579	69,923	76,193
4B	66,432	66,806	75,682	76,056	82,877
5A	75,003	75,425	85,447	85,869	93,570
5B	83,574	84,045	95,211	95,682	104,262
6A	87,862	88,356	100,096	100,590	109,611
6B	98,577	99,131	112,302	112,857	122,978
7	113,575	114,214	129,389	130,028	141,689
8	162,865	163,781	185,543	186,459	203,181

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MATURE

Class	4000/6000	5000/5000	5000/7000
1A	18,265	19,463	19,553
1B	24,353	25,951	26,071
1C	28,615	30,492	30,634
1D	31,173	33,217	33,372
2A	34,094	36,330	36,499
2B	40,182	42,818	43,016
2C	47,490	50,605	50,840
2D	53,578	57,093	57,358
3A	63,110	67,487	67,784
3B	69,823	74,666	74,995
4A	76,537	81,846	82,206
4B	83,251	89,025	89,417
5A	93,992	100,511	100,954
5B	104,733	111,997	112,491
6A	110,105	117,742	118,261
6B	123,533	132,101	132,683
7	142,328	152,200	152,871
8	204,097	218,253	219,215

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ILLINOIS - AREA 7

PHYSICIANS AND SURGEONS
 STANDARD CLAIMS MADE RATES

0 YEARS SINCE RETROACTIVE DATE

Class	100/300	200/600	500/1000	1000/1000	1000/3000
1A	933	1,269	1,875	2,323	2,416
1B	1,243	1,690	2,498	3,095	3,219
1C	1,461	1,987	2,937	3,638	3,784
1D	1,591	2,164	3,198	3,962	4,121
2A	1,740	2,366	3,497	4,333	4,507
2B	2,052	2,791	4,125	5,109	5,315
2C	2,424	3,297	4,872	6,036	6,278
2D	2,735	3,720	5,497	6,810	7,084
3A	2,922	4,003	6,049	7,685	8,036
3B	3,233	4,429	6,692	8,503	8,891
4A	3,543	4,854	7,334	9,318	9,743
4B	3,854	5,280	7,978	10,136	10,599
5A	4,352	5,962	9,009	11,446	11,968
5B	4,849	6,643	10,037	12,753	13,335
6A	5,097	6,983	10,551	13,405	14,017
6B	5,719	7,835	11,838	15,041	15,727
7	6,589	9,027	13,639	17,329	18,120
8	9,449	12,945	19,559	24,851	25,985

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ILLINOIS - AREA 7
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 STANDARD CLAIMS MADE RATES
 0 YEARS SINCE RETROACTIVE DATE

Class	2000/2000	2000/4000	3000/3000	3000/5000	4000/4000
1A	3,050	3,069	3,437	3,456	3,751
1B	4,063	4,088	4,579	4,604	4,997
1C	4,776	4,805	5,382	5,412	5,873
1D	5,201	5,233	5,861	5,893	6,396
2A	5,688	5,723	6,410	6,445	6,995
2B	6,708	6,749	7,560	7,601	8,249
2C	7,924	7,973	8,930	8,978	9,744
2D	8,941	8,995	10,076	10,130	10,995
3A	10,388	10,446	11,834	11,893	12,959
3B	11,493	11,558	13,094	13,158	14,338
4A	12,595	12,666	14,349	14,420	15,713
4B	13,701	13,778	15,609	15,686	17,092
5A	15,471	15,558	17,626	17,713	19,301
5B	17,238	17,335	19,638	19,735	21,505
6A	18,120	18,222	20,643	20,745	22,605
6B	20,331	20,445	23,162	23,276	25,364
7	23,424	23,556	26,685	26,817	29,222
8	33,591	33,780	38,268	38,457	41,906

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 STANDARD CLAIMS MADE RATES

0 YEARS SINCE RETROACTIVE DATE

Class	4000/6000	5000/5000	5000/7000
1A	3,769	4,017	4,035
1B	5,022	5,351	5,376
1C	5,902	6,290	6,319
1D	6,428	6,849	6,881
2A	7,030	7,491	7,526
2B	8,290	8,834	8,875
2C	9,793	10,435	10,484
2D	11,049	11,774	11,829
3A	13,018	13,920	13,982
3B	14,403	15,402	15,470
4A	15,784	16,879	16,953
4B	17,170	18,360	18,441
5A	19,388	20,733	20,824
5B	21,602	23,101	23,202
6A	22,707	24,282	24,389
6B	25,478	27,245	27,365
7	29,354	31,390	31,528
8	42,095	45,015	45,213

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ILLINOIS - AREA 7

PHYSICIANS AND SURGEONS
 STANDARD CLAIMS MADE RATES

1 YEAR SINCE RETROACTIVE DATE

Class	100/300	200/600	500/1000	1000/1000	1000/3000
1A	1,611	2,191	3,238	4,011	4,172
1B	2,147	2,920	4,315	5,346	5,561
1C	2,523	3,431	5,071	6,282	6,535
1D	2,749	3,739	5,525	6,845	7,120
2A	3,006	4,088	6,042	7,485	7,786
2B	3,544	4,820	7,123	8,825	9,179
2C	4,188	5,696	8,418	10,428	10,847
2D	4,724	6,425	9,495	11,763	12,235
3A	5,046	6,913	10,445	13,271	13,877
3B	5,584	7,650	11,559	14,686	15,356
4A	6,120	8,384	12,668	16,096	16,830
4B	6,657	9,120	13,780	17,508	18,307
5A	7,516	10,297	15,558	19,767	20,669
5B	8,375	11,474	17,336	22,026	23,031
6A	8,805	12,063	18,226	23,157	24,214
6B	9,879	13,534	20,450	25,982	27,167
7	11,381	15,592	23,559	29,932	31,298
8	16,321	22,360	33,784	42,924	44,883

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PHYSICIANS AND SURGEONS
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1 YEAR SINCE RETROACTIVE DATE

Class	2000/2000	2000/4000	3000/3000	3000/5000	4000/4000
1A	5,266	5,299	5,935	5,967	6,476
1B	7,019	7,061	7,910	7,952	8,631
1C	8,248	8,298	9,295	9,345	10,142
1D	8,986	9,041	10,127	10,182	11,051
2A	9,827	9,887	11,074	11,134	12,084
2B	11,585	11,656	13,056	13,127	14,247
2C	13,691	13,774	15,429	15,512	16,836
2D	15,443	15,537	17,403	17,498	18,990
3A	17,939	18,039	20,436	20,537	22,379
3B	19,851	19,963	22,615	22,727	24,765
4A	21,757	21,879	24,786	24,908	27,142
4B	23,666	23,799	26,961	27,094	29,524
5A	26,719	26,870	30,440	30,590	33,333
5B	29,773	29,941	33,919	34,086	37,143
6A	31,302	31,478	35,660	35,836	39,050
6B	35,120	35,317	40,010	40,208	43,813
7	40,459	40,687	46,093	46,321	50,475
8	58,021	58,348	66,100	66,426	72,384

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 1 YEAR SINCE RETROACTIVE DATE

Class	4000/6000	5000/5000	5000/7000
1A	6,508	6,935	6,968
1B	8,674	9,243	9,286
1C	10,193	10,862	10,912
1D	11,106	11,834	11,889
2A	12,144	12,941	13,001
2B	14,318	15,257	15,328
2C	16,920	18,029	18,113
2D	19,085	20,337	20,431
3A	22,480	24,039	24,145
3B	24,877	26,602	26,719
4A	27,265	29,156	29,284
4B	29,657	31,714	31,854
5A	33,484	35,806	35,964
5B	37,311	39,899	40,074
6A	39,226	41,947	42,132
6B	44,011	47,064	47,271
7	50,702	54,219	54,458
8	72,710	77,753	78,096

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PHYSICIANS AND SURGEONS
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2 YEARS SINCE RETROACTIVE DATE

Class	100/300	200/600	500/1000	1000/1000	1000/3000
1A	2,543	3,458	5,111	6,332	6,586
1B	3,391	4,612	6,816	8,444	8,783
1C	3,984	5,418	8,008	9,920	10,319
1D	4,340	5,902	8,723	10,807	11,241
2A	4,747	6,456	9,541	11,820	12,295
2B	5,595	7,609	11,246	13,932	14,491
2C	6,612	8,992	13,290	16,464	17,125
2D	7,460	10,146	14,995	18,575	19,321
3A	7,968	10,916	16,494	20,956	21,912
3B	8,816	12,078	18,249	23,186	24,244
4A	9,664	13,240	20,004	25,416	26,576
4B	10,511	14,400	21,758	27,644	28,905
5A	11,868	16,259	24,567	31,213	32,637
5B	13,224	18,117	27,374	34,779	36,366
6A	13,902	19,046	28,777	36,562	38,231
6B	15,598	21,369	32,288	41,023	42,895
7	17,971	24,620	37,200	47,264	49,420
8	25,770	35,305	53,344	67,775	70,868

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 STANDARD CLAIMS MADE RATES
 2 YEARS SINCE RETROACTIVE DATE

Class	2000/2000	2000/4000	3000/3000	3000/5000	4000/4000
1A	8,313	8,364	9,368	9,419	10,223
1B	11,085	11,153	12,492	12,560	13,632
1C	13,024	13,103	14,677	14,757	16,016
1D	14,187	14,274	15,989	16,075	17,447
2A	15,518	15,613	17,488	17,583	19,083
2B	18,290	18,402	20,612	20,724	22,492
2C	21,615	21,747	24,359	24,491	26,580
2D	24,387	24,536	27,483	27,632	29,989
3A	28,326	28,486	32,270	32,430	35,338
3B	31,341	31,517	35,705	35,881	39,099
4A	34,356	34,549	39,139	39,332	42,860
4B	37,367	37,577	42,570	42,780	46,616
5A	42,191	42,428	48,065	48,303	52,635
5B	47,011	47,276	53,557	53,822	58,648
6A	49,422	49,700	56,303	56,581	61,655
6B	55,451	55,763	63,172	63,484	69,177
7	63,887	64,246	72,783	73,142	79,701
8	91,612	92,128	104,369	104,884	114,290

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 2 YEARS SINCE RETROACTIVE DATE

Class	4000/6000	5000/5000	5000/7000
1A	10,274	10,948	10,998
1B	13,700	14,598	14,666
1C	16,095	17,151	17,231
1D	17,534	18,684	18,771
2A	19,178	20,436	20,531
2B	22,604	24,086	24,198
2C	26,712	28,465	28,597
2D	30,138	32,115	32,265
3A	35,497	37,960	38,127
3B	39,275	41,999	42,185
4A	43,053	46,039	46,242
4B	46,827	50,074	50,295
5A	52,872	56,539	56,788
5B	58,913	62,999	63,277
6A	61,933	66,229	66,521
6B	69,489	74,309	74,636
7	80,061	85,614	85,991
8	114,805	122,768	123,309

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ILLINOIS - AREA 7
PHYSICIANS AND SURGEONS
STANDARD CLAIMS MADE RATES

3 YEARS SINCE RETROACTIVE DATE

Class	100/300	200/600	500/1000	1000/1000	1000/3000
1A	3,052	4,151	6,135	7,599	7,905
1B	4,069	5,534	8,179	10,132	10,539
1C	4,781	6,502	9,610	11,905	12,383
1D	5,208	7,083	10,468	12,968	13,489
2A	5,696	7,747	11,449	14,183	14,753
2B	6,714	9,131	13,495	16,718	17,389
2C	7,934	10,790	15,947	19,756	20,549
2D	8,951	12,173	17,992	22,288	23,183
3A	9,562	13,100	19,793	25,148	26,296
3B	10,580	14,495	21,901	27,825	29,095
4A	11,597	15,888	24,006	30,500	31,892
4B	12,614	17,281	26,111	33,175	34,689
5A	14,242	19,512	29,481	37,456	39,166
5B	15,869	21,741	32,849	41,735	43,640
6A	16,682	22,854	34,532	43,874	45,876
6B	18,717	25,642	38,744	49,226	51,472
7	21,565	29,544	44,640	56,716	59,304
8	30,924	42,366	64,013	81,330	85,041

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ILLINOIS - AREA 7
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 STANDARD CLAIMS MADE RATES
 3 YEARS SINCE RETROACTIVE DATE

Class	2000/2000	2000/4000	3000/3000	3000/5000	4000/4000
1A	9,977	10,038	11,244	11,305	12,269
1B	13,302	13,383	14,990	15,072	16,357
1C	15,629	15,725	17,613	17,709	19,220
1D	17,025	17,129	19,186	19,290	20,936
2A	18,620	18,734	20,984	21,098	22,898
2B	21,948	22,082	24,734	24,869	26,990
2C	25,936	26,095	29,229	29,388	31,895
2D	29,261	29,440	32,975	33,155	35,983
3A	33,993	34,184	38,726	38,917	42,407
3B	37,612	37,824	42,849	43,061	46,922
4A	41,227	41,459	46,968	47,200	51,433
4B	44,843	45,095	51,087	51,339	55,943
5A	50,630	50,915	57,680	57,965	63,163
5B	56,414	56,732	64,269	64,587	70,379
6A	59,305	59,638	67,562	67,896	73,985
6B	66,539	66,913	75,804	76,178	83,010
7	76,664	77,095	87,338	87,770	95,641
8	109,935	110,553	125,242	125,861	137,148

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 STANDARD CLAIMS MADE RATES
 3 YEARS SINCE RETROACTIVE DATE

Class	4000/6000	5000/5000	5000/7000
1A	12,330	13,139	13,200
1B	16,439	17,517	17,598
1C	19,315	20,582	20,678
1D	21,040	22,420	22,525
2A	23,012	24,521	24,635
2B	27,125	28,904	29,038
2C	32,053	34,156	34,315
2D	36,162	38,534	38,713
3A	42,599	45,553	45,754
3B	47,134	50,403	50,625
4A	51,665	55,248	55,492
4B	56,195	60,093	60,358
5A	63,448	67,849	68,148
5B	70,696	75,600	75,933
6A	74,318	79,473	79,823
6B	83,384	89,168	89,561
7	96,072	102,736	103,189
8	137,766	147,322	147,971

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ILLINOIS - AREA 7

**PHYSICIANS AND SURGEONS
 STANDARD CLAIMS MADE RATES**

4 YEARS SINCE RETROACTIVE DATE

Class	100/300	200/600	500/1000	1000/1000	1000/3000
1A	3,221	4,381	6,474	8,020	8,342
1B	4,295	5,841	8,633	10,695	11,124
1C	5,046	6,863	10,142	12,565	13,069
1D	5,498	7,477	11,051	13,690	14,240
2A	6,013	8,178	12,086	14,972	15,574
2B	7,087	9,638	14,245	17,647	18,355
2C	8,375	11,390	16,834	20,854	21,691
2D	9,449	12,851	18,992	23,528	24,473
3A	10,093	13,827	20,893	26,545	27,756
3B	11,167	15,299	23,116	29,369	30,709
4A	12,241	16,770	25,339	32,194	33,663
4B	13,314	18,240	27,560	35,016	36,614
5A	15,033	20,595	31,118	39,537	41,341
5B	16,750	22,948	34,673	44,053	46,063
6A	17,609	24,124	36,451	46,312	48,425
6B	19,757	27,067	40,897	51,961	54,332
7	22,763	31,185	47,119	59,867	62,598
8	32,642	44,720	67,569	85,848	89,766

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 4 YEARS SINCE RETROACTIVE DATE

Class	2000/2000	2000/4000	3000/3000	3000/5000	4000/4000
1A	10,529	10,594	11,866	11,931	12,948
1B	14,040	14,126	15,823	15,909	17,266
1C	16,495	16,596	18,589	18,690	20,285
1D	17,973	18,083	20,255	20,365	22,102
2A	19,656	19,777	22,152	22,272	24,172
2B	23,167	23,309	26,109	26,250	28,490
2C	27,378	27,545	30,854	31,021	33,668
2D	30,889	31,078	34,810	34,999	37,985
3A	35,881	36,082	40,877	41,079	44,762
3B	39,699	39,922	45,226	45,450	49,526
4A	43,517	43,762	49,576	49,821	54,289
4B	47,331	47,598	53,922	54,188	59,048
5A	53,442	53,743	60,884	61,184	66,671
5B	59,546	59,881	67,838	68,173	74,286
6A	62,600	62,952	71,316	71,669	78,096
6B	70,236	70,631	80,016	80,411	87,622
7	80,922	81,378	92,190	92,645	100,954
8	116,042	116,695	132,200	132,853	144,767

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 4 YEARS SINCE RETROACTIVE DATE

Class	4000/6000	5000/5000	5000/7000
1A	13,013	13,866	13,931
1B	17,352	18,490	18,576
1C	20,386	21,723	21,824
1D	22,212	23,669	23,779
2A	24,293	25,886	26,006
2B	28,631	30,510	30,651
2C	33,835	36,054	36,222
2D	38,174	40,678	40,867
3A	44,964	48,083	48,295
3B	49,749	53,200	53,434
4A	54,534	58,316	58,573
4B	59,314	63,428	63,707
5A	66,972	71,617	71,933
5B	74,621	79,797	80,149
6A	78,448	83,889	84,259
6B	88,017	94,122	94,537
7	101,409	108,443	108,921
8	145,420	155,506	156,192

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ILLINOIS - AREA 7
 PHYSICIANS AND SURGEONS
 STANDARD CLAIMS MADE RATES

MATURE

Class	100/300	200/600	500/1000	1000/1000	1000/3000
1A	3,391	4,612	6,816	8,444	8,783
1B	4,521	6,149	9,087	11,257	11,709
1C	5,312	7,224	10,677	13,227	13,758
1D	5,787	7,870	11,632	14,410	14,988
2A	6,329	8,607	12,721	15,759	16,392
2B	7,460	10,146	14,995	18,575	19,321
2C	8,816	11,990	17,720	21,952	22,833
2D	9,946	13,527	19,991	24,766	25,760
3A	10,624	14,555	21,992	27,941	29,216
3B	11,755	16,104	24,333	30,916	32,326
4A	12,885	17,652	26,672	33,888	35,434
4B	14,015	19,201	29,011	36,859	38,541
5A	15,824	21,679	32,756	41,617	43,516
5B	17,632	24,156	36,498	46,372	48,488
6A	18,536	25,394	38,370	48,750	50,974
6B	20,797	28,492	43,050	54,696	57,192
7	23,961	32,827	49,599	63,017	65,893
8	34,360	47,073	71,125	90,367	94,490

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ILLINOIS - AREA 7
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MATURE

Class	2000/2000	2000/4000	3000/3000	3000/5000	4000/4000
1A	11,085	11,153	12,492	12,560	13,632
1B	14,779	14,870	16,655	16,746	18,174
1C	17,365	17,471	19,569	19,676	21,354
1D	18,918	19,033	21,319	21,435	23,264
2A	20,690	20,816	23,316	23,443	25,443
2B	24,387	24,536	27,483	27,632	29,989
2C	28,820	28,996	32,478	32,654	35,440
2D	32,513	32,712	36,641	36,840	39,983
3A	37,768	37,981	43,027	43,240	47,117
3B	41,789	42,024	47,608	47,843	52,133
4A	45,806	46,064	52,184	52,442	57,145
4B	49,823	50,104	56,761	57,041	62,157
5A	56,254	56,571	64,087	64,404	70,179
5B	62,682	63,034	71,410	71,762	78,198
6A	65,895	66,266	75,071	75,442	82,207
6B	73,933	74,349	84,228	84,644	92,235
7	85,181	85,661	97,042	97,521	106,267
8	122,150	122,837	139,158	139,845	152,387

The
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ILLINOIS - AREA 7
 PHYSICIANS AND SURGEONS
 STANDARD CLAIMS MADE RATES

MATURE

Class	4000/6000	5000/5000	5000/7000
1A	13,700	14,598	14,666
1B	18,265	19,463	19,553
1C	21,460	22,868	22,974
1D	23,379	24,913	25,029
2A	25,569	27,246	27,373
2B	30,138	32,115	32,265
2C	35,617	37,953	38,129
2D	40,182	42,818	43,016
3A	47,330	50,613	50,836
3B	52,369	56,001	56,248
4A	57,403	61,384	61,655
4B	62,437	66,767	67,062
5A	70,496	75,386	75,718
5B	78,551	83,999	84,369
6A	82,578	88,306	88,695
6B	92,651	99,077	99,514
7	106,746	114,150	114,653
8	153,074	163,691	164,413

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ILLINOIS - AREA 8

**PHYSICIANS AND SURGEONS
 STANDARD CLAIMS MADE RATES**

0 YEARS SINCE RETROACTIVE DATE

Class	100/300	200/600	500/1000	1000/1000	1000/3000
1A	1,036	1,409	2,082	2,580	2,683
1B	1,381	1,878	2,776	3,439	3,577
1C	1,623	2,207	3,262	4,041	4,204
1D	1,768	2,404	3,554	4,402	4,579
2A	1,934	2,630	3,887	4,816	5,009
2B	2,279	3,099	4,581	5,675	5,903
2C	2,694	3,664	5,415	6,708	6,977
2D	3,039	4,133	6,108	7,567	7,871
3A	3,246	4,447	6,719	8,537	8,927
3B	3,592	4,921	7,435	9,447	9,878
4A	3,937	5,394	8,150	10,354	10,827
4B	4,282	5,866	8,864	11,262	11,776
5A	4,835	6,624	10,008	12,716	13,296
5B	5,387	7,380	11,151	14,168	14,814
6A	5,663	7,758	11,722	14,894	15,573
6B	6,354	8,705	13,153	16,711	17,474
7	7,321	10,030	15,154	19,254	20,133
8	10,498	14,382	21,731	27,610	28,870

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ILLINOIS - AREA 8

PHYSICIANS AND SURGEONS
 STANDARD CLAIMS MADE RATES

0 YEARS SINCE RETROACTIVE DATE

Class	2000/2000	2000/4000	3000/3000	3000/5000	4000/4000
1A	3,387	3,407	3,817	3,837	4,165
1B	4,514	4,542	5,088	5,115	5,552
1C	5,306	5,338	5,979	6,012	6,524
1D	5,780	5,815	6,513	6,549	7,107
2A	6,322	6,361	7,125	7,164	7,775
2B	7,450	7,496	8,396	8,441	9,162
2C	8,807	8,861	9,925	9,979	10,830
2D	9,934	9,995	11,196	11,256	12,217
3A	11,540	11,604	13,146	13,211	14,396
3B	12,770	12,841	14,548	14,619	15,931
4A	13,996	14,075	15,945	16,024	17,461
4B	15,223	15,308	17,342	17,428	18,991
5A	17,188	17,285	19,582	19,678	21,443
5B	19,151	19,259	21,817	21,925	23,891
6A	20,132	20,245	22,935	23,048	25,115
6B	22,588	22,716	25,734	25,861	28,180
7	26,026	26,173	29,650	29,796	32,469
8	37,320	37,530	42,517	42,727	46,559

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ILLINOIS - AREA 8
 PHYSICIANS AND SURGEONS
 STANDARD CLAIMS MADE RATES

0 YEARS SINCE RETROACTIVE DATE

Class	4000/6000	5000/5000	5000/7000
1A	4,185	4,460	4,481
1B	5,579	5,945	5,973
1C	6,557	6,987	7,019
1D	7,143	7,611	7,647
2A	7,813	8,326	8,365
2B	9,207	9,811	9,857
2C	10,884	11,598	11,652
2D	12,278	13,083	13,144
3A	14,461	15,464	15,532
3B	16,002	17,112	17,188
4A	17,539	18,756	18,839
4B	19,076	20,399	20,489
5A	21,540	23,034	23,135
5B	23,999	25,664	25,777
6A	25,229	26,979	27,097
6B	28,307	30,270	30,404
7	32,615	34,877	35,031
8	46,769	50,012	50,233

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ILLINOIS - AREA 8

PHYSICIANS AND SURGEONS
 STANDARD CLAIMS MADE RATES

1 YEAR SINCE RETROACTIVE DATE

Class	100/300	200/600	500/1000	1000/1000	1000/3000
1A	1,789	2,433	3,596	4,455	4,634
1B	2,386	3,245	4,796	5,941	6,180
1C	2,803	3,812	5,634	6,979	7,260
1D	3,054	4,153	6,139	7,604	7,910
2A	3,340	4,542	6,713	8,317	8,651
2B	3,937	5,354	7,913	9,803	10,197
2C	4,653	6,328	9,353	11,586	12,051
2D	5,249	7,139	10,550	13,070	13,595
3A	5,607	7,682	11,606	14,746	15,419
3B	6,204	8,499	12,842	16,317	17,061
4A	6,800	9,316	14,076	17,884	18,700
4B	7,396	10,133	15,310	19,451	20,339
5A	8,351	11,441	17,287	21,963	22,965
5B	9,305	12,748	19,261	24,472	25,589
6A	9,782	13,401	20,249	25,727	26,901
6B	10,975	15,036	22,718	28,864	30,181
7	12,645	17,324	26,175	33,256	34,774
8	18,133	24,842	37,535	47,690	49,866

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The
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ILLINOIS - AREA 8
 PHYSICIANS AND SURGEONS
 STANDARD CLAIMS MADE RATES
 1 YEAR SINCE RETROACTIVE DATE

Class	2000/2000	2000/4000	3000/3000	3000/5000	4000/4000
1A	5,848	5,884	6,591	6,626	7,192
1B	7,800	7,848	8,790	8,838	9,592
1C	9,163	9,219	10,326	10,382	11,268
1D	9,984	10,045	11,251	11,312	12,277
2A	10,918	10,985	12,305	12,371	13,427
2B	12,870	12,949	14,504	14,583	15,827
2C	15,211	15,304	17,142	17,235	18,705
2D	17,159	17,264	19,337	19,442	21,101
3A	19,933	20,045	22,708	22,820	24,867
3B	22,055	22,179	25,126	25,250	27,515
4A	24,174	24,310	27,540	27,676	30,158
4B	26,293	26,441	29,954	30,102	32,801
5A	29,688	29,855	33,822	33,989	37,037
5B	33,079	33,265	37,685	37,871	41,268
6A	34,775	34,971	39,617	39,813	43,383
6B	39,016	39,236	44,449	44,668	48,674
7	44,953	45,206	51,212	51,465	56,081
8	64,463	64,825	73,439	73,801	80,420

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ILLINOIS - AREA 8
 PHYSICIANS AND SURGEONS
 STANDARD CLAIMS MADE RATES

1 YEAR SINCE RETROACTIVE DATE

Class	4000/6000	5000/5000	5000/7000
1A	7,228	7,702	7,737
1B	9,639	10,272	10,319
1C	11,324	12,067	12,123
1D	12,338	13,147	13,209
2A	13,494	14,379	14,446
2B	15,905	16,949	17,028
2C	18,798	20,031	20,124
2D	21,206	22,597	22,702
3A	24,979	26,712	26,829
3B	27,639	29,556	29,686
4A	30,294	32,395	32,538
4B	32,949	35,235	35,390
5A	37,204	39,784	39,960
5B	41,454	44,329	44,524
6A	43,579	46,601	46,807
6B	48,894	52,285	52,515
7	56,333	60,241	60,506
8	80,783	86,386	86,766

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ILLINOIS - AREA 8
 PHYSICIANS AND SURGEONS
 STANDARD CLAIMS MADE RATES

2 YEARS SINCE RETROACTIVE DATE

Class	100/300	200/600	500/1000	1000/1000	1000/3000
1A	2,825	3,842	5,678	7,034	7,317
1B	3,767	5,123	7,572	9,380	9,757
1C	4,427	6,021	8,898	11,023	11,466
1D	4,822	6,558	9,692	12,007	12,489
2A	5,274	7,173	10,601	13,132	13,660
2B	6,216	8,454	12,494	15,478	16,099
2C	7,346	9,991	14,765	18,292	19,026
2D	8,288	11,272	16,659	20,637	21,466
3A	8,853	12,129	18,326	23,283	24,346
3B	9,795	13,419	20,276	25,761	26,936
4A	10,737	14,710	22,226	28,238	29,527
4B	11,678	15,999	24,173	30,713	32,115
5A	13,186	18,065	27,295	34,679	36,262
5B	14,693	20,129	30,415	38,643	40,406
6A	15,446	21,161	31,973	40,623	42,477
6B	17,330	23,742	35,873	45,578	47,658
7	19,967	27,355	41,332	52,513	54,909
8	28,631	39,224	59,266	75,300	78,735

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ILLINOIS - AREA 8

**PHYSICIANS AND SURGEONS
 STANDARD CLAIMS MADE RATES**

2 YEARS SINCE RETROACTIVE DATE

Class	2000/2000	2000/4000	3000/3000	3000/5000	4000/4000
1A	9,235	9,291	10,407	10,464	11,357
1B	12,314	12,390	13,878	13,953	15,143
1C	14,472	14,560	16,309	16,398	17,797
1D	15,763	15,860	17,764	17,861	19,384
2A	17,241	17,346	19,429	19,535	21,201
2B	20,320	20,444	22,900	23,024	24,988
2C	24,014	24,161	27,063	27,210	29,531
2D	27,093	27,259	30,533	30,699	33,318
3A	31,472	31,649	35,855	36,032	39,263
3B	34,821	35,017	39,670	39,866	43,441
4A	38,170	38,385	43,485	43,700	47,619
4B	41,515	41,749	47,296	47,529	51,792
5A	46,876	47,140	53,403	53,667	58,480
5B	52,234	52,527	59,507	59,801	65,163
6A	54,911	55,219	62,556	62,865	68,503
6B	61,608	61,955	70,187	70,533	76,859
7	70,983	71,382	80,866	81,266	88,554
8	101,783	102,356	115,956	116,528	126,978

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ILLINOIS - AREA 8
 PHYSICIANS AND SURGEONS
 STANDARD CLAIMS MADE RATES

2 YEARS SINCE RETROACTIVE DATE

Class	4000/6000	5000/5000	5000/7000
1A	11,413	12,162	12,218
1B	15,219	16,217	16,292
1C	17,885	19,058	19,147
1D	19,481	20,759	20,855
2A	21,307	22,705	22,810
2B	25,113	26,760	26,884
2C	29,678	31,625	31,771
2D	33,484	35,680	35,846
3A	39,440	42,176	42,362
3B	43,637	46,663	46,869
4A	47,833	51,151	51,377
4B	52,025	55,634	55,879
5A	58,744	62,818	63,095
5B	65,457	69,997	70,306
6A	68,812	73,585	73,909
6B	77,205	82,560	82,924
7	86,953	95,123	95,542
8	127,551	136,398	136,999

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ILLINOIS - AREA 8

PHYSICIANS AND SURGEONS
 STANDARD CLAIMS MADE RATES

3 YEARS SINCE RETROACTIVE DATE

Class	100/300	200/600	500/1000	1000/1000	1000/3000
1A	3,390	4,610	6,814	8,441	8,780
1B	4,521	6,149	9,087	11,257	11,709
1C	5,312	7,224	10,677	13,227	13,758
1D	5,786	7,869	11,630	14,407	14,986
2A	6,329	8,607	12,721	15,759	16,392
2B	7,459	10,144	14,993	18,573	19,319
2C	8,816	11,990	17,720	21,952	22,833
2D	9,946	13,527	19,991	24,766	25,760
3A	10,624	14,555	21,992	27,941	29,216
3B	11,754	16,103	24,331	30,913	32,324
4A	12,884	17,651	26,670	33,885	35,431
4B	14,014	19,199	29,009	36,857	38,539
5A	15,823	21,678	32,754	41,614	43,513
5B	17,631	24,154	36,496	46,370	48,485
6A	18,535	25,393	38,367	48,747	50,971
6B	20,795	28,489	43,046	54,691	57,186
7	23,960	32,825	49,597	63,015	65,890
8	34,358	47,070	71,121	90,362	94,485

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ILLINOIS - AREA 8
 PHYSICIANS AND SURGEONS
 STANDARD CLAIMS MADE RATES
 3 YEARS SINCE RETROACTIVE DATE

Class	2000/2000	2000/4000	3000/3000	3000/5000	4000/4000
1A	11,082	11,150	12,489	12,557	13,628
1B	14,779	14,870	16,655	16,746	18,174
1C	17,365	17,471	19,569	19,676	21,354
1D	18,914	19,030	21,316	21,431	23,260
2A	20,690	20,816	23,316	23,443	25,443
2B	24,383	24,533	27,479	27,628	29,985
2C	28,820	28,996	32,478	32,654	35,440
2D	32,513	32,712	36,641	36,840	39,983
3A	37,768	37,981	43,027	43,240	47,117
3B	41,785	42,021	47,604	47,839	52,129
4A	45,803	46,060	52,180	52,438	57,141
4B	49,820	50,100	56,757	57,037	62,152
5A	56,251	56,567	64,083	64,400	70,175
5B	62,678	63,031	71,406	71,758	78,193
6A	65,892	66,263	75,067	75,437	82,203
6B	73,926	74,342	84,220	84,636	92,226
7	85,178	85,657	97,038	97,517	106,263
8	122,143	122,830	139,150	139,837	152,378

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ILLINOIS - AREA 8
 PHYSICIANS AND SURGEONS
 STANDARD CLAIMS MADE RATES
 3 YEARS SINCE RETROACTIVE DATE

Class	4000/6000	5000/5000	5000/7000
1A	13,696	14,594	14,662
1B	18,265	19,463	19,553
1C	21,460	22,868	22,974
1D	23,375	24,909	25,024
2A	25,569	27,246	27,373
2B	30,134	32,111	32,260
2C	35,617	37,953	38,129
2D	40,182	42,818	43,016
3A	47,330	50,613	50,836
3B	52,364	55,996	56,243
4A	57,398	61,379	61,650
4B	62,432	66,763	67,057
5A	70,491	75,381	75,713
5B	78,546	83,994	84,364
6A	82,573	88,301	88,690
6B	92,642	99,067	99,504
7	106,742	114,145	114,649
8	153,065	163,682	164,403

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ILLINOIS - AREA 8
 PHYSICIANS AND SURGEONS
 STANDARD CLAIMS MADE RATES
 4 YEARS SINCE RETROACTIVE DATE

Class	100/300	200/600	500/1000	1000/1000	1000/3000
1A	3,579	4,867	7,194	8,912	9,270
1B	4,772	6,490	9,592	11,882	12,359
1C	5,607	7,626	11,270	13,961	14,522
1D	6,108	8,307	12,277	15,209	15,820
2A	6,680	9,085	13,427	16,633	17,301
2B	7,874	10,709	15,827	19,606	20,394
2C	9,305	12,655	18,703	23,169	24,100
2D	10,498	14,277	21,101	26,140	27,190
3A	11,214	15,363	23,213	29,493	30,839
3B	12,407	16,998	25,682	32,630	34,119
4A	13,600	18,632	28,152	35,768	37,400
4B	14,792	20,265	30,619	38,903	40,678
5A	16,702	22,882	34,573	43,926	45,931
5B	18,611	25,497	38,525	48,947	51,180
6A	19,564	26,803	40,497	51,453	53,801
6B	21,951	30,073	45,439	57,731	60,365
7	25,291	34,649	52,352	66,515	69,550
8	36,266	49,684	75,071	95,380	99,732

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ILLINOIS - AREA 8

**PHYSICIANS AND SURGEONS
 STANDARD CLAIMS MADE RATES**

4 YEARS SINCE RETROACTIVE DATE

Class	2000/2000	2000/4000	3000/3000	3000/5000	4000/4000
1A	11,700	11,771	13,185	13,257	14,388
1B	15,600	15,695	17,580	17,675	19,183
1C	18,329	18,441	20,656	20,768	22,540
1D	19,967	20,089	22,502	22,624	24,554
2A	21,837	21,971	24,609	24,743	26,854
2B	25,740	25,898	29,008	29,165	31,653
2C	30,418	30,604	34,280	34,466	37,406
2D	34,318	34,528	38,675	38,885	42,202
3A	39,866	40,090	45,417	45,641	49,734
3B	44,107	44,355	50,248	50,496	55,025
4A	48,348	48,620	55,080	55,352	60,316
4B	52,586	52,881	59,908	60,203	65,603
5A	59,376	59,710	67,643	67,977	74,073
5B	66,162	66,534	75,375	75,747	82,540
6A	69,550	69,941	79,234	79,625	86,766
6B	78,036	78,475	88,902	89,341	97,353
7	89,910	90,415	102,429	102,934	112,166
8	128,926	129,651	146,877	147,603	160,840

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ILLINOIS - AREA 8

PHYSICIANS AND SURGEONS
 STANDARD CLAIMS MADE RATES

4 YEARS SINCE RETROACTIVE DATE

Class	4000/6000	5000/5000	5000/7000
1A	14,459	15,408	15,479
1B	19,279	20,543	20,639
1C	22,652	24,138	24,250
1D	24,676	26,295	26,417
2A	26,987	28,757	28,891
2B	31,811	33,898	34,055
2C	37,592	40,058	40,244
2D	42,412	45,194	45,404
3A	49,958	53,423	53,659
3B	55,273	59,107	59,367
4A	60,588	64,790	65,076
4B	65,898	70,469	70,780
5A	74,407	79,568	79,919
5B	82,912	88,663	89,054
6A	87,158	93,203	93,614
6B	97,792	104,575	105,036
7	112,671	120,486	121,017
8	161,565	172,771	173,533

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ILLINOIS - AREA 8
 PHYSICIANS AND SURGEONS
 STANDARD CLAIMS MADE RATES

MATURE

Class	100/300	200/600	500/1000	1000/1000	1000/3000
1A	3,767	5,123	7,572	9,380	9,757
1B	5,023	6,831	10,096	12,507	13,010
1C	5,902	8,027	11,863	14,696	15,286
1D	6,429	8,743	12,922	16,008	16,651
2A	7,032	9,564	14,134	17,510	18,213
2B	8,288	11,272	16,659	20,637	21,466
2C	9,795	13,321	19,688	24,390	25,369
2D	11,051	15,029	22,213	27,517	28,622
3A	11,804	16,171	24,434	31,045	32,461
3B	13,060	17,892	27,034	34,348	35,915
4A	14,316	19,613	29,634	37,651	39,369
4B	15,571	21,332	32,232	40,952	42,820
5A	17,581	24,086	36,393	46,238	48,348
5B	19,590	26,838	40,551	51,522	53,873
6A	20,594	28,214	42,630	54,162	56,634
6B	23,106	31,655	47,829	60,769	63,542
7	26,622	36,472	55,108	70,016	73,211
8	38,175	52,300	79,022	100,400	104,981

IL-07-1

RTS-CM5

EFFECTIVE DATE JAN 01 2007

The
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 Fort Wayne, Indiana 46835
Professional Protection Exclusively Since 1899

ILLINOIS - AREA 8
PHYSICIANS AND SURGEONS
STANDARD CLAIMS MADE RATES

MATURE

Class	2000/2000	2000/4000	3000/3000	3000/5000	4000/4000
1A	12,314	12,390	13,878	13,953	15,143
1B	16,420	16,521	18,505	18,605	20,192
1C	19,294	19,412	21,743	21,861	23,726
1D	21,016	21,145	23,684	23,813	25,845
2A	22,988	23,128	25,906	26,047	28,269
2B	27,093	27,259	30,533	30,699	33,318
2C	32,020	32,216	36,085	36,281	39,376
2D	36,126	36,347	40,712	40,933	44,425
3A	41,963	42,199	47,806	48,042	52,351
3B	46,428	46,690	52,893	53,154	57,921
4A	50,893	51,180	57,980	58,266	63,491
4B	55,355	55,666	63,063	63,374	69,057
5A	62,500	62,852	71,203	71,555	77,972
5B	69,642	70,034	79,340	79,731	86,882
6A	73,212	73,624	83,406	83,818	91,334
6B	82,142	82,604	93,579	94,041	102,475
7	94,641	95,174	107,819	108,352	118,069
8	135,712	136,476	154,609	155,372	169,306

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ILLINOIS - AREA 8
 PHYSICIANS AND SURGEONS
 STANDARD CLAIMS MADE RATES

MATURE

Class	4000/6000	5000/5000	5000/7000
1A	15,219	16,217	16,292
1B	20,293	21,624	21,724
1C	23,844	25,408	25,526
1D	25,973	27,677	27,805
2A	28,409	30,273	30,413
2B	33,484	35,680	35,846
2C	39,572	42,167	42,363
2D	44,646	47,575	47,796
3A	52,587	56,234	56,482
3B	58,182	62,218	62,492
4A	63,778	68,201	68,502
4B	69,369	74,180	74,507
5A	78,323	83,756	84,125
5B	87,273	93,327	93,738
6A	91,746	98,110	98,542
6B	102,937	110,077	110,562
7	118,601	126,827	127,386
8	170,070	181,866	182,667

IL-07-1

EFFECTIVE DATE **JAN 01 2007**

RTS-CM5

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**ILLINOIS - AREA 9
PHYSICIANS AND SURGEONS
STANDARD CLAIMS MADE RATES
0 YEARS SINCE RETROACTIVE DATE**

Class	100/300	200/600	500/1000	1000/1000	1000/3000
1A	1,140	1,550	2,291	2,839	2,953
1B	1,519	2,066	3,053	3,782	3,934
1C	1,785	2,428	3,588	4,445	4,623
1D	1,945	2,645	3,909	4,843	5,038
2A	2,127	2,893	4,275	5,296	5,509
2B	2,507	3,410	5,039	6,242	6,493
2C	2,963	4,030	5,956	7,378	7,674
2D	3,343	4,546	6,719	8,324	8,658
3A	3,571	4,892	7,392	9,392	9,820
3B	3,950	5,412	8,177	10,389	10,863
4A	4,330	5,932	8,963	11,388	11,908
4B	4,710	6,453	9,750	12,387	12,953
5A	5,318	7,286	11,008	13,986	14,625
5B	5,926	8,119	12,267	15,585	16,297
6A	6,230	8,535	12,896	16,385	17,133
6B	6,989	9,575	14,467	18,381	19,220
7	8,053	11,033	16,670	21,179	22,146
8	11,547	15,819	23,902	30,369	31,754

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**ILLINOIS - AREA 9
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0 YEARS SINCE RETROACTIVE DATE

Class	2000/2000	2000/4000	3000/3000	3000/5000	4000/4000
1A	3,727	3,749	4,200	4,223	4,583
1B	4,966	4,996	5,596	5,626	6,106
1C	5,835	5,871	6,576	6,612	7,176
1D	6,358	6,397	7,165	7,204	7,819
2A	6,953	6,996	7,836	7,878	8,551
2B	8,195	8,246	9,236	9,286	10,078
2C	9,686	9,745	10,916	10,975	11,911
2D	10,928	10,995	12,316	12,382	13,439
3A	12,695	12,766	14,463	14,534	15,837
3B	14,042	14,121	15,998	16,077	17,518
4A	15,393	15,480	17,537	17,623	19,204
4B	16,744	16,838	19,076	19,170	20,889
5A	18,905	19,012	21,538	21,644	23,585
5B	21,067	21,185	24,000	24,119	26,282
6A	22,148	22,272	25,232	25,356	27,630
6B	24,846	24,986	28,305	28,445	30,996
7	28,628	28,789	32,615	32,776	35,715
8	41,050	41,281	46,765	46,996	51,211

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STANDARD CLAIMS MADE RATES**

0 YEARS SINCE RETROACTIVE DATE

Class	4000/6000	5000/5000	5000/7000
1A	4,606	4,908	4,931
1B	6,137	6,539	6,570
1C	7,211	7,684	7,720
1D	7,858	8,373	8,412
2A	8,593	9,157	9,199
2B	10,128	10,793	10,843
2C	11,971	12,756	12,815
2D	13,506	14,392	14,458
3A	15,909	17,012	17,087
3B	17,597	18,818	18,901
4A	19,290	20,628	20,719
4B	20,983	22,438	22,537
5A	23,692	25,335	25,447
5B	26,400	28,231	28,356
6A	27,755	29,680	29,811
6B	31,136	33,296	33,442
7	35,876	38,364	38,534
8	51,442	55,010	55,252

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1 YEAR SINCE RETROACTIVE DATE

Class	100/300	200/600	500/1000	1000/1000	1000/3000
1A	1,968	2,676	3,956	4,900	5,097
1B	2,624	3,569	5,274	6,534	6,796
1C	3,084	4,194	6,199	7,679	7,988
1D	3,359	4,568	6,752	8,364	8,700
2A	3,674	4,997	7,385	9,148	9,516
2B	4,330	5,889	8,703	10,782	11,215
2C	5,118	6,960	10,287	12,744	13,256
2D	5,774	7,853	11,606	14,377	14,955
3A	6,167	8,449	12,766	16,219	16,959
3B	6,823	9,348	14,124	17,944	18,763
4A	7,479	10,246	15,482	19,670	20,567
4B	8,136	11,146	16,842	21,398	22,374
5A	9,186	12,585	19,015	24,159	25,262
5B	10,235	14,022	21,186	26,918	28,146
6A	10,760	14,741	22,273	28,299	29,590
6B	12,072	16,539	24,989	31,749	33,198
7	13,909	19,055	28,792	36,581	38,250
8	19,945	27,325	41,286	52,455	54,849

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1 YEAR SINCE RETROACTIVE DATE**

Class	2000/2000	2000/4000	3000/3000	3000/5000	4000/4000
1A	6,433	6,473	7,250	7,289	7,911
1B	8,578	8,630	9,667	9,719	10,548
1C	10,082	10,143	11,361	11,423	12,398
1D	10,981	11,048	12,375	12,442	13,503
2A	12,010	12,084	13,535	13,608	14,769
2B	14,155	14,241	15,952	16,038	17,407
2C	16,731	16,833	18,855	18,957	20,574
2D	18,875	18,991	21,271	21,387	23,211
3A	21,924	22,047	24,976	25,100	27,351
3B	24,256	24,392	27,633	27,770	30,260
4A	26,588	26,737	30,290	30,440	33,169
4B	28,923	29,086	32,951	33,114	36,083
5A	32,656	32,840	37,203	37,387	40,740
5B	36,385	36,590	41,452	41,656	45,392
6A	38,252	38,467	43,578	43,793	47,721
6B	42,916	43,157	48,892	49,133	53,539
7	49,446	49,725	56,331	56,610	61,686
8	70,904	71,303	80,777	81,176	88,456

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1 YEAR SINCE RETROACTIVE DATE**

Class	4000/6000	5000/5000	5000/7000
1A	7,951	8,472	8,512
1B	10,601	11,296	11,349
1C	12,459	13,277	13,338
1D	13,570	14,460	14,528
2A	14,843	15,817	15,890
2B	17,493	18,641	18,727
2C	20,677	22,033	22,135
2D	23,327	24,857	24,973
3A	27,474	29,380	29,509
3B	30,396	32,505	32,648
4A	33,319	35,630	35,787
4B	36,246	38,760	38,931
5A	40,924	43,762	43,955
5B	45,597	48,760	48,974
6A	47,936	51,261	51,487
6B	53,781	57,511	57,765
7	61,965	66,262	66,555
8	88,855	95,018	95,437

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**ILLINOIS - AREA 9
PHYSICIANS AND SURGEONS
STANDARD CLAIMS MADE RATES
2 YEARS SINCE RETROACTIVE DATE**

Class	100/300	200/600	500/1000	1000/1000	1000/3000
1A	3,108	4,227	6,247	7,739	8,050
1B	4,144	5,636	8,329	10,319	10,733
1C	4,869	6,622	9,787	12,124	12,611
1D	5,304	7,213	10,661	13,207	13,737
2A	5,801	7,889	11,660	14,444	15,025
2B	6,837	9,298	13,742	17,024	17,708
2C	8,081	10,990	16,243	20,122	20,930
2D	9,116	12,398	18,323	22,699	23,610
3A	9,738	13,341	20,158	25,611	26,780
3B	10,774	14,760	22,302	28,336	29,629
4A	11,810	16,180	24,447	31,060	32,478
4B	12,846	17,599	26,591	33,785	35,327
5A	14,504	19,870	30,023	38,146	39,886
5B	16,161	22,141	33,453	42,503	44,443
6A	16,990	23,276	35,169	44,684	46,723
6B	19,061	26,114	39,456	50,130	52,418
7	21,962	30,088	45,461	57,760	60,396
8	31,493	43,145	65,191	82,827	86,606

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2 YEARS SINCE RETROACTIVE DATE

Class	2000/2000	2000/4000	3000/3000	3000/5000	4000/4000
1A	10,160	10,222	11,450	11,512	12,494
1B	13,547	13,630	15,266	15,349	16,659
1C	15,917	16,014	17,937	18,035	19,573
1D	17,339	17,445	19,540	19,646	21,322
2A	18,963	19,079	21,371	21,487	23,320
2B	22,350	22,487	25,188	25,324	27,485
2C	26,417	26,578	29,770	29,932	32,486
2D	29,800	29,983	33,583	33,766	36,646
3A	34,619	34,813	39,439	39,634	43,188
3B	38,302	38,517	43,635	43,850	47,783
4A	41,985	42,221	47,831	48,067	52,377
4B	45,668	45,924	52,026	52,283	56,972
5A	51,562	51,852	58,741	59,031	64,325
5B	57,452	57,776	65,452	65,775	71,674
6A	60,399	60,739	68,810	69,149	75,351
6B	67,762	68,143	77,197	77,578	84,536
7	78,075	78,514	88,946	89,385	97,401
8	111,958	112,587	127,547	128,177	139,671

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2 YEARS SINCE RETROACTIVE DATE

Class	4000/6000	5000/5000	5000/7000
1A	12,556	13,380	13,442
1B	16,742	17,840	17,923
1C	19,671	20,961	21,058
1D	21,428	22,834	22,940
2A	23,436	24,973	25,089
2B	27,621	29,433	29,570
2C	32,647	34,789	34,950
2D	36,829	39,244	39,427
3A	43,383	46,392	46,596
3B	47,998	51,327	51,554
4A	52,614	56,263	56,511
4B	57,229	61,198	61,468
5A	64,615	69,097	69,402
5B	71,997	76,991	77,330
6A	75,690	80,940	81,297
6B	84,917	90,807	91,207
7	97,841	104,627	105,088
8	140,301	150,033	150,694

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3 YEARS SINCE RETROACTIVE DATE

Class	100/300	200/600	500/1000	1000/1000	1000/3000
1A	3,730	5,073	7,497	9,288	9,661
1B	4,973	6,763	9,996	12,383	12,880
1C	5,843	7,946	11,744	14,549	15,133
1D	6,365	8,656	12,794	15,849	16,485
2A	6,962	9,468	13,994	17,335	18,032
2B	8,204	11,157	16,490	20,428	21,248
2C	9,697	13,188	19,491	24,146	25,115
2D	10,940	14,878	21,989	27,241	28,335
3A	11,686	16,010	24,190	30,734	32,137
3B	12,929	17,713	26,763	34,003	35,555
4A	14,171	19,414	29,334	37,270	38,970
4B	15,415	21,119	31,909	40,541	42,391
5A	17,404	23,843	36,026	45,773	47,861
5B	19,393	26,568	40,144	51,004	53,331
6A	20,388	27,932	42,203	53,620	56,067
6B	22,874	31,337	47,349	60,159	62,904
7	26,355	36,106	54,555	69,314	72,476
8	37,791	51,774	78,227	99,390	103,925

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3 YEARS SINCE RETROACTIVE DATE

Class	2000/2000	2000/4000	3000/3000	3000/5000	4000/4000
1A	12,193	12,268	13,741	13,816	14,995
1B	16,257	16,356	18,321	18,420	19,991
1C	19,101	19,218	21,526	21,642	23,489
1D	20,807	20,934	23,449	23,576	25,587
2A	22,759	22,898	25,648	25,787	27,987
2B	26,819	26,983	30,224	30,388	32,980
2C	31,699	31,893	35,724	35,918	38,982
2D	35,763	35,982	40,303	40,522	43,979
3A	41,544	41,777	47,328	47,562	51,827
3B	45,963	46,221	52,362	52,621	57,340
4A	50,378	50,661	57,393	57,676	62,848
4B	54,800	55,109	62,431	62,739	68,366
5A	61,871	62,219	70,486	70,834	77,187
5B	68,942	69,330	78,542	78,930	86,008
6A	72,479	72,887	82,571	82,979	90,421
6B	81,317	81,775	92,640	93,097	101,446
7	93,692	94,219	106,738	107,265	116,884
8	134,347	135,103	153,054	153,809	167,603

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3 YEARS SINCE RETROACTIVE DATE

Class	4000/6000	5000/5000	5000/7000
1A	15,069	16,058	16,132
1B	20,091	21,409	21,508
1C	23,606	25,154	25,271
1D	25,715	27,401	27,529
2A	28,126	29,971	30,111
2B	33,144	35,318	35,482
2C	39,176	41,746	41,940
2D	44,198	47,097	47,316
3A	52,061	55,672	55,918
3B	57,599	61,594	61,865
4A	63,132	67,511	67,808
4B	68,674	73,437	73,761
5A	77,535	82,913	83,278
5B	86,396	92,388	92,796
6A	90,829	97,128	97,557
6B	101,904	108,972	109,452
7	117,412	125,555	126,109
8	168,359	180,036	180,830

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4 YEARS SINCE RETROACTIVE DATE

Class	100/300	200/600	500/1000	1000/1000	1000/3000
1A	3,937	5,354	7,913	9,803	10,197
1B	5,249	7,139	10,550	13,070	13,595
1C	6,167	8,387	12,396	15,356	15,973
1D	6,718	9,136	13,503	16,728	17,400
2A	7,348	9,993	14,769	18,297	19,031
2B	8,660	11,778	17,407	21,563	22,429
2C	10,235	13,920	20,572	25,485	26,509
2D	11,547	15,704	23,209	28,752	29,907
3A	12,335	16,899	25,533	32,441	33,921
3B	13,647	18,696	28,249	35,892	37,529
4A	14,959	20,494	30,965	39,342	41,137
4B	16,272	22,293	33,683	42,795	44,748
5A	18,371	25,168	38,028	48,316	50,520
5B	20,471	28,045	42,375	53,839	56,295
6A	21,520	29,482	44,546	56,598	59,180
6B	24,144	33,077	49,978	63,499	66,396
7	27,819	38,112	57,585	73,164	76,502
8	39,891	54,651	82,574	104,913	109,700

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4 YEARS SINCE RETROACTIVE DATE

Class	2000/2000	2000/4000	3000/3000	3000/5000	4000/4000
1A	12,870	12,949	14,504	14,583	15,827
1B	17,159	17,264	19,337	19,442	21,101
1C	20,160	20,283	22,719	22,843	24,791
1D	21,961	22,096	24,749	24,883	27,006
2A	24,021	24,168	27,070	27,217	29,539
2B	28,310	28,483	31,903	32,077	34,813
2C	33,458	33,663	37,706	37,910	41,145
2D	37,747	37,978	42,539	42,770	46,419
3A	43,851	44,098	49,957	50,203	54,706
3B	48,515	48,788	55,270	55,543	60,524
4A	53,179	53,478	60,584	60,883	66,343
4B	57,847	58,172	65,902	66,227	72,166
5A	65,309	65,676	74,403	74,770	81,475
5B	72,774	73,184	82,908	83,317	90,789
6A	76,504	76,934	87,156	87,586	95,441
6B	85,832	86,315	97,783	98,266	107,079
7	98,897	99,453	112,667	113,223	123,377
8	141,813	142,610	161,559	162,356	176,917

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4 YEARS SINCE RETROACTIVE DATE

Class	4000/6000	5000/5000	5000/7000
1A	15,905	16,949	17,028
1B	21,206	22,597	22,702
1C	24,915	26,549	26,672
1D	27,141	28,921	29,055
2A	29,686	31,633	31,780
2B	34,986	37,281	37,455
2C	41,349	44,062	44,266
2D	46,650	49,710	49,941
3A	54,952	58,764	59,023
3B	60,797	65,014	65,301
4A	66,642	71,265	71,579
4B	72,492	77,520	77,862
5A	81,843	87,519	87,905
5B	91,198	97,524	97,954
6A	95,872	102,521	102,973
6B	107,562	115,022	115,529
7	123,934	132,530	133,114
8	177,714	190,041	190,878

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**ILLINOIS - AREA 9
PHYSICIANS AND SURGEONS
STANDARD CLAIMS MADE RATES**

MATURE

Class	100/300	200/600	500/1000	1000/1000	1000/3000
1A	4,144	5,636	8,329	10,319	10,733
1B	5,525	7,514	11,105	13,757	14,310
1C	6,492	8,829	13,049	16,165	16,814
1D	7,072	9,618	14,215	17,609	18,316
2A	7,735	10,520	15,547	19,260	20,034
2B	9,116	12,398	18,323	22,699	23,610
2C	10,774	14,653	21,656	26,827	27,905
2D	12,155	16,531	24,432	30,266	31,481
3A	12,984	17,788	26,877	34,148	35,706
3B	14,365	19,680	29,736	37,780	39,504
4A	15,746	21,572	32,594	41,412	43,302
4B	17,128	23,465	35,455	45,047	47,102
5A	19,338	26,493	40,030	50,859	53,180
5B	21,548	29,521	44,604	56,671	59,257
6A	22,653	31,035	46,892	59,577	62,296
6B	25,415	34,819	52,609	66,841	69,891
7	29,283	40,118	60,616	77,014	80,528
8	41,990	57,526	86,919	110,434	115,473

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STANDARD CLAIMS MADE RATES**

MATURE

Class	2000/2000	2000/4000	3000/3000	3000/5000	4000/4000
1A	13,547	13,630	15,266	15,349	16,659
1B	18,061	18,172	20,354	20,465	22,211
1C	21,222	21,352	23,917	24,046	26,098
1D	23,118	23,260	26,053	26,195	28,429
2A	25,286	25,440	28,496	28,650	31,095
2B	29,800	29,983	33,583	33,766	36,646
2C	35,220	35,436	39,691	39,907	43,311
2D	39,735	39,978	44,779	45,022	48,863
3A	46,158	46,418	52,585	52,845	57,584
3B	51,068	51,355	58,178	58,466	63,709
4A	55,977	56,292	63,771	64,086	69,834
4B	60,890	61,233	69,368	69,711	75,963
5A	68,747	69,133	78,319	78,706	85,764
5B	76,603	77,034	87,269	87,700	95,565
6A	80,531	80,984	91,745	92,198	100,466
6B	90,350	90,859	102,931	103,439	112,716
7	104,101	104,687	118,596	119,182	129,870
8	149,274	150,114	170,060	170,899	186,226

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**ILLINOIS - AREA 9
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STANDARD CLAIMS MADE RATES**

MATURE

Class	4000/6000	5000/5000	5000/7000
1A	16,742	17,840	17,923
1B	22,321	23,785	23,896
1C	26,228	27,948	28,078
1D	28,571	30,445	30,586
2A	31,249	33,299	33,454
2B	36,829	39,244	39,427
2C	43,527	46,382	46,598
2D	49,106	52,327	52,570
3A	57,844	61,856	62,128
3B	63,996	68,435	68,737
4A	70,148	75,014	75,345
4B	76,305	81,598	81,957
5A	86,151	92,126	92,532
5B	95,996	102,655	103,107
6A	100,919	107,919	108,395
6B	113,224	121,077	121,611
7	130,456	139,504	140,119
8	187,065	200,040	200,922

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STANDARD CLAIMS MADE PROGRAM

CLAIMS MADE FACTORS

YEARS SINCE RETROACTIVE DATE	FACTOR
0	0.275
1	0.475
2	0.750
3	0.900
4	0.950
5 OR MORE	1.000
MATURE CLAIMS MADE TO OCCURRENCE FACTOR	0.975

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STANDARD CLAIMS-MADE

EXTENSION CONTRACT FACTORS

YEARS RETROACTIVE DATE PRECEDES EXPIRATION DATE	FACTOR
1	0.900
2	1.500
3	1.700
4 OR MORE	1.820

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STANDARD CLAIMS MADE PROGRAM

EXCESS LIMITS FACTORS TABLE			
LIMIT	CLASSES 1A-2D	CLASSES 3A-7	CLASS 8
1M/1M xs 1M/3M	1.270	1.300	1.300
2M/2M xs 1M/3M	1.430	1.480	1.480
3M/3M xs 1M/3M	1.560	1.620	1.620
4M/4M xs 1M/3M	1.670	1.740	1.740

Note: For aggregate limits not listed above, refer to company.

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STANDARD CLAIMS MADE PROGRAM

INCREASED LIMITS TABLE

LIMIT	CLASSES 1A-2D	CLASSES 3A-7	CLASS 8
100/300	1.000	1.000	1.000
200/600	1.360	1.370	1.370
500/1000	2.010	2.070	2.070
1000/1000	2.490	2.630	2.630
1000/3000	2.590	2.750	2.750

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STANDARD CLAIMS MADE PROGRAM

ACCELERATED EXTENSION CONTRACT 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.

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STANDARD CLAIMS MADE PROGRAM

AGGREGATE CREDIT RULE

THE APPLICATION OF ALL APPROVED CREDITS CONTAINED IN THIS RATING MANUAL SHALL NOT EXCEED 60% FOR ANY ONE INSURED.

THIS RULE DOES NOT APPLY TO PART TIME PRACTICE, LEAVE OF ABSENCE, MILITARY LEAVE OF ABSENCE, RISK MANAGEMENT, NEW TO COMPANY, NEW TO PRACTICE, MEMBERSHIP ASSOCIATION OR DEDUCTIBLE CREDITS.

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STANDARD CLAIMS MADE PROGRAM

CLAIM FREE CREDIT

IF NO CLAIM HAS BEEN ATTRIBUTED TO AN INSURED, THE INSURED WILL BE ELIGIBLE FOR A PREMIUM CREDIT BASED ON THE FOLLOWING SCHEDULE:

1. IF INSURED BY THE COMPANY AND CLAIM FREE FOR 3 YEARS BUT LESS THAN 5 YEARS, A 7.5% CREDIT SHALL BE APPLIED TO THE NEXT RENEWAL.
2. IF INSURED BY THE COMPANY AND CLAIM FREE FOR 5 YEARS BUT LESS THAN 8 YEARS, A 15% CREDIT SHALL BE APPLIED TO THE NEXT RENEWAL.
3. IF INSURED BY THE COMPANY AND CLAIM FREE FOR 8 YEARS BUT LESS THAN 10 YEARS, A 20% CREDIT SHALL BE APPLIED TO THE NEXT RENEWAL.
4. IF INSURED BY THE COMPANY AND CLAIM FREE FOR 10 YEARS OR MORE, A CREDIT OF 25% SHALL BE APPLIED TO THE NEXT POLICY RENEWAL.

A CLAIM UNDER THIS POLICY SHALL NOT, FOR THE PURPOSE OF THIS PREMIUM CREDIT PROGRAM, BE CONSTRUED TO INCLUDE INSTANCES OF MISTAKEN IDENTITY, BLANKET DEFENDANT LISTINGS, IMPROPER INCLUSION, OR NON-MERITORIOUS OR FRIVOLOUS CLAIMS.

INSUREDS CONVERTING COVERAGE TO THE MEDICAL PROTECTIVE COMPANY SHALL QUALIFY FOR CREDIT AT THE POLICY INCEPTION DATE IN ACCORDANCE WITH THE COMPANY'S GUIDELINES.

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STANDARD CLAIMS MADE PROGRAM

DEDUCTIBLE CREDIT RULE

THE FOLLOWING CREDITS SHALL BE AVAILABLE, SUBJECT TO UNDERWRITING GUIDELINES:

PREMIUM CREDIT FOR LOSS ONLY DEDUCTIBLE

DEDUCTIBLE (000's)	INCIDENT POLICY LIMIT (000S)				
	100	200	250	500	1000
50	7% TO 28%	6% TO 12%	5% TO 20%	3% TO 16%	2% TO 14%
100	17% TO 46%	15% TO 26%	13% TO 32%	10% TO 25%	8% TO 22%
200		30% TO 47%	26% TO 52%	21% TO 40%	17% TO 33%
250			32% TO 60%	26% TO 46%	21% TO 38%
500				43% TO 69%	36% TO 56%

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STANDARD CLAIMS MADE PROGRAM

DEDUCTIBLE CREDIT RULE

PREMIUM CREDIT FOR LOSS AND ALE DEDUCTIBLE

DEDUCTIBLE (000's)	INCIDENT POLICY LIMIT (000S)				
	100	200	250	500	1000
50	16% TO 44%	14% TO 24%	12% TO 30%	9% TO 24%	6% TO 20%
100	29% TO 66%	26% TO 41%	22% TO 46%	17% TO 35%	14% TO 29%
200		44% TO 67%	39% TO 70%	31% TO 53%	25% TO 43%
250			45% TO 79%	36% TO 60%	30% TO 49%
500				57% TO 87%	46% TO 70%

THE DEDUCTIBLE CREDITS ARE APPLICABLE TO PRIMARY LIMIT PREMIUM, NET OF ALL OTHER APPLICABLE CREDITS, SUBJECT TO A MAXIMUM DOLLAR CREDIT OF 85% OF THE AGGREGATE LIMIT.

FOR DEDUCTIBLES AND LIMIT COMBINATIONS NOT LISTED, CREDITS WILL BE INTERPOLATED OR EXTRAPOLATED FROM THE ABOVE RANGES.

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STANDARD CLAIMS MADE PROGRAM

DEFERRED PREMIUM PAYMENT PLAN RULE

THE COMPANY WILL, SUBJECT TO APPLICABLE GUIDELINES, OFFER THE INSURED VARIOUS PREMIUM PAYMENT OPTIONS. THE DEFERRED PREMIUM PAYMENT PLAN REQUIRES A MINIMUM OF 25% OF THE TOTAL PREMIUM TO BE PAID ON OR BEFORE THE INCEPTION/RENEWAL DATE OF THE POLICY. THE BALANCE OF THE PREMIUM WILL BE PAYABLE IN PERIODIC INSTALLMENTS. OTHER FEES MAY APPLY.

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STANDARD CLAIMS MADE PROGRAM

EXPERIENCE RATING PLAN

A MEDICAL GROUP CONSISTING OF PHYSICIANS AND RELATED HEALTH CARE PROFESSIONALS, DEVELOPING AN ANNUALIZED MANUAL PREMIUM (MP) OF \$150,000 OR MORE FOR MEDICAL PROFESSIONAL LIABILITY, MAY BE INDIVIDUALLY RATED. THE OVERALL PREMIUM FOR THE MEDICAL GROUP WILL BE BASED ON AN EVALUATION OF THE GROUP'S AGGREGATE EXPERIENCE FOR THE MOST RECENT TEN POLICY PERIODS. THE AGGREGATE EXPERIENCE WILL BE DEVELOPED AND ADJUSTED TO DETERMINE AN ACTUAL LOSS RATIO FOR THE PROSPECTIVE POLICY PERIOD. THE ACTUAL LOSS RATIO WILL BE CREDIBILITY WEIGHTED WITH THE EXPECTED LOSS RATIO UNDERLYING THE CURRENT MANUAL PREMIUM FOR THE GROUP AND THIS WEIGHTED LOSS RATIO WILL BE USED TO DETERMINE THE INDICATED PREMIUM (IP) IN ACCORDANCE WITH THE FOLLOWING CALCULATION:

$$\frac{(\text{ACTUAL LOSS RATIO} * \text{CREDIBILITY}) + (\text{EXPECTED LOSS RATIO} * (1 - \text{CREDIBILITY})) + \text{FIXED EXP}}{(1 - (\text{VARIABLE EXPENSE} + \text{OTHER CONTINGENCIES}))}$$

THE INDICATED CREDIT/DEBIT IS EQUAL TO IP/MP-1. GROUPS QUALIFYING UNDER THIS RULE ARE SUBJECT TO A MAXIMUM MODIFICATION OF 35%.

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STANDARD CLAIMS MADE PROGRAM
EXTENSION CONTRACT RATING

THE PREMIUM FOR THE EXTENSION CONTRACT ENDORSEMENT SHALL BE DETERMINED BY APPLYING THE EXTENSION CONTRACT RATING FACTORS CONTAINED IN THE RATES SECTION OF THIS MANUAL TO THE APPLICABLE STANDARD MATURE CLAIMS MADE RATE, SUBJECT TO EXPIRING PART TIME, NON-DISCRETIONARY DEBIT, DEDUCTIBLE AND SCHEDULE RATING MODIFICATIONS.

PARTNERSHIP / CORPORATION EXTENSION CONTRACT RATING SHALL BE BASED ON THE NUMBER OF SHAREHOLDERS, PARTNERS AND INDEPENDENT CONTRACTORS AT THE INCEPTION DATE OF THE MOST RECENT POLICY.

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STANDARD CLAIMS MADE PROGRAM
FULL TIME EQUIVALENCY RATING RULE

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

2,500	-GROUP PRACTICE
2,100	-RESIDENCY PROGRAMS

FOR GROUP PRACTICES, THE MINIMUM AVERAGE FTE ASSIGNED TO ANY INDIVIDUAL PHYSICIAN IS .05 (125 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 PER PHYSICIAN RATE TO THE CORRESPONDING FTE WILL BE ADJUSTED TO REFLECT LOSS COST CONSIDERATIONS NOT RECOGNIZED IN THE PHYSICIAN RATES.

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

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STANDARD CLAIMS MADE PROGRAM

FULL TIME EQUIVALENCY RATING RULE (CON'T)

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

<u>FTE*</u> <u>PER POLICY</u>	<u>PREMIUM</u> <u>MODIFICATION</u>	<u>FTE*</u> <u>PER POLICY</u>	<u>PREMIUM</u> <u>MODIFICATION</u>
1	+10.0%	11	-14.0%
2	-3.0%	12	-16.0%
3	-4.0%	13	-17.0%
4	-5.0%	14	-18.0%
5	-7.0%	15	-20.0%
6	-8.0%	16	-21.0%
7	-9.0%	17	-22.0%
8	-11.0%	18	-23.0%
9	-12.0%	19	-24.0%
10	-13.0%	20+	-25.0%

* THE TABLE VALUE IS DETERMINED BY ROUNDING THE ACTUAL FTE PER POLICY USING THE .5 ROUNDING RULE.

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

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STANDARD CLAIMS MADE PROGRAM

GROUP RATING RULE

ANY GROUP PRACTICE CONSISTING OF TWO OR MORE PHYSICIANS 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 OR DEDUCTIBLE CREDIT RULE, 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.

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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 NONDISCRETIONARY 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.

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STANDARD CLAIMS MADE PROGRAM

LEAVE OF ABSENCE CREDIT RULE

A PHYSICIAN 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 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.

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STANDARD CLAIMS MADE PROGRAM

LOCUM TENENS

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

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

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STANDARD CLAIMS MADE PROGRAM

MEMBERSHIP ASSOCIATION CREDIT RULE

THE UNIQUE CHARACTERISTICS OF A MEDICAL PRACTICE AND THEIR MEMBERSHIP IN QUALIFIED PROFESSIONAL ASSOCIATIONS SHALL MAKE THEM ELIGIBLE FOR A PREMIUM MODIFICATION IN ADDITION TO THOSE AVAILABLE TO OTHER INSURED.

A PREMIUM CREDIT OF 5% SHALL BE GIVEN TO THOSE INSURED WHOSE GROUP IS A MEMBER OF A QUALIFIED ASSOCIATION AS DETERMINED BY THE COMPANY'S UNDERWRITING GUIDELINES.

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STANDARD CLAIMS MADE PROGRAM
MILITARY LEAVE OF ABSENCE CREDIT RULE

A PHYSICIAN 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 INSUREDS THAT ARE ELIGIBLE FOR THE MILITARY LEAVE OF ABSENCE CREDIT.

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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 CANCELED AS OF THE INCEPTION DATE.

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STANDARD CLAIMS MADE PROGRAM

NEW TO PRACTICE CREDIT

A "NEW" PHYSICIAN SHALL BE A PHYSICIAN WHO HAS RECENTLY COMPLETED ONE OF THE FOLLOWING PROGRAMS AND WILL BEGIN A FULL TIME PRACTICE FOR THE FIRST TIME:

- A) RESIDENCY;
- B) FELLOWSHIP PROGRAM IN THEIR MEDICAL SPECIALITY;
- C) FULFILLMENT OF A MILITARY OBLIGATION IN REMUNERATION FOR MEDICAL SCHOOL TUITION;
- D) MEDICAL SCHOOL OR SPECIALTY TRAINING PROGRAM.

TO QUALIFY FOR THE CREDIT, THE APPLICANT WILL BE REQUIRED TO APPLY FOR A REDUCED RATE WITHIN SIX MONTHS AFTER THE COMPLETION OF ANY OF THE ABOVE PROGRAMS.

CREDITS IN THE AMOUNT OF 50% OF FILED MANUAL RATES SHALL APPLY TO NEW INSUREDS FOR THEIR FIRST YEAR AND CREDITS IN THE AMOUNT OF 30% OF FILED MANUAL RATES SHALL APPLY TO NEW INSUREDS FOR THEIR SECOND YEAR AND CREDITS IN THE AMOUNT OF 15% OF FILED MANUAL RATES SHALL APPLY TO INSUREDS FOR THEIR THIRD YEAR OF PRACTICE FOLLOWING COMPLETION OF THEIR MEDICAL TRAINING PROGRAM.

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STANDARD CLAIMS MADE PROGRAM

NON-DISCRETIONARY DEBIT PLAN

FOR ANY INSURED WHO IS NOT ELIGIBLE FOR A CREDIT UNDER THE COMPANY'S CLAIM/LOSS FREE CREDIT RULE, POINTS WILL BE ASSIGNED FOR EACH CLAIM:

- 1) PENDING AGAINST THE INSURED AT THE BEGINNING OF THE CURRENT POLICY PERIOD;
- 2) PAID ON THE INSURED'S BEHALF DURING THE PAST 5 YEARS; OR
- 3) CLOSED WITH NO PAYMENT DURING THE PAST 5 YEARS,

PURSUANT TO THE FOLLOWING SCHEDULE:

ASSIGNED CLAIM POINTS	
Claim Threshold	Points
Pending claim	1
Loss payment of \$0 to \$49,999	1
Loss payment of \$50,000 to \$99,999	2
Loss payment of \$100,000 to \$249,999	4
Loss payment of \$250,000 to \$499,999	6
Loss payment of \$500,000 or more	8

FOR PROVIDERS WHO HAVE BEEN PRACTICING FOR LESS THAN EIGHT COMPLETE YEARS FROM THEIR INITIAL MEDICAL SCHOOL GRADUATION DATE, THE TOTAL ASSIGNED CLAIM POINTS (AS CALCULATED FROM THE SCHEDULE ABOVE) WILL BE MULTIPLIED BY THE APPLICABLE FACTOR SET FORTH IN THE FOLLOWING SCHEDULE:

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STANDARD CLAIMS MADE PROGRAM

NON-DISCRETIONARY DEBIT PLAN

Years Between Effective Date of Coverage and Graduation Date	Factor
Less than 5 years	5.00
At least 5 years but less than 6 years	2.50
At least 6 years but less than 7 years	1.666
At least 7 years but less than 8 years	1.25
8 years or more	No factor applied

INSUREDS WITH LESS THAN ONE YEAR OF EXPERIENCE SHALL BE ASSUMED TO HAVE ONE YEAR OF EXPERIENCE. INSUREDS CONVERTING COVERAGE TO THE MEDICAL PROTECTIVE COMPANY WHO HAVE PENDING CLAIMS OR CLAIMS PAID ON THEIR BEHALF WITHIN THE PAST FIVE YEARS WILL BE ASSIGNED POINTS IN ACCORDANCE WITH COMPANY GUIDELINES.

The
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ILLINOIS

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STANDARD CLAIMS MADE PROGRAM

NON-DISCRETIONARY DEBIT PLAN

A DEBIT SHALL THEN BE APPLIED TO THE INSURED'S RATE BASED UPON THE FOLLOWING SCHEDULE:

Total Points	Table A	Table B
0	0%	0%
1	0%	0%
2	0%	0%
3	10%	0%
4	25%	10%
5	25%	25%
6	35%	35%
7	35%	35%
8	50%	50%
9	100%	100%
10+	200%	200%

(FOR THE PURPOSES OF THIS SCHEDULE, TABLE B SHALL APPLY TO ALL INSUREDS PRACTICING UNDER THE FOLLOWING ISO CODES: 80106, 80136, 80143-80146, 80150-80156, 80158-80160, 80166-80171, 80176, 80273, 84106, 84136, 84143-84146, 84150-84156, 84158-84160, 84166-84171, 84176 and 84273. TABLE A SHALL APPLY TO INSUREDS PRACTICING UNDER ANY OTHER ISO CODE.)

FOR THE PURPOSE OF THIS RULE, A "CLAIM" SHALL NOT INCLUDE INSTANCES OF MISTAKEN IDENTITY, BLANKET DEFENDANT LISTINGS, IMPROPER INCLUSION, OR NON-MERITORIOUS OR FRIVOLOUS CLAIMS.

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STANDARD CLAIMS MADE PROGRAM

NON-DISCRETIONARY DEBIT PLAN

ANY DEBIT REQUIRED UNDER THIS RULE SHALL BE ADDITIVE WITH ANY OTHER DEBITS OR CREDITS APPLICABLE UNDER THE COMPANY'S RATING MANUAL.

THIS NON-DISCRETIONARY DEBIT PLAN SHALL ONLY APPLY TO PROVIDERS WHO MEET THE COMPANY'S GUIDELINES FOR ACCEPTANCE, AND THE COMPANY RETAINS THE RIGHT TO REFUSE TO INSURE ANY INSURED OR APPLICANT BASED UPON THE QUALITATIVE NATURE OF ANY CLAIMS MADE AGAINST THAT INDIVIDUAL OR ENTITY. AS A RESULT, THE FACT THAT THIS RULE PROVIDES (OR DOES NOT PROVIDE) A DEBIT FOR CLAIMS EXPERIENCE IS NOT AN INDICATION THAT THERE IS A RATE AVAILABLE FOR ANY PARTICULAR INSURED OR APPLICANT.

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STANDARD CLAIMS MADE PROGRAM

PARTNERSHIP OR CORPORATION COVERAGE

THE PREMIUM WILL BE BASED ON THE NUMBER OF YEARS THAT THE RETROACTIVE DATE OF THE PARTNERSHIP OR CORPORATION POLICY PRECEDES THE POLICY EXPIRATION DATE. AT THIS MATURITY LEVEL, THE PREMIUM WILL EQUAL 10% OF THE SUM OF THE INDIVIDUAL RATES OF THE PARTNERS, SHAREHOLDERS AND EMPLOYED/CONTRACTED PHYSICIANS, INSURED BY THE COMPANY, AT THE LIMITS SELECTED FOR THE PARTNERSHIP OR CORPORATION. IRRESPECTIVE OF THE NUMBER OF INDIVIDUALS, THE MAXIMUM PREMIUM WILL BE BASED ON THE FIVE HIGHEST RATED CLASSIFICATIONS AND WILL BE SUBJECT TO THE CAPS IN THE FOLLOWING TABLE.

Limit	Territory								
	1 Cap	2 Cap	3 Cap	4 Cap	5 Cap	6 Cap	7 Cap	8 Cap	9 Cap
1000/3000 and below	\$40,600	\$36,500	\$34,500	\$30,400	\$28,400	\$24,300	\$18,200	\$20,300	\$22,300
2000/4000	\$51,500	\$46,300	\$43,800	\$38,600	\$36,000	\$30,900	\$23,200	\$25,700	\$28,300
3000/5000	\$58,000	\$52,200	\$49,300	\$43,500	\$40,600	\$34,800	\$26,100	\$29,000	\$31,900
4000/6000	\$63,300	\$56,900	\$53,800	\$47,400	\$44,300	\$38,000	\$28,500	\$31,600	\$34,800
5000/7000	\$67,700	\$60,900	\$57,600	\$50,800	\$47,400	\$40,600	\$30,500	\$33,900	\$37,200

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 PHYSICIANS.

THE PREMIUM OTHERWISE DETERMINED FOR THE PARTNERSHIP OR CORPORATION MAY BE DISCOUNTED 50% SHOULD THE INSURED ELECT TO EXCLUDE THE VICARIOUS LIABILITY ASSOCIATED WITH THE PARTNERS', SHAREHOLDERS' AND EMPLOYED/CONTRACTED PHYSICIANS' PROFESSIONAL SERVICES.

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STANDARD CLAIMS MADE PROGRAM

PART TIME PRACTICE RULE

ANY INSURED WHO PRACTICES ON AVERAGE 20 HOURS OR LESS IN A WEEK OR LESS THAN AN AGGREGATE OF 1,050 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.

<u>AVERAGE NUMBER HOURS PRACTICED PER WEEK</u>	<u>MAX. AGGREGATE HOURS PER YR</u>	<u>CREDIT</u>
0-10 HOURS	515	50%
11-20 HOURS	1,050	30%

A PART TIME PRACTITIONER MAY INCLUDE ANY CLASSIFICATION IDENTIFIED IN THE CLASS PLAN AS WELL AS THOSE PRACTITIONERS WHO ARE MOONLIGHTING OR TEACHING. THE HOURS REPORTED TO THE COMPANY FOR RATING PURPOSES ARE SUBJECT TO AUDIT, AT THE COMPANY'S DISCRETION.

NO OTHER CREDITS WILL APPLY CONCURRENT WITH THIS RULE EXCEPT MEMBERSHIP ASSOCIATION, SCHEDULE RATING MODIFICATIONS AND/OR RISK MANAGEMENT.

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STANDARD CLAIMS MADE PROGRAM

PART TIME PRACTICE RULE (CON'T)

THE PART TIME PRACTICE CREDIT WILL NOT BE APPLIED TO THE EXTENSION CONTRACT RATING UNLESS THE PART TIME PRACTICE DID NOT EXCEED AN AVERAGE OF 1,050 HOURS/YEAR OVER THE PREVIOUS FIVE CONSECUTIVE POLICY YEARS WITH THE COMPANY. IF SO, THE AVERAGE NUMBER OF HOURS IN PRACTICE PER WEEK DURING THE PREVIOUS FIVE POLICY YEARS WILL DETERMINE THE APPLICABLE CREDIT.

~~1982~~
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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 OF THE COMPANY.

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STANDARD CLAIMS MADE PROGRAM

RENEWAL RATING RULE

MEMBERS OF A QUALIFIED MEDICAL/DENTAL 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, CLAIM FREE STATUS 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.

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STANDARD CLAIMS MADE PROGRAM

RISK MANAGEMENT CREDIT RULE

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

ADDITIONALLY, THE INSURED WILL RECEIVE A TWO AND ONE HALF PERCENT (2.5%) PREMIUM CREDIT APPLIED FOR THREE YEARS FOR THE PROPER USE OF AN ELECTRONIC HEALTH RECORD SYSTEM WITHIN THEIR PRACTICE. THE CREDIT WILL BE PROVIDED FOR PROGRAMS MEETING THE CRITERIA OF THE MEDICAL PROTECTIVE COMPANY AND ISSUED AT THE BEGINNING OF THE NEXT POLICY PERIOD CONTINGENT UPON RECEIPT OF THEREQUIRED DOCUMENTATION OF SYSTEM CAPABILITIES AND PRACTICE USAGE.

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Mediaca Professional Company

FOUR YEARS INDEPENDENT AGENTS

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PHYSICIANS & SURGEONS

STANDARD CLAIMS MADE PROGRAM

SOLO CORPORATION COVERAGE

SOLO INDIVIDUAL PROFESSIONAL CORPORATIONS OR ASSOCIATIONS MAY BE MADE AN ADDITIONAL INSURED ON A PHYSICIAN'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.

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FOUR YEARS INDEMNITY 465135

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PHYSICIANS AND SURGEONS

STANDARD CLAIMS MADE PROGRAM

SLOT RATING RULE

COVERAGE FOR MULTI-PHYSICIAN GROUPS IS AVAILABLE, AT THE COMPANY'S OPTION, ON A SLOT BASIS RATHER THAN ON AN INDIVIDUAL PHYSICIAN BASIS. THE SLOT ENDORSEMENT WILL IDENTIFY THE INDIVIDUALS AND PRACTICE SETTINGS THAT ARE COVERED. COVERAGE WILL BE PROVIDED ON A SHARED LIMIT BASIS FOR THOSE INSURED MOVING THROUGH THE SLOT OR POSITION.

THE APPLICABLE MANUAL RATE WILL BE DETERMINED BY THE CLASSIFICATION OF THE SLOT. POLICIES CONVERTED TO A SLOT BASIS 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, RISK MANAGEMENT AND LOSS FREE CANNOT BE USED IN CONJUNCTION WITH THIS RATING RULE.

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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 -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:

CREDIT / DEBIT

- | | |
|---|-------------|
| 1. ORGANIZATIONAL MANAGEMENT/ STRUCTURE | -10% TO 10% |
| A. PERFORMANCE OF A QUALITY REVIEW COMMITTEE TO EVALUATE PATIENT ENCOUNTER OUTCOMES, ADDRESS UNEXPECTED RESULTS AND INTEGRATE SUITABLE SOLUTIONS. | |

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CREDIT / DEBIT

- B. EXISTENCE OF COMMITTEE STRUCTURE/PROCESSES TO REVIEW HEALTHCARE PROCEDURES, TREATMENTS AND PROTOCOLS IN ORDER TO ADDRESS APPROPRIATE INTEGRATION INTO THE MEDICAL PRACTICE.
- C. ESTABLISHED GUIDELINES, PROCEDURES AND RESOURCES FOR THE MAINTENANCE OF MEDICAL EQUIPMENT AND PREMISES.

- 2. RISK MANAGEMENT PROCESSES -5% TO 5%
 - A. ON-SITE RISK MANAGER.
 - B. UTILIZATION OF PATIENT SURVEYS TO IDENTIFY AND ADDRESS POTENTIAL RISK FACTORS.
 - C. DEDICATED RESOURCE(S) AND PROCESSES IN PLACE TO ASSIMILATE AND RESPOND TO PATIENT COMPLAINTS.

- 3. CLASSIFICATION ANOMALIES -10% TO 10%
 - A. CHARACTERISTICS OF INDIVIDUAL INSURED(S) WITHIN A CLASSIFICATION THAT DISTINGUISH IT FROM THE TYPICAL RISK CHARACTERISTICS OF THAT CLASSIFICATION.

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CREDIT / DEBIT

- B. RECOGNITION OF RECENT MEDICAL/LEGAL DEVELOPMENTS THAT ARE ANTICIPATED TO IMPACT FUTURE LOSS EXPERIENCE.
4. CLAIM ANOMALIES -10% TO 10%
- A. UNUSUAL CIRCUMSTANCES OF A CLAIM(S) THAT INFLUENCE THE FREQUENCY OF CLAIMS AND/OR THE ULTIMATE SEVERITY OF LOSSES.
- B. RECOGNITION OF ECONOMIC, SOCIETAL OR JURISDICTIONAL CHANGES THAT TEND TO INFLUENCE THE ULTIMATE SEVERITY OF LOSSES.
5. PROFESSIONAL STAFFING, TRAINING AND PATIENT RELATIONSHIPS -15% TO 15%
- A. DEMONSTRATES STABLE, LONGSTANDING PRACTICE, CONTINUITY OF HEALTHCARE PROVIDERS AND SIGNIFICANT DEGREE OF EXPERIENCE IN THE AREA(S) OF MEDICINE.
- B. VOLUME AND DEMOGRAPHICS OF PATIENT POPULATION APPROPRIATE FOR STAFFING LEVELS AND AREA(S) OF MEDICINE.

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CREDIT / DEBIT

- C. STAFFING SUFFICIENT TO ADDRESS APPROPRIATE AVAILABILITY OF NON-PHYSICIANS AND PHYSICIANS DURING AFTER HOURS AND WEEKENDS.
- D. DEGREE TO WHICH STAFFING PROVIDES HOSPITALISTS AND LABORISTS FOR CONTINUITY OF CARE.
- E. GUIDELINES AND COMPLIANCE STANDARDS IN PLACE TO SUPPORT CONTINUING PROFESSIONAL EDUCATION.
- F. DEMONSTRATED EFFECTIVENESS OF CREDENTIALING AND TRAINING FOR NEW STAFF MEMBERS.
- G. PROPORTION OF STAFF THAT IS BOARD CERTIFIED IN THEIR RESPECTIVE MEDICAL SPECIALTY.

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.

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ILLINOIS
PHYSICIANS AND SURGEONS
OCCURRENCE PROGRAM
RATING TERRITORIES

- TERRITORY 1:** COOK, JACKSON, MADISON, ST. CLAIR, AND WILL COUNTIES.
- TERRITORY 2:** VERMILLION COUNTY.
- TERRITORY 3:** KANE, LAKE, MCHENRY, AND WINNEBAGO COUNTIES.
- TERRITORY 4:** KANKAKEE COUNTY.
- TERRITORY 5:** BUREAU, CHAMPAIGN, COLES, DEKALB, DUPAGE, EFFINGHAM, LASALLE, MACON, OGLE, AND RANDOLPH COUNTIES.
- TERRITORY 6:** GRUNDY COUNTY.
- TERRITORY 7:** ADAMS, KNOX, PEORIA, AND ROCK ISLAND COUNTIES.
- TERRITORY 8:** REMAINDER OF STATE.
- TERRITORY 9:** SANGAMON COUNTY.

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ILLINOIS - AREA 1
PHYSICIANS AND SURGEONS
OCCURRENCE RATES

Class	100/300	200/600	500/1000	1000/1000	1000/3000
1A	7,728	10,510	15,533	19,243	20,016
1B	10,304	14,013	20,711	25,657	26,687
1C	12,107	16,466	24,335	30,146	31,357
1D	13,189	17,937	26,510	32,841	34,160
2A	14,426	19,619	28,996	35,921	37,363
2B	17,002	23,123	34,174	42,335	44,035
2C	20,093	27,326	40,387	50,032	52,041
2D	22,669	30,830	45,565	56,446	58,713
3A	24,214	33,173	50,123	63,683	66,589
3B	26,790	36,702	55,455	70,458	73,673
4A	29,366	40,231	60,788	77,233	80,757
4B	31,942	43,761	66,120	84,007	87,841
5A	36,064	49,408	74,652	94,848	99,176
5B	40,186	55,055	83,185	105,689	110,512
6A	42,246	57,877	87,449	111,107	116,177
6B	47,398	64,935	98,114	124,657	130,345
7	54,611	74,817	113,045	143,627	150,180
8	78,310	107,285	162,102	205,955	215,353

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ILLINOIS - AREA 1
 PHYSICIANS AND SURGEONS
 OCCURRENCE RATES

Class	2000/2000	2000/4000	3000/3000	3000/5000	4000/4000
1A	25,263	25,417	28,470	28,625	31,067
1B	33,684	33,890	37,960	38,166	41,422
1C	39,578	39,820	44,602	44,844	48,670
1D	43,115	43,379	48,588	48,852	53,020
2A	47,159	47,447	53,145	53,434	57,993
2B	55,580	55,920	62,635	62,975	68,348
2C	65,684	66,086	74,023	74,424	80,774
2D	74,105	74,558	83,513	83,966	91,129
3A	86,081	86,565	98,067	98,551	107,389
3B	95,238	95,774	108,500	109,035	118,814
4A	104,396	104,983	118,932	119,520	130,238
4B	113,554	114,193	129,365	130,004	141,663
5A	128,208	128,929	146,059	146,780	159,944
5B	142,861	143,665	162,753	163,557	178,225
6A	150,185	151,029	171,096	171,941	187,361
6B	168,500	169,448	191,962	192,910	210,210
7	194,142	195,234	221,175	222,267	242,200
8	278,392	279,958	317,156	318,722	347,305

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ILLINOIS - AREA 1
 PHYSICIANS AND SURGEONS
 OCCURRENCE RATES

Class	4000/6000	5000/5000	5000/7000
1A	31,221	33,269	33,424
1B	41,628	44,359	44,565
1C	48,912	52,121	52,363
1D	53,284	56,779	57,042
2A	58,281	62,104	62,392
2B	68,688	73,194	73,534
2C	81,176	86,500	86,902
2D	91,583	97,590	98,043
3A	107,873	115,355	115,864
3B	119,349	127,628	128,190
4A	130,826	139,900	140,516
4B	142,302	152,172	152,842
5A	160,665	171,809	172,566
5B	179,029	191,446	192,290
6A	188,206	201,260	202,147
6B	211,158	225,804	226,799
7	243,292	260,167	261,314
8	348,871	373,069	374,713

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ILLINOIS - AREA 2
 PHYSICIANS AND SURGEONS
 OCCURRENCE RATES

Class	100/300	200/600	500/1000	1000/1000	1000/3000
1A	6,956	9,460	13,982	17,320	18,016
1B	9,274	12,613	18,641	23,092	24,020
1C	10,897	14,820	21,903	27,134	28,223
1D	11,871	16,145	23,861	29,559	30,746
2A	12,984	17,658	26,098	32,330	33,629
2B	15,302	20,811	30,757	38,102	39,632
2C	18,084	24,594	36,349	45,029	46,838
2D	20,403	27,748	41,010	50,803	52,844
3A	21,794	29,858	45,114	57,318	59,934
3B	24,112	33,033	49,912	63,415	66,308
4A	26,431	36,210	54,712	69,514	72,685
4B	28,749	39,386	59,510	75,610	79,060
5A	32,459	44,469	67,190	85,367	89,262
5B	36,169	49,552	74,870	95,124	99,465
6A	38,023	52,092	78,708	100,000	104,563
6B	42,660	58,444	88,306	112,196	117,315
7	49,152	67,338	101,745	129,270	135,168
8	70,482	96,560	145,898	185,368	193,826

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ILLINOIS - AREA 2
PHYSICIANS AND SURGEONS
OCCURRENCE RATES

Class	2000/2000	2000/4000	3000/3000	3000/5000	4000/4000
1A	22,739	22,878	25,626	25,765	27,963
1B	30,317	30,502	34,165	34,351	37,281
1C	35,622	35,840	40,145	40,362	43,806
1D	38,806	39,044	43,733	43,970	47,721
2A	42,445	42,704	47,833	48,093	52,196
2B	50,022	50,328	56,373	56,679	61,514
2C	59,117	59,478	66,621	66,983	72,698
2D	66,697	67,105	75,165	75,573	82,020
3A	77,478	77,914	88,266	88,702	96,656
3B	85,718	86,200	97,654	98,136	106,937
4A	93,962	94,491	107,046	107,574	117,221
4B	102,203	102,778	116,433	117,008	127,502
5A	115,392	116,041	131,459	132,108	143,956
5B	128,581	129,304	146,484	147,208	160,410
6A	135,172	135,932	153,993	154,754	168,632
6B	151,656	152,510	172,773	173,626	189,197
7	174,735	175,718	199,066	200,049	217,989
8	250,564	251,973	285,452	286,862	312,588

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ILLINOIS - AREA 2
 PHYSICIANS AND SURGEONS
 OCCURRENCE RATES

Class	4000/6000	5000/5000	5000/7000
1A	28,102	29,946	30,085
1B	37,467	39,925	40,110
1C	44,024	46,912	47,130
1D	47,959	51,105	51,342
2A	52,455	55,896	56,156
2B	61,820	65,875	66,181
2C	73,059	77,852	78,213
2D	82,428	87,835	88,243
3A	97,092	103,827	104,284
3B	107,419	114,870	115,376
4A	117,750	125,917	126,472
4B	128,077	136,960	137,564
5A	144,605	154,635	155,316
5B	161,133	172,309	173,069
6A	169,392	181,142	181,940
6B	190,050	203,232	204,128
7	218,972	234,160	235,192
8	313,997	335,776	337,256

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ILLINOIS - AREA 3
 PHYSICIANS AND SURGEONS
 OCCURRENCE RATES

Class	100/300	200/600	500/1000	1000/1000	1000/3000
1A	6,569	8,934	13,204	16,357	17,014
1B	8,758	11,911	17,604	21,807	22,683
1C	10,291	13,996	20,685	25,625	26,654
1D	11,210	15,246	22,532	27,913	29,034
2A	12,261	16,675	24,645	30,530	31,756
2B	14,451	19,653	29,047	35,983	37,428
2C	17,078	23,226	34,327	42,524	44,232
2D	19,268	26,204	38,729	47,977	49,904
3A	20,581	28,196	42,603	54,128	56,598
3B	22,771	31,196	47,136	59,888	62,620
4A	24,960	34,195	51,667	65,645	68,640
4B	27,150	37,196	56,201	71,405	74,663
5A	30,653	41,995	63,452	80,617	84,296
5B	34,156	46,794	70,703	89,830	93,929
6A	35,908	49,194	74,330	94,438	98,747
6B	40,287	55,193	83,394	105,955	110,789
7	46,417	63,591	96,083	122,077	127,647
8	66,561	91,189	137,781	175,055	183,043

The
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ILLINOIS - AREA 3
PHYSICIANS AND SURGEONS
OCCURRENCE RATES

Class	2000/2000	2000/4000	3000/3000	3000/5000	4000/4000
1A	21,474	21,605	24,200	24,332	26,407
1B	28,630	28,805	32,264	32,440	35,207
1C	33,641	33,847	37,912	38,118	41,370
1D	36,645	36,870	41,298	41,522	45,064
2A	40,081	40,326	45,170	45,415	49,289
2B	47,240	47,529	53,237	53,527	58,093
2C	55,828	56,170	62,915	63,257	68,654
2D	62,987	63,372	70,983	71,369	77,457
3A	73,165	73,577	83,353	83,765	91,277
3B	80,951	81,406	92,223	92,678	100,989
4A	88,733	89,232	101,088	101,587	110,698
4B	96,518	97,061	109,958	110,501	120,410
5A	108,971	109,584	124,145	124,758	135,946
5B	121,425	122,108	138,332	139,015	151,482
6A	127,653	128,371	145,427	146,146	159,252
6B	143,220	144,026	163,162	163,968	178,673
7	165,012	165,941	187,989	188,917	205,859
8	236,624	237,956	269,572	270,903	295,198

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ILLINOIS - AREA 3
 PHYSICIANS AND SURGEONS
 OCCURRENCE RATES

Class	4000/6000	5000/5000	5000/7000
1A	26,539	28,280	28,411
1B	35,382	37,703	37,878
1C	41,576	44,303	44,509
1D	45,288	48,259	48,483
2A	49,534	52,784	53,029
2B	58,382	62,212	62,501
2C	68,995	73,521	73,862
2D	77,843	82,949	83,334
3A	91,688	98,048	98,480
3B	101,445	108,481	108,959
4A	111,197	118,909	119,434
4B	120,953	129,343	129,913
5A	136,559	146,031	146,675
5B	152,165	162,719	163,436
6A	159,970	171,066	171,820
6B	179,479	191,927	192,773
7	206,788	221,131	222,105
8	296,529	317,097	318,494

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ILLINOIS - AREA 4
 PHYSICIANS AND SURGEONS
 OCCURRENCE RATES

Class	100/300	200/600	500/1000	1000/1000	1000/3000
1A	5,796	7,883	11,650	14,432	15,012
1B	7,728	10,510	15,533	19,243	20,016
1C	9,080	12,349	18,251	22,609	23,517
1D	9,892	13,453	19,883	24,631	25,620
2A	10,819	14,714	21,746	26,939	28,021
2B	12,751	17,341	25,630	31,750	33,025
2C	15,070	20,495	30,291	37,524	39,031
2D	17,002	23,123	34,174	42,335	44,035
3A	18,161	24,881	37,593	47,763	49,943
3B	20,093	27,527	41,593	52,845	55,256
4A	22,025	30,174	45,592	57,926	60,569
4B	23,957	32,821	49,591	63,007	65,882
5A	27,048	37,056	55,989	71,136	74,382
5B	30,139	41,290	62,388	79,266	82,882
6A	31,685	43,408	65,588	83,332	87,134
6B	35,549	48,702	73,586	93,494	97,760
7	40,958	56,112	84,783	107,720	112,635
8	58,733	80,464	121,577	154,468	161,516

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ILLINOIS - AREA 4
PHYSICIANS AND SURGEONS
OCCURRENCE RATES

Class	2000/2000	2000/4000	3000/3000	3000/5000	4000/4000
1A	18,947	19,063	21,352	21,468	23,300
1B	25,263	25,417	28,470	28,625	31,067
1C	29,683	29,864	33,451	33,632	36,502
1D	32,337	32,535	36,442	36,640	39,766
2A	35,367	35,584	39,857	40,074	43,492
2B	41,683	41,938	46,975	47,230	51,259
2C	49,264	49,565	55,518	55,819	60,581
2D	55,580	55,920	62,635	62,975	68,348
3A	64,562	64,926	73,552	73,915	80,544
3B	71,431	71,832	81,377	81,779	89,112
4A	78,299	78,739	89,201	89,642	97,681
4B	85,167	85,646	97,026	97,505	106,249
5A	96,156	96,697	109,544	110,085	119,958
5B	107,144	107,747	122,063	122,666	133,666
6A	112,640	113,274	128,324	128,958	140,523
6B	126,377	127,088	143,973	144,684	157,660
7	145,606	146,425	165,880	166,699	181,649
8	208,796	209,970	237,869	239,043	260,481

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ILLINOIS - AREA 4
PHYSICIANS AND SURGEONS
OCCURRENCE RATES

Class	4000/6000	5000/5000	5000/7000
1A	23,416	24,952	25,068
1B	31,221	33,269	33,424
1C	36,683	39,089	39,271
1D	39,964	42,585	42,783
2A	43,709	46,576	46,792
2B	51,514	54,893	55,148
2C	60,883	64,876	65,178
2D	68,688	73,194	73,534
3A	80,907	86,519	86,900
3B	89,514	95,723	96,145
4A	98,121	104,927	105,390
4B	106,728	114,131	114,634
5A	120,499	128,857	129,425
5B	134,269	143,582	144,215
6A	141,157	150,947	151,613
6B	158,371	169,355	170,102
7	182,468	195,124	195,984
8	261,656	279,804	281,037

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ILLINOIS - AREA 5
 PHYSICIANS AND SURGEONS
 OCCURRENCE RATES

Class	100/300	200/600	500/1000	1000/1000	1000/3000
1A	5,410	7,358	10,874	13,471	14,012
1B	7,213	9,810	14,498	17,960	18,682
1C	8,475	11,526	17,035	21,103	21,950
1D	9,233	12,557	18,558	22,990	23,913
2A	10,098	13,733	20,297	25,144	26,154
2B	11,901	16,185	23,921	29,633	30,824
2C	14,065	19,128	28,271	35,022	36,428
2D	15,869	21,582	31,897	39,514	41,101
3A	16,951	23,223	35,089	44,581	46,615
3B	18,754	25,693	38,821	49,323	51,574
4A	20,557	28,163	42,553	54,065	56,532
4B	22,360	30,633	46,285	58,807	61,490
5A	25,246	34,587	52,259	66,397	69,427
5B	28,131	38,539	58,231	73,985	77,360
6A	29,573	40,515	61,216	77,777	81,326
6B	33,180	45,457	68,683	87,263	91,245
7	38,229	52,374	79,134	100,542	105,130
8	54,819	75,102	113,475	144,174	150,752

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ILLINOIS - AREA 5
 PHYSICIANS AND SURGEONS
 OCCURRENCE RATES

Class	2000/2000	2000/4000	3000/3000	3000/5000	4000/4000
1A	17,685	17,793	19,930	20,039	21,748
1B	23,579	23,724	26,573	26,717	28,996
1C	27,705	27,874	31,222	31,391	34,070
1D	30,183	30,367	34,014	34,199	37,117
2A	33,010	33,212	37,201	37,403	40,594
2B	38,904	39,142	43,843	44,081	47,842
2C	45,978	46,260	51,815	52,097	56,541
2D	51,876	52,193	58,461	58,779	63,793
3A	60,261	60,600	68,652	68,991	75,178
3B	66,670	67,046	75,954	76,329	83,174
4A	73,080	73,491	83,256	83,667	91,170
4B	79,490	79,937	90,558	91,005	99,167
5A	89,750	90,254	102,246	102,751	111,966
5B	100,006	100,568	113,931	114,493	124,761
6A	105,132	105,723	119,771	120,362	131,156
6B	117,955	118,619	134,379	135,043	147,153
7	135,904	136,669	154,827	155,592	169,546
8	194,882	195,978	222,017	223,113	243,122

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ILLINOIS - AREA 5
PHYSICIANS AND SURGEONS
OCCURRENCE RATES

Class	4000/6000	5000/5000	5000/7000
1A	21,856	23,290	23,398
1B	29,141	31,052	31,196
1C	34,239	36,485	36,654
1D	37,301	39,748	39,933
2A	40,796	43,472	43,674
2B	48,080	51,234	51,472
2C	56,823	60,550	60,831
2D	64,111	68,316	68,633
3A	75,517	80,755	81,111
3B	83,549	89,344	89,738
4A	91,581	97,934	98,365
4B	99,614	106,523	106,993
5A	112,471	120,272	120,802
5B	125,324	134,016	134,607
6A	131,748	140,886	141,507
6B	147,817	158,070	158,766
7	170,310	182,123	182,926
8	244,219	261,158	262,309

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ILLINOIS - AREA 6
 PHYSICIANS AND SURGEONS
 OCCURRENCE RATES

Class	100/300	200/600	500/1000	1000/1000	1000/3000
1A	4,637	6,306	9,320	11,546	12,010
1B	6,182	8,408	12,426	15,393	16,011
1C	7,264	9,879	14,601	18,087	18,814
1D	7,913	10,762	15,905	19,703	20,495
2A	8,655	11,771	17,397	21,551	22,416
2B	10,200	13,872	20,502	25,398	26,418
2C	12,055	16,395	24,231	30,017	31,222
2D	13,600	18,496	27,336	33,864	35,224
3A	14,528	19,903	30,073	38,209	39,952
3B	16,073	22,020	33,271	42,272	44,201
4A	17,619	24,138	36,471	46,338	48,452
4B	19,164	26,255	39,669	50,401	52,701
5A	21,637	29,643	44,789	56,905	59,502
5B	24,110	33,031	49,908	63,409	66,303
6A	25,346	34,724	52,466	66,660	69,702
6B	28,437	38,959	58,865	74,789	78,202
7	32,765	44,888	67,824	86,172	90,104
8	46,983	64,367	97,255	123,565	129,203

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ILLINOIS - AREA 6
PHYSICIANS AND SURGEONS
OCCURRENCE RATES

Class	2000/2000	2000/4000	3000/3000	3000/5000	4000/4000
1A	15,158	15,251	17,083	17,175	18,641
1B	20,209	20,333	22,774	22,898	24,852
1C	23,746	23,891	26,761	26,906	29,201
1D	25,868	26,026	29,151	29,310	31,810
2A	28,293	28,466	31,885	32,058	34,793
2B	33,344	33,548	37,577	37,781	41,004
2C	39,408	39,649	44,411	44,652	48,461
2D	44,458	44,730	50,102	50,374	54,672
3A	51,647	51,938	58,838	59,129	64,432
3B	57,140	57,461	65,096	65,417	71,284
4A	62,636	62,988	71,357	71,709	78,140
4B	68,128	68,511	77,614	77,997	84,992
5A	76,920	77,352	87,630	88,063	95,960
5B	85,711	86,193	97,646	98,128	106,928
6A	90,105	90,612	102,651	103,158	112,410
6B	101,094	101,662	115,170	115,739	126,118
7	116,480	117,135	132,698	133,354	145,313
8	167,025	167,964	190,281	191,221	208,370

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ILLINOIS - AREA 6
 PHYSICIANS AND SURGEONS
 OCCURRENCE RATES

Class	4000/6000	5000/5000	5000/7000
1A	18,733	19,962	20,055
1B	24,975	26,614	26,737
1C	29,347	31,272	31,417
1D	31,969	34,065	34,224
2A	34,966	37,260	37,433
2B	41,208	43,911	44,115
2C	48,702	51,897	52,138
2D	54,944	58,548	58,820
3A	64,722	69,211	69,516
3B	71,605	76,572	76,909
4A	78,493	83,937	84,307
4B	85,376	91,297	91,700
5A	96,393	103,079	103,533
5B	107,410	114,860	115,366
6A	112,916	120,748	121,281
6B	126,687	135,474	136,071
7	145,968	156,092	156,781
8	209,309	223,827	224,814

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ILLINOIS - AREA 7
PHYSICIANS AND SURGEONS
OCCURRENCE RATES

Class	100/300	200/600	500/1000	1000/1000	1000/3000
1A	3,478	4,730	6,991	8,660	9,008
1B	4,637	6,306	9,320	11,546	12,010
1C	5,448	7,409	10,950	13,566	14,110
1D	5,935	8,072	11,929	14,778	15,372
2A	6,492	8,829	13,049	16,165	16,814
2B	7,651	10,405	15,379	19,051	19,816
2C	9,042	12,297	18,174	22,515	23,419
2D	10,201	13,873	20,504	25,400	26,421
3A	10,897	14,929	22,557	28,659	29,967
3B	12,056	16,517	24,956	31,707	33,154
4A	13,215	18,105	27,355	34,755	36,341
4B	14,375	19,694	29,756	37,806	39,531
5A	16,230	22,235	33,596	42,685	44,633
5B	18,084	24,775	37,434	47,561	49,731
6A	19,012	26,046	39,355	50,002	52,283
6B	21,330	29,222	44,153	56,098	58,658
7	24,576	33,669	50,872	64,635	67,584
8	35,241	48,280	72,949	92,684	96,913

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ILLINOIS - AREA 7
 PHYSICIANS AND SURGEONS
 OCCURRENCE RATES

Class	2000/2000	2000/4000	3000/3000	3000/5000	4000/4000
1A	11,370	11,439	12,813	12,883	13,982
1B	15,158	15,251	17,083	17,175	18,641
1C	17,810	17,918	20,070	20,179	21,901
1D	19,402	19,520	21,865	21,983	23,859
2A	21,222	21,352	23,917	24,046	26,098
2B	25,011	25,164	28,186	28,339	30,757
2C	29,558	29,739	33,311	33,492	36,349
2D	33,347	33,551	37,580	37,785	41,008
3A	38,739	38,957	44,133	44,351	48,328
3B	42,859	43,100	48,827	49,068	53,468
4A	46,979	47,244	53,521	53,785	58,609
4B	51,103	51,391	58,219	58,506	63,753
5A	57,698	58,022	65,732	66,056	71,980
5B	64,289	64,650	73,240	73,602	80,203
6A	67,588	67,968	76,999	77,379	84,318
6B	75,828	76,255	86,387	86,813	94,599
7	87,368	87,859	99,533	100,024	108,995
8	125,282	125,987	142,726	143,431	156,294

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ILLINOIS - AREA 7
 PHYSICIANS AND SURGEONS
 OCCURRENCE RATES

Class	4000/6000	5000/5000	5000/7000
1A	14,051	14,973	15,042
1B	18,733	19,962	20,055
1C	22,010	23,454	23,563
1D	23,977	25,550	25,669
2A	26,228	27,948	28,078
2B	30,910	32,938	33,091
2C	36,530	38,926	39,107
2D	41,212	43,915	44,119
3A	48,546	51,913	52,142
3B	53,709	57,435	57,688
4A	58,873	62,956	63,234
4B	64,041	68,483	68,784
5A	72,305	77,320	77,661
5B	80,564	86,152	86,532
6A	84,698	90,573	90,972
6B	95,025	101,616	102,064
7	109,486	117,080	117,596
8	156,999	167,888	168,628

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ILLINOIS - AREA 8
 PHYSICIANS AND SURGEONS
 OCCURRENCE RATES

Class	100/300	200/600	500/1000	1000/1000	1000/3000
1A	3,864	5,255	7,767	9,621	10,008
1B	5,152	7,007	10,356	12,828	13,344
1C	6,054	8,233	12,169	15,074	15,680
1D	6,595	8,969	13,256	16,422	17,081
2A	7,213	9,810	14,498	17,960	18,682
2B	8,501	11,561	17,087	21,167	22,018
2C	10,046	13,663	20,192	25,015	26,019
2D	11,334	15,414	22,781	28,222	29,355
3A	12,107	16,587	25,061	31,841	33,294
3B	13,395	18,351	27,728	35,229	36,836
4A	14,683	20,116	30,394	38,616	40,378
4B	15,971	21,880	33,060	42,004	43,920
5A	18,032	24,704	37,326	47,424	49,588
5B	20,093	27,527	41,593	52,845	55,256
6A	21,123	28,939	43,725	55,553	58,088
6B	23,699	32,468	49,057	62,328	65,172
7	27,306	37,409	56,523	71,815	75,092
8	39,155	53,642	81,051	102,978	107,676

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ILLINOIS - AREA 8
 PHYSICIANS AND SURGEONS
 OCCURRENCE RATES

Class	2000/2000	2000/4000	3000/3000	3000/5000	4000/4000
1A	12,631	12,709	14,235	14,312	15,533
1B	16,842	16,945	18,980	19,083	20,711
1C	19,791	19,912	22,303	22,424	24,337
1D	21,559	21,691	24,296	24,428	26,512
2A	23,579	23,724	26,573	26,717	28,996
2B	27,790	27,960	31,318	31,488	34,174
2C	32,840	33,041	37,009	37,210	40,385
2D	37,051	37,278	41,754	41,981	45,563
3A	43,040	43,283	49,033	49,275	53,695
3B	47,619	47,887	54,250	54,518	59,407
4A	52,198	52,492	59,466	59,760	65,119
4B	56,777	57,096	64,683	65,002	70,831
5A	64,104	64,464	73,030	73,390	79,972
5B	71,431	71,832	81,377	81,779	89,112
6A	75,092	75,515	85,548	85,971	93,681
6B	84,250	84,724	95,981	96,455	105,105
7	97,073	97,619	110,589	111,135	121,102
8	139,196	139,979	158,578	159,361	173,652

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ILLINOIS - AREA 8
 PHYSICIANS AND SURGEONS
 OCCURRENCE RATES

Class	4000/6000	5000/5000	5000/7000
1A	15,611	16,635	16,712
1B	20,814	22,179	22,282
1C	24,458	26,062	26,184
1D	26,644	28,391	28,523
2A	29,141	31,052	31,196
2B	34,344	36,597	36,767
2C	40,586	43,248	43,449
2D	45,789	48,793	49,020
3A	53,937	57,678	57,932
3B	59,675	63,814	64,095
4A	65,413	69,950	70,258
4B	71,151	76,086	76,421
5A	80,333	85,904	86,283
5B	89,514	95,723	96,145
6A	94,103	100,630	101,074
6B	105,579	112,902	113,400
7	121,648	130,086	130,659
8	174,436	186,534	187,357

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**ILLINOIS - AREA 9
PHYSICIANS AND SURGEONS
OCCURRENCE RATES**

Class	100/300	200/600	500/1000	1000/1000	1000/3000
1A	4,250	5,780	8,543	10,583	11,008
1B	5,667	7,707	11,391	14,111	14,678
1C	6,659	9,056	13,385	16,581	17,247
1D	7,254	9,865	14,581	18,062	18,788
2A	7,934	10,790	15,947	19,756	20,549
2B	9,351	12,717	18,796	23,284	24,219
2C	11,051	15,029	22,213	27,517	28,622
2D	12,467	16,955	25,059	31,043	32,290
3A	13,317	18,244	27,566	35,024	36,622
3B	14,734	20,186	30,499	38,750	40,519
4A	16,151	22,127	33,433	42,477	44,415
4B	17,568	24,068	36,366	46,204	48,312
5A	19,835	27,174	41,058	52,166	54,546
5B	22,101	30,278	45,749	58,126	60,778
6A	23,235	31,832	48,096	61,108	63,896
6B	26,068	35,713	53,961	68,559	71,687
7	30,035	41,148	62,172	78,992	82,596
8	43,069	59,005	89,153	113,271	118,440

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**ILLINOIS - AREA 9
PHYSICIANS AND SURGEONS
OCCURRENCE RATES**

Class	2000/2000	2000/4000	3000/3000	3000/5000	4000/4000
1A	13,893	13,978	15,657	15,742	17,085
1B	18,525	18,639	20,877	20,991	22,781
1C	21,768	21,901	24,532	24,665	26,769
1D	23,713	23,858	26,724	26,869	29,161
2A	25,936	26,095	29,229	29,388	31,895
2B	30,568	30,755	34,449	34,636	37,591
2C	36,126	36,347	40,712	40,933	44,425
2D	40,755	41,004	45,928	46,178	50,117
3A	47,342	47,608	53,934	54,200	59,061
3B	52,379	52,674	59,673	59,967	65,345
4A	57,417	57,740	65,412	65,735	71,630
4B	62,454	62,806	71,150	71,502	77,914
5A	70,513	70,910	80,332	80,728	87,968
5B	78,569	79,011	89,509	89,951	98,018
6A	82,600	83,065	94,102	94,566	103,047
6B	92,672	93,193	105,575	106,097	115,612
7	106,774	107,375	121,642	122,242	133,205
8	153,110	153,972	174,429	175,291	191,011

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**ILLINOIS - AREA 9
PHYSICIANS AND SURGEONS
OCCURRENCE RATES**

Class	4000/6000	5000/5000	5000/7000
1A	17,170	18,296	18,381
1B	22,895	24,396	24,510
1C	26,902	28,667	28,800
1D	29,306	31,228	31,374
2A	32,053	34,156	34,315
2B	37,778	40,256	40,443
2C	44,646	47,575	47,796
2D	50,367	53,670	53,920
3A	59,327	63,442	63,722
3B	65,640	70,193	70,502
4A	71,953	76,943	77,283
4B	78,265	83,694	84,063
5A	88,365	94,494	94,910
5B	98,460	105,289	105,753
6A	103,512	110,692	111,179
6B	116,133	124,188	124,735
7	133,806	143,087	143,717
8	191,872	205,181	206,085

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EXCESS LIMITS FACTORS TABLE			
LIMIT	CLASSES 1A-2D	CLASSES 3A-7	CLASS 8
1M/1M xs 1M/3M	1.270	1.300	1.300
2M/2M xs 1M/3M	1.430	1.480	1.480
3M/3M xs 1M/3M	1.560	1.620	1.620
4M/4M xs 1M/3M	1.670	1.740	1.740

Note: For aggregate limits not listed above, refer to company.

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INCREASED LIMITS TABLE

LIMIT	CLASSES 1A-2D	CLASSES 3A-7	CLASS 8
100/300	1.000	1.000	1.000
200/600	1.360	1.370	1.370
500/1000	2.010	2.070	2.070
1000/1000	2.490	2.630	2.630
1000/3000	2.590	2.750	2.750

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OCCURRENCE PROGRAM
AGGREGATE CREDIT RULE

THE APPLICATION OF ALL APPROVED CREDITS CONTAINED IN THIS RATING MANUAL SHALL NOT EXCEED 60% FOR ANY ONE INSURED.

THIS RULE DOES NOT APPLY TO PART TIME PRACTICE, LEAVE OF ABSENCE, MILITARY LEAVE OF ABSENCE, RISK MANAGEMENT, NEW TO COMPANY, NEW TO PRACTICE, MEMBERSHIP ASSOCIATION OR DEDUCTIBLE CREDITS.

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OCCURRENCE PROGRAM
CLAIM FREE CREDIT

IF NO CLAIM HAS BEEN ATTRIBUTED TO AN INSURED, THE INSURED WILL BE ELIGIBLE FOR A PREMIUM CREDIT BASED ON THE FOLLOWING SCHEDULE:

1. IF INSURED BY THE COMPANY AND CLAIM FREE FOR 3 YEARS BUT LESS THAN 5, A 7.5% CREDIT SHALL BE APPLIED TO THE NEXT RENEWAL.
2. IF INSURED BY THE COMPANY AND CLAIM FREE FOR 5 YEARS BUT LESS THAN 8, A 15% CREDIT SHALL BE APPLIED TO THE NEXT RENEWAL.
3. IF INSURED BY THE COMPANY AND CLAIM FREE FOR 8 YEARS BUT LESS THAN 10 YEARS, A 20% CREDIT SHALL BE APPLIED TO THE NEXT RENEWAL.
4. IF INSURED BY THE COMPANY AND CLAIM FREE FOR 10 YEARS OR MORE, A CREDIT OF 25% SHALL BE APPLIED TO THE NEXT POLICY RENEWAL.

A CLAIM UNDER THIS POLICY SHALL NOT, FOR THE PURPOSE OF THIS PREMIUM CREDIT PROGRAM, BE CONSTRUED TO INCLUDE INSTANCES OF MISTAKEN IDENTITY, BLANKET DEFENDANT LISTINGS, IMPROPER INCLUSION, OR NON-MERITORIOUS OR FRIVOLOUS CLAIMS.

INSUREDS CONVERTING COVERAGE TO THE MEDICAL PROTECTIVE COMPANY SHALL QUALIFY FOR CREDIT AT THE POLICY INCEPTION DATE IN ACCORDANCE WITH THE COMPANY'S GUIDELINES.

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PHYSICIANS & SURGEONS

OCCURRENCE PROGRAM

CONVERTIBLE / NOSE RATING PLAN

AN INSURED MAY BE ELIGIBLE FOR NOSE COVERAGE. THE RATING FOR SUCH COVERAGE IS BASED UPON THE INSUREDS STANDARD MATURE CLAIMS MADE RATE TIMES THE FACTOR IDENTIFIED IN THE TABLE BELOW.

NUMBER OF YEARS BEFORE EXPIRATION DATE OF NOSE COVERAGE	FACTOR
0	0.750
1	1.190
2	1.400
3	1.550
4 OR MORE	1.550

THE APPLICABLE PREMIUM UNDER THIS PLAN SHALL BE IN ADDITION TO THE INSUREDS STANDARD OCCURRENCE PREMIUM AND SHALL BE PAID TO THE COMPANY OVER AN INSTALLMENT PERIOD.

THE ABOVE RATING IS SUBJECT TO APPLICABLE PART-TIME AND SCHEDULE RATING MODIFICATIONS.

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OCCURRENCE PROGRAM

CONVERTIBLE PLUS / NOSE RATING PLAN

A HEALTHCARE PROVIDER THAT IS CURRENTLY INSURED UNDER A CLAIMS-MADE POLICY FORM MAY BE ELIGIBLE FOR CONVERTIBLE / NOSE COVERAGE, SUBJECT TO UNDERWRITING GUIDELINES. THIS COVERAGE WILL PROVIDE NOSE COVERAGE TO HEALTHCARE PROVIDERS THAT SEEK TO CONVERT TO AN OCCURRENCE POLICY FORM. THE RATING FOR SUCH COVERAGE IS BASED UPON THE INSURED'S STANDARD MATURE CLAIMS MADE RATE TIMES THE FACTOR IDENTIFIED IN THE TABLE BELOW.

YEARS RETROACTIVE DATE PRECEDES POLICY INCEPTION DATE	FACTOR
1	.75
2	1.08
3	1.18
4 OR MORE	1.25

THE APPLICABLE PREMIUM UNDER THIS PLAN SHALL BE IN ADDITION TO THE HEALTHCARE PROVIDER'S STANDARD OCCURRENCE PREMIUM AND SHALL BE PAID TO THE COMPANY OVER AN INSTALLMENT PERIOD.

IN THE EVENT THE INSURED CANCELS THE OCCURRENCE COVERAGE, WITHIN THE FIRST FIVE YEARS SUBSEQUENT TO THE ISSUANCE OF THE PRODUCT, FOR REASONS OTHER THAN NON-RENEWAL, DEATH, TOTAL AND PERMANENT

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OCCURRENCE PROGRAM

CONVERTIBLE PLUS / NOSE RATING PLAN

DISABILITY OR PERMANENT RETIREMENT, ADDITIONAL PREMIUM SHALL BE DUE AND PAYABLE. ADDITIONAL PREMIUM SHALL BE CALCULATED AT THE COMPANY'S FILED RATE FOR AN EXTENSION CONTRACT ENDORSEMENT AT THE TIME THE CONVERTIBLE PLUS CLAIMS MADE COVERAGE IS ISSUED. ANY UNPAID BALANCE BETWEEN THIS AMOUNT AND ANY PAYMENTS MADE PRIOR TO THE CANCELLATION DATE IS DUE SIXTY (60) DAYS FROM THE DATE OF CANCELLATION.

THE RATING UNDER THIS RULE IS SUBJECT TO APPLICABLE PART-TIME AND SCHEDULE RATING MODIFICATIONS.

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OCCURRENCE PROGRAM

DEDUCTIBLE CREDIT RULE

THE FOLLOWING CREDITS SHALL BE AVAILABLE, SUBJECT TO UNDERWRITING GUIDELINES:

PREMIUM CREDIT FOR LOSS ONLY DEDUCTIBLE

DEDUCTIBLE (000's)	INCIDENT POLICY LIMIT (000S)				
	100	200	250	500	1000
50	7% TO 28%	6% TO 12%	5% TO 20%	3% TO 16%	2% TO 14%
100	17% TO 46%	15% TO 26%	13% TO 32%	10% TO 25%	8% TO 22%
200		30% TO 47%	26% TO 52%	21% TO 40%	17% TO 33%
250			32% TO 60%	26% TO 46%	21% TO 38%
500				43% TO 69%	36% TO 56%

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OCCURRENCE PROGRAM
DEDUCTIBLE CREDIT RULE

PREMIUM CREDIT FOR LOSS AND ALE DEDUCTIBLE

DEDUCTIBLE (000's)	INCIDENT POLICY LIMIT (000S)				
	100	200	250	500	1000
50	16% TO 44%	14% TO 24%	12% TO 30%	9% TO 24%	6% TO 20%
100	29% TO 66%	26% TO 41%	22% TO 46%	17% TO 35%	14% TO 29%
200		44% TO 67%	39% TO 70%	31% TO 53%	25% TO 43%
250			45% TO 79%	36% TO 60%	30% TO 49%
500				57% TO 87%	46% TO 70%

THE DEDUCTIBLE CREDITS ARE APPLICABLE TO PRIMARY LIMIT PREMIUM, NET OF ALL OTHER APPLICABLE CREDITS, SUBJECT TO A MAXIMUM DOLLAR CREDIT OF 85% OF THE AGGREGATE LIMIT.

FOR DEDUCTIBLES AND LIMIT COMBINATIONS NOT LISTED, CREDITS WILL BE INTERPOLATED OR EXTRAPOLATED FROM THE ABOVE RANGES.

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DEFERRED PREMIUM PAYMENT PLAN RULE

THE COMPANY WILL, SUBJECT TO APPLICABLE GUIDELINES, OFFER THE INSURED VARIOUS PREMIUM PAYMENT OPTIONS. THE DEFERRED PREMIUM PAYMENT PLAN REQUIRES A MINIMUM OF 25% OF THE TOTAL PREMIUM TO BE PAID ON OR BEFORE THE INCEPTION/RENEWAL DATE OF THE POLICY. THE BALANCE OF THE PREMIUM WILL BE PAYABLE IN PERIODIC INSTALLMENTS. OTHER FEES MAY APPLY.

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OCCURRENCE PROGRAM

EXPERIENCE RATING PLAN

A MEDICAL GROUP CONSISTING OF PHYSICIANS AND RELATED HEALTH CARE PROFESSIONALS, DEVELOPING AN ANNUALIZED MANUAL PREMIUM (MP) OF \$150,000 OR MORE FOR MEDICAL PROFESSIONAL LIABILITY, MAY BE INDIVIDUALLY RATED. THE OVERALL PREMIUM FOR THE MEDICAL GROUP WILL BE BASED ON AN EVALUATION OF THE GROUP'S AGGREGATE EXPERIENCE FOR THE MOST RECENT TEN POLICY PERIODS. THE AGGREGATE EXPERIENCE WILL BE DEVELOPED AND ADJUSTED TO DETERMINE AN ACTUAL LOSS RATIO FOR THE PROSPECTIVE POLICY PERIOD. THE ACTUAL LOSS RATIO WILL BE CREDIBILITY WEIGHTED WITH THE EXPECTED LOSS RATIO UNDERLYING THE CURRENT MANUAL PREMIUM FOR THE GROUP AND THIS WEIGHTED LOSS RATIO WILL BE USED TO DETERMINE THE INDICATED PREMIUM (IP) IN ACCORDANCE WITH THE FOLLOWING CALCULATION:

$$\frac{(\text{ACTUAL LOSS RATIO} * \text{CREDIBILITY}) + (\text{EXPECTED LOSS RATIO} * (1 - \text{CREDIBILITY})) + \text{FIXED EXP}}{(1 - (\text{VARIABLE EXPENSE} + \text{OTHER CONTINGENCIES}))}$$

THE INDICATED CREDIT/DEBIT IS EQUAL TO IP/MP-1. GROUPS QUALIFYING UNDER THIS RULE ARE SUBJECT TO A MAXIMUM MODIFICATION OF 35%.

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OCCURRENCE PROGRAM
FULL TIME EQUIVALENCY RATING RULE

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

2,500	-GROUP PRACTICE
2,100	-RESIDENCY PROGRAMS

FOR GROUP PRACTICES, THE MINIMUM AVERAGE FTE ASSIGNED TO ANY INDIVIDUAL PHYSICIAN IS .05 (125 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 PER PHYSICIAN RATE TO THE CORRESPONDING FTE WILL BE ADJUSTED TO REFLECT LOSS COST CONSIDERATIONS NOT RECOGNIZED IN THE PHYSICIAN RATES.

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

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FULL TIME EQUIVALENCY RATING RULE (CON'T)

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

<u>FTE*</u> <u>PER POLICY</u>	<u>PREMIUM</u> <u>MODIFICATION</u>	<u>FTE*</u> <u>PER POLICY</u>	<u>PREMIUM</u> <u>MODIFICATION</u>
1	+10.0%	11	-14.0%
2	-3.0%	12	-16.0%
3	-4.0%	13	-17.0%
4	-5.0%	14	-18.0%
5	-7.0%	15	-20.0%
6	-8.0%	16	-21.0%
7	-9.0%	17	-22.0%
8	-11.0%	18	-23.0%
9	-12.0%	19	-24.0%
10	-13.0%	20+	-25.0%

* THE TABLE VALUE IS DETERMINED BY ROUNDING THE ACTUAL FTE PER POLICY USING THE .5 ROUNDING RULE.

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

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OCCURRENCE PROGRAM
LEAVE OF ABSENCE CREDIT RULE

A PHYSICIAN 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 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.

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OCCURRENCE PROGRAM
LOCUM TENENS

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

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

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OCCURRENCE PROGRAM

MILITARY LEAVE OF ABSENCE CREDIT RULE

A PHYSICIAN 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.

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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 CANCELED AS OF THE INCEPTION DATE.

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MEMBERSHIP ASSOCIATION CREDIT RULE

THE UNIQUE CHARACTERISTICS OF A MEDICAL PRACTICE AND THEIR MEMBERSHIP IN QUALIFIED PROFESSIONAL ASSOCIATIONS SHALL MAKE THEM ELIGIBLE FOR A PREMIUM MODIFICATION IN ADDITION TO THOSE AVAILABLE TO OTHER INSURED.

A PREMIUM CREDIT OF 5% SHALL BE GIVEN TO THOSE INSURED WHOSE GROUP IS A MEMBER OF A QUALIFIED ASSOCIATION AS DETERMINED BY THE COMPANY'S UNDERWRITING GUIDELINES.

Edition Date: 01/01/03

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EFFECTIVE DATE ~~MAY 1 1 2003~~

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OCCURRENCE PROGRAM
NEW TO PRACTICE CREDIT

A "NEW" PHYSICIAN SHALL BE A PHYSICIAN WHO HAS RECENTLY COMPLETED ONE OF THE FOLLOWING PROGRAMS AND WILL BEGIN A FULL TIME PRACTICE FOR THE FIRST TIME:

- A) RESIDENCY;
- B) FELLOWSHIP PROGRAM IN THEIR MEDICAL SPECIALITY;
- C) FULFILLMENT OF A MILITARY OBLIGATION IN REMUNERATION FOR MEDICAL SCHOOL TUITION;
- D) MEDICAL SCHOOL OR SPECIALTY TRAINING PROGRAM.

TO QUALIFY FOR THE CREDIT, THE APPLICANT WILL BE REQUIRED TO APPLY FOR A REDUCED RATE WITHIN SIX MONTHS AFTER THE COMPLETION OF ANY OF THE ABOVE PROGRAMS.

CREDITS IN THE AMOUNT OF 50% OF FILED MANUAL RATES SHALL APPLY TO NEW INSUREDS FOR THEIR FIRST YEAR AND CREDITS IN THE AMOUNT OF 30% OF FILED MANUAL RATES SHALL APPLY TO NEW INSUREDS FOR THEIR SECOND YEAR AND CREDITS IN THE AMOUNT OF 15% OF FILED MANUAL RATES SHALL APPLY TO INSUREDS FOR THEIR THIRD YEAR OF PRACTICE FOLLOWING COMPLETION OF THEIR MEDICAL TRAINING PROGRAM.

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OCCURRENCE PROGRAM
NON-DISCRETIONARY DEBIT PLAN

FOR ANY INSURED WHO IS NOT ELIGIBLE FOR A CREDIT UNDER THE COMPANY'S CLAIM/LOSS FREE CREDIT RULE, POINTS WILL BE ASSIGNED FOR EACH CLAIM:

- 1) PENDING AGAINST THE INSURED AT THE BEGINNING OF THE CURRENT POLICY PERIOD;
- 2) PAID ON THE INSURED'S BEHALF DURING THE PAST 5 YEARS; OR
- 3) CLOSED WITH NO PAYMENT DURING THE PAST 5 YEARS,

PURSUANT TO THE FOLLOWING SCHEDULE:

ASSIGNED CLAIM POINTS	
Claim Threshold	Points
Pending claim	1
Loss payment of \$0 to \$49,999	1
Loss payment of \$50,000 to \$99,999	2
Loss payment of \$100,000 to \$249,999	4
Loss payment of \$250,000 to \$499,999	6
Loss payment of \$500,000 or more	8

FOR PROVIDERS WHO HAVE BEEN PRACTICING FOR LESS THAN EIGHT COMPLETE YEARS FROM THEIR INITIAL MEDICAL SCHOOL GRADUATION DATE, THE TOTAL ASSIGNED CLAIM POINTS (AS CALCULATED FROM THE SCHEDULE ABOVE) WILL BE MULTIPLIED BY THE APPLICABLE FACTOR SET FORTH IN THE FOLLOWING SCHEDULE:

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OCCURRENCE PROGRAM
NON-DISCRETIONARY DEBIT PLAN

Years Between Effective Date of Coverage and Graduation Date	Factor
Less than 5 years	5.00
At least 5 years but less than 6 years	2.50
At least 6 years but less than 7 years	1.666
At least 7 years but less than 8 years	1.25
8 years or more	No factor applied

INSUREDS WITH LESS THAN ONE YEAR OF EXPERIENCE SHALL BE ASSUMED TO HAVE ONE YEAR OF EXPERIENCE. INSUREDS CONVERTING COVERAGE TO THE MEDICAL PROTECTIVE COMPANY WHO HAVE PENDING CLAIMS OR CLAIMS PAID ON THEIR BEHALF WITHIN THE PAST FIVE YEARS WILL BE ASSIGNED POINTS IN ACCORDANCE WITH COMPANY GUIDELINES.

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OCCURRENCE PROGRAM
NON-DISCRETIONARY DEBIT PLAN

A DEBIT SHALL THEN BE APPLIED TO THE INSURED'S RATE BASED UPON THE FOLLOWING SCHEDULE:

Total Points	Table A	Table B
0	0%	0%
1	0%	0%
2	0%	0%
3	10%	0%
4	25%	10%
5	25%	25%
6	35%	35%
7	35%	35%
8	50%	50%
9	100%	100%
10+	200%	200%

(FOR THE PURPOSES OF THIS SCHEDULE, TABLE B SHALL APPLY TO ALL INSUREDS PRACTICING UNDER THE FOLLOWING ISO CODES: 80106, 80136, 80143-80146, 80150-80156, 80158-80160, 80166-80171, 80176, 80273, 84106, 84136, 84143-84146, 84150-84156, 84158-84160, 84166-84171, 84176 and 84273. TABLE A SHALL APPLY TO INSUREDS PRACTICING UNDER ANY OTHER ISO CODE.)

FOR THE PURPOSE OF THIS RULE, A "CLAIM" SHALL NOT INCLUDE INSTANCES OF MISTAKEN IDENTITY, BLANKET DEFENDANT LISTINGS, IMPROPER INCLUSION, OR NON-MERITORIOUS OR FRIVOLOUS CLAIMS.

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NON-DISCRETIONARY DEBIT PLAN

ANY DEBIT REQUIRED UNDER THIS RULE SHALL BE ADDITIVE WITH ANY OTHER DEBITS OR CREDITS APPLICABLE UNDER THE COMPANY'S RATING MANUAL.

THIS NON-DISCRETIONARY DEBIT PLAN SHALL ONLY APPLY TO PROVIDERS WHO MEET THE COMPANY'S GUIDELINES FOR ACCEPTANCE, AND THE COMPANY RETAINS THE RIGHT TO REFUSE TO INSURE ANY INSURED OR APPLICANT BASED UPON THE QUALITATIVE NATURE OF ANY CLAIMS MADE AGAINST THAT INDIVIDUAL OR ENTITY. AS A RESULT, THE FACT THAT THIS RULE PROVIDES (OR DOES NOT PROVIDE) A DEBIT FOR CLAIMS EXPERIENCE IS NOT AN INDICATION THAT THERE IS A RATE AVAILABLE FOR ANY PARTICULAR INSURED OR APPLICANT.

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

ILLINOIS

PHYSICIANS AND SURGEONS

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 PHYSICIANS, INSURED BY THE COMPANY, AT THE LIMITS SELECTED FOR THE PARTNERSHIP OR CORPORATION. IRRESPECTIVE OF THE NUMBER OF INDIVIDUALS, THE MAXIMUM PREMIUM WILL BE BASED ON THE FIVE HIGHEST RATED CLASSIFICATIONS AND WILL BE SUBJECT TO THE CAPS IN THE FOLLOWING TABLE.

Limit	Territory								
	1 Cap	2 Cap	3 Cap	4 Cap	5 Cap	6 Cap	7 Cap	8 Cap	9 Cap
1000/3000 and below	\$40,600	\$36,500	\$34,500	\$30,400	\$28,400	\$24,300	\$18,200	\$20,300	\$22,300
2000/4000	\$51,500	\$46,300	\$43,800	\$38,600	\$36,000	\$30,900	\$23,200	\$25,700	\$28,300
3000/5000	\$58,000	\$52,200	\$49,300	\$43,500	\$40,600	\$34,800	\$26,100	\$29,000	\$31,900
4000/6000	\$63,300	\$56,900	\$53,800	\$47,400	\$44,300	\$38,000	\$28,500	\$31,600	\$34,800
5000/7000	\$67,700	\$60,900	\$57,600	\$50,800	\$47,400	\$40,600	\$30,500	\$33,900	\$37,200

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 PHYSICIANS.

THE PREMIUM OTHERWISE DETERMINED FOR THE PARTNERSHIP OR CORPORATION MAY BE DISCOUNTED 50% SHOULD THE INSURED ELECT TO EXCLUDE THE VICARIOUS LIABILITY ASSOCIATED WITH THE PARTNERS', SHAREHOLDERS' AND EMPLOYED/CONTRACTED PHYSICIANS' PROFESSIONAL SERVICES.

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PHYSICIANS AND SURGEONS

OCCURRENCE PROGRAM

PART TIME PRACTICE RULE

ANY INSURED WHO PRACTICES ON AVERAGE 20 HOURS OR LESS IN A WEEK OR LESS THAN AN AGGREGATE OF 1,050 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.

<u>AVERAGE NUMBER HOURS PRACTICED PER WEEK</u>	<u>MAX. AGGREGATE HOURS PER YR</u>	<u>CREDIT</u>
0-10 HOURS	515	50%
11-20 HOURS	1,050	30%

A PART TIME PRACTITIONER MAY INCLUDE ANY CLASSIFICATION IDENTIFIED IN THE CLASS PLAN AS WELL AS THOSE PRACTITIONERS WHO ARE MOONLIGHTING OR TEACHING. THE HOURS REPORTED TO THE COMPANY FOR RATING PURPOSES ARE SUBJECT TO AUDIT, AT THE COMPANY'S DISCRETION.

NO OTHER CREDITS WILL APPLY CONCURRENT WITH THIS RULE EXCEPT MEMBERSHIP ASSOCIATION, SCHEDULE RATING MODIFICATIONS AND/OR RISK MANAGEMENT.

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PHYSICIANS AND SURGEONS

OCCURRENCE PROGRAM

RENEWAL RATING RULE

MEMBERS OF A QUALIFIED MEDICAL/DENTAL 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, CLAIM FREE STATUS 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.

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OCCURRENCE PROGRAM
RISK MANAGEMENT CREDIT RULE

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

ADDITIONALLY, THE INSURED WILL RECEIVE A TWO AND ONE HALF PERCENT (2.5%) PREMIUM CREDIT APPLIED FOR THREE YEARS FOR THE PROPER USE OF AN ELECTRONIC HEALTH RECORD SYSTEM WITHIN THEIR PRACTICE. THE CREDIT WILL BE PROVIDED FOR PROGRAMS MEETING THE CRITERIA OF THE MEDICAL PROTECTIVE COMPANY AND ISSUED AT THE BEGINNING OF THE NEXT POLICY PERIOD CONTINGENT UPON RECEIPT OF THEREQUIRED DOCUMENTATION OF SYSTEM CAPABILITIES AND PRACTICE USAGE.

~~1982~~
MEDICAL PROFESSIONALS COMPANY

~~FORT WAYNE, INDIANA 46838~~

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PHYSICIANS & SURGEONS

OCCURRENCE PROGRAM

SOLO CORPORATION COVERAGE

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

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

Edition Date: 01/01/03

SCC-CW

EFFECTIVE DATE ~~MAY 11 2003~~

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ILLINOIS
PHYSICIANS AND SURGEONS
OCCURRENCE PROGRAM
SCHEDULE RATING PLAN

THE MEDICAL PROTECTIVE COMPANY SHALL UTILIZE THE FOLLOWING SCHEDULE OF MODIFICATIONS TO DETERMINE APPROPRIATE PREMIUMS FOR CERTAIN INSURED, OR GROUPS OF INSURED, 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:

CREDIT / DEBIT

- | | |
|---|-------------|
| 1. ORGANIZATIONAL MANAGEMENT/ STRUCTURE | -10% TO 10% |
| A. PERFORMANCE OF A QUALITY REVIEW COMMITTEE TO EVALUATE PATIENT ENCOUNTER OUTCOMES, ADDRESS UNEXPECTED RESULTS AND INTEGRATE SUITABLE SOLUTIONS. | |

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CREDIT / DEBIT

- B. EXISTENCE OF COMMITTEE STRUCTURE/PROCESSES TO REVIEW HEALTHCARE PROCEDURES, TREATMENTS AND PROTOCOLS IN ORDER TO ADDRESS APPROPRIATE INTEGRATION INTO THE MEDICAL PRACTICE.
- C. ESTABLISHED GUIDELINES, PROCEDURES AND RESOURCES FOR THE MAINTENANCE OF MEDICAL EQUIPMENT AND PREMISES.

- 2. RISK MANAGEMENT PROCESSES -5% TO 5%
 - A. ON-SITE RISK MANAGER.
 - B. UTILIZATION OF PATIENT SURVEYS TO IDENTIFY AND ADDRESS POTENTIAL RISK FACTORS.
 - C. DEDICATED RESOURCE(S) AND PROCESSES IN PLACE TO ASSIMILATE AND RESPOND TO PATIENT COMPLAINTS.

- 3. CLASSIFICATION ANOMALIES -10% TO 10%
 - A. CHARACTERISTICS OF INDIVIDUAL INSURED(S) WITHIN A CLASSIFICATION THAT DISTINGUISH IT FROM THE TYPICAL RISK CHARACTERISTICS OF THAT CLASSIFICATION.

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CREDIT / DEBIT

- B. RECOGNITION OF RECENT MEDICAL/LEGAL DEVELOPMENTS THAT ARE ANTICIPATED TO IMPACT FUTURE LOSS EXPERIENCE.
4. CLAIM ANOMALIES -10% TO 10%
- A. UNUSUAL CIRCUMSTANCES OF A CLAIM(S) THAT INFLUENCE THE FREQUENCY OF CLAIMS AND/OR THE ULTIMATE SEVERITY OF LOSSES.
- B. RECOGNITION OF ECONOMIC, SOCIETAL OR JURISDICTIONAL CHANGES THAT TEND TO INFLUENCE THE ULTIMATE SEVERITY OF LOSSES.
5. PROFESSIONAL STAFFING, TRAINING AND PATIENT RELATIONSHIPS -15% TO 15%
- A. DEMONSTRATES STABLE, LONGSTANDING PRACTICE, CONTINUITY OF HEALTHCARE PROVIDERS AND SIGNIFICANT DEGREE OF EXPERIENCE IN THE AREA(S) OF MEDICINE.
- B. VOLUME AND DEMOGRAPHICS OF PATIENT POPULATION APPROPRIATE FOR STAFFING LEVELS AND AREA(S) OF MEDICINE.

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CREDIT / DEBIT

- C. STAFFING SUFFICIENT TO ADDRESS APPROPRIATE AVAILABILITY OF NON-PHYSICIANS AND PHYSICIANS DURING AFTER HOURS AND WEEKENDS.
- D. DEGREE TO WHICH STAFFING PROVIDES HOSPITALISTS AND LABORISTS FOR CONTINUITY OF CARE.
- E. GUIDELINES AND COMPLIANCE STANDARDS IN PLACE TO SUPPORT CONTINUING PROFESSIONAL EDUCATION.
- F. DEMONSTRATED EFFECTIVENESS OF CREDENTIALING AND TRAINING FOR NEW STAFF MEMBERS.
- G. PROPORTION OF STAFF THAT IS BOARD CERTIFIED IN THEIR RESPECTIVE MEDICAL SPECIALTY.

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.

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ILLINOIS

OCCURRENCE PROGRAM

PHYSICIANS & SURGEONS RATE CLASSES

CLASS IA

NON-SURGICAL SPECIALISTS TO INCLUDE: AEROSPACE MEDICINE, ALLERGY, DERMATOLOGY, FORENSIC MEDICINE, NUCLEAR MEDICINE, NUTRITION, OCCUPATIONAL MEDICINE, OPHTHALMOLOGY, PHYSIATRY, PREVENTATIVE MEDICINE AND PUBLIC HEALTH.

CLASS IB

NON-SURGICAL SPECIALISTS TO INCLUDE: ENDOCRINOLOGY, GERIATRICS, GYNECOLOGY, OTORHINOLARYNGOLOGY, PATHOLOGY, PHARMACOLOGY, PSYCHIATRY AND SURGICAL SPECIALISTS PERFORMING NO SURGERY.

SPECIALISTS PERFORMING MINOR SURGERY OR ASSISTING IN MAJOR SURGERY ON THEIR OWN PATIENTS IN DERMATOLOGY.

CLASS IC

NON-SURGICAL SPECIALISTS TO INCLUDE: FAMILY/GENERAL PRACTICE, NEPHROLOGY, PEDIATRICS AND RHEUMATOLOGY.

SPECIALISTS PERFORMING MINOR SURGERY OR ASSISTING IN MAJOR SURGERY ON THEIR OWN PATIENTS IN OPHTHALMOLOGY.

CLASS ID

NON-SURGICAL SPECIALISTS TO INCLUDE: HOSPITALISTS AND INTERNAL MEDICINE.

SURGICAL SPECIALISTS IN OPHTHALMOLOGY.

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PHYSICIANS & SURGEONS RATE CLASSES

CLASS IIA

NON-SURGICAL SPECIALISTS TO INCLUDE: CARDIOLOGY (INCLUDING SWAN-GANZ), DIABETES, HEMATOLOGY/ONCOLOGY AND URGENT CARE.

SPECIALISTS PERFORMING MINOR SURGERY OR ASSISTING IN MAJOR SURGERY ON THEIR OWN PATIENTS IN ENDOCRINOLOGY.

SURGICAL SPECIALISTS TO INCLUDE: ANESTHESIOLOGY AND PAIN MANAGEMENT.

CLASS IIB

NON-SURGICAL SPECIALISTS TO INCLUDE: DIAGNOSTIC RADIOLOGY, GASTROENTEROLOGY, INFECTIOUS DISEASE, NEONATOLOGY AND NEUROLOGY.

SPECIALISTS PERFORMING MINOR SURGERY OR ASSISTING IN MAJOR SURGERY ON THEIR OWN PATIENTS INCLUDING: GERIATRICS, GYNECOLOGY, NEPHROLOGY, OTORHINOLARYNGOLOGY, PATHOLOGY, PEDIATRICS, RADIATION THERAPY, SHOCK THERAPY AND SURGICAL SPECIALISTS PERFORMING MINOR SURGERY - NOT OTHERWISE CLASSIFIED.

CLASS IIC

NON-SURGICAL SPECIALISTS IN PULMONARY DISEASE.

SPECIALISTS PERFORMING MINOR SURGERY OR ASSISTING IN MAJOR SURGERY ON THEIR OWN PATIENTS INCLUDING: CARDIOLOGY (RIGHT HEART CATHETERIZATION), GASTROENTEROLOGY, HEMATOLOGY/ONCOLOGY AND INFECTIOUS DISEASE.

GENERAL PRACTICE OR SPECIALISTS PERFORMING MINOR SURGERY OR ASSISTING IN MAJOR SURGERY ON OTHER THAN THEIR OWN PATIENTS - NOT PRIMARILY ENGAGED IN MAJOR SURGERY (NO DELIVERIES).

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CLASS IID

SPECIALISTS PERFORMING MINOR SURGERY OR ASSISTING IN MAJOR SURGERY ON THEIR OWN PATIENTS INCLUDING: DIAGNOSTIC RADIOLOGY, INTERNAL MEDICINE, RADIOLOGY - INCLUDING MAMMOGRAPHY AND RADIOPAQUE DYE INJECTION.

CLASS IIIA

SPECIALISTS PERFORMING MINOR SURGERY OR ASSISTING IN MAJOR SURGERY ON THEIR OWN PATIENTS INCLUDING: INTENSIVE CARE AND NEUROLOGY.

GENERAL PRACTICE OR SPECIALISTS PERFORMING MINOR SURGERY OR ASSISTING IN MAJOR SURGERY ON OTHER THAN THEIR OWN PATIENTS - NOT PRIMARILY ENGAGED IN MAJOR SURGERY (INCLUDING DELIVERIES).

SURGICAL SPECIALISTS TO INCLUDE: GASTROENTEROLOGY, OTORHINOLARYNGOLOGY, PLASTIC SURGERY - NO ELECTED COSMETIC AND UROLOGY.

PHYSICIANS OTHERWISE IN CLASS IA, CLASS IB, CLASS IC, CLASS ID, CLASS IIA, CLASS IIB, CLASS IIC OR CLASS IID PERFORMING ANY OF THE FOLLOWING: ACUPUNCTURE OR CARDIOLOGY (LEFT HEART CATHETERIZATION).

CLASS IIIB

SURGICAL SPECIALISTS TO INCLUDE: COLON AND RECTAL, FAMILY/GENERAL PRACTICE AND GERIATRICS.

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PHYSICIANS & SURGEONS RATE CLASSES

CLASS IVA

EMERGENCY MEDICINE WITH NO MAJOR SURGERY.

SURGICAL SPECIALISTS TO INCLUDE: COSMETIC SURGERY, GYNECOLOGY, HAND SURGERY, HEAD AND NECK SURGERY, ORTHOPEDIC SURGERY (EXCLUDING SPINAL) AND PLASTIC SURGERY - NOT OTHERWISE CLASSIFIED.

CLASS IVB

SURGICAL SPECIALISTS IN EMERGENCY MEDICINE.

CLASS VA

RESERVED FOR FUTURE USE.

CLASS VB

SURGICAL SPECIALISTS TO INCLUDE: CARDIOVASCULAR SURGERY, THORACIC SURGERY AND VASCULAR SURGERY.

CLASS VIA

SURGICAL SPECIALISTS IN ORTHOPEDIC SURGERY (INCLUDING SPINAL).

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CLASS VIB

SURGICAL SPECIALISTS TO INCLUDE: ABDOMINAL SURGERY, GENERAL SURGERY AND OB/GYN.

CLASS VII

SURGICAL SPECIALISTS IN TRAUMATIC SURGERY.

CLASS VIII

SURGICAL SPECIALISTS IN NEUROLOGICAL SURGERY.

**MANUAL PAGES
FOR
COMPREHENSIVE LIABILITY COVERAGE FOR HEALTH CARE PROVIDERS**

I. APPLICATION OF MANUAL

- A. This section provides rules, rates, premiums, classifications and territories for the purpose of providing Professional Liability for Physicians/Surgeons.
- B. Any exceptions to these rules are contained in the respective State Rate Pages.

II. BASIC LIMITS OF LIABILITY

Basic Limits of Liability for Professional Liability Coverage under this program shall be as follows, unless otherwise modified by statute:

- A. Occurrence Coverage
 - \$100,000 Each Health Care Occurrence
 - \$300,000 Aggregate
- B. Claims-Made Coverage
 - \$100,000 Each Health Care Occurrence
 - \$300,000 Aggregate

III. PREMIUM COMPUTATION

The premium shall be computed by applying the rate per physician, shown on the State Rate Pages, in accordance with each physician's medical classification and class plan designation.

IV. CLASSIFICATIONS

- A. Physicians/Surgeons
 - 1. Each medical practitioner is assigned a classification code according to their specialty. When more than one classification is applicable, the highest rate classification shall apply.
 - 2. The classification codes will be contained on the State Rate Pages.

B. Part-Time Physicians

1. Any insured who is determined not to be working on a full time basis will be considered a part-time practitioner and will be eligible for a reduction in the otherwise applicable rate for that specialty. The criteria and commensurate credit for a part-time practitioner is identified on the State Rate Pages.
2. A Part-Time Practitioner may include any classification identified in the class plan, as well as those practitioners who are moonlighting or teaching. The hours reported to the Company for rating purposes are subject to audit, at the Company's discretion.
3. The part-time credit is not applied to the Extended Reporting Period Coverage rating unless the part-time practice did not exceed a specified number of hours/year over the previous five consecutive policy years with the Company or if the insured was part-time for the entire retroactive period. The average number of hours in practice per week during the previous five policy years will determine the applicable credit. Refer to the State Rate Pages for the specific criteria.
4. No other credits are to apply concurrent with this rule except risk management, schedule rating modifications and/or membership association credits.

C. Physicians in Training

1. Following graduation from medical school, a physician may elect to enter additional training periods. For rating purposes, they are defined as follows:
 - a. First Year Resident (or Intern) - 1 year period immediately following graduation. During this period a physician may or may not be licensed, depending upon state requirements.
 - b. Resident - various lengths of time depending upon medical specialty; 3 years average. Following first year residency, generally licensed M.D. Upon completion of residency program, physician becomes board eligible.
 - c. Fellow - Follows completion of residency and is a higher level of training.

Note: Do not confuse a physician in a fellowship training program with a fellow, for example, of American College of Surgeons.

2. Coverage is available for activities directly related to a physician's training program. The coverage will not apply to any professional services rendered after the training is complete.
 - a. Interns, Residents and Fellows are eligible for a reduction in the otherwise applicable physician rate for coverage valid only for activities directly related to an accredited training program. Refer to the Company to determine the applicable credit.
 3. Coverage is available for a physician's "moonlighting" activities. The coverage will not apply to any aspect of the insured's training program. The applicable physician class for moonlighting activities, as identified in the class plan, will be utilized to determine the rate. If no such classification is identified, the applicable premium will be computed as follows.
 - a. The premium will be based upon the equivalent medical specialty rate and the average number of hours the insured practices per week.
 - b. The hours reported to the Company for rating purposes are subject to audit, at the Company's discretion.
 - c. No other credits are to apply concurrent with this rule except risk management and membership credits.
 - d. The applicable percentages are presented on the State Rate Pages.
- D. Locum Tenens Physician –Physicians Substituting for MPCo Insured Physicians
1. Coverage for a physician substituting for an insured physician will be limited to cover only professional services rendered on behalf of the insured physician for the specified time period. Locum Tenens will share in the insured physician's Limit of Liability. No additional charge will apply for this coverage.
 2. The locum tenens physician must complete an application and submit it to the Company in advance for approval prior to the requested effective date of coverage.

E. Temporary Staffing Agency Coverage

1. Coverage for Temporary Staffing Agency Coverage is available to organizations that provide healthcare provider staffing services to healthcare facilities (hospitals, clinics, nursing homes, etc).
2. Pricing is based upon the number of hours worked by the provider.
3. No additional premium modifications may apply with this rating, except Schedule Rating modifications.
4. Refer to the State Rate Pages for the rates associated with this coverage.

F. New Physician

1. A "new" physician shall be a physician who has recently completed one of the following programs and will begin a full time practice for the first time:
 - a. Residency;
 - b. Fellowship program in their medical specialty;
 - c. Fulfillment of a military obligation in remuneration for medical school tuition;
 - d. Medical school or specialty training program.
2. To qualify for the credit, the applicant will be required to apply for a reduced rate within six months after the completion of any of the above programs.
3. A reduced rate will be applied in accordance with the credits shown on the State Rate Pages.

G. Physician Teaching Specialists

1. Coverage is available for faculty members of an accredited training program. The coverage will not apply to any professional services rendered in the insured's private practice.
 - a. Faculty members are eligible for a reduction in the otherwise applicable physician rate for coverage valid only for teaching activities related to an accredited training program. Refer to the Company to determine the applicable credit.

2. Coverage is available for the private practice of a physician teaching specialist. The coverage will not apply to any aspect of the insured's teaching activities.
 - a. The premium will be based upon the otherwise applicable physician rate and the average number of hours per week devoted to teaching activities.
 - b. The hours reported to the Company for rating purposes are subject to audit, at the Company's discretion.
 - c. No other credits are to apply concurrent with this rule except risk management and membership credits.
 - d. The applicable percentages are presented on the State Rate Pages.

H. Physician's Leave of Absence

1. A physician 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 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 insured's 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 insured's own health condition which prevents insured from working.
 - Time to enhance the insured's education or other reason while not practicing.

This credit is not available to an insured's leave of absence for vacation purposes. The Minimum Premium Rating Rule applies to insureds eligible for the Leave of Absence Credit.

2. The credit to be applied to the applicable rate is presented on the State Rate Pages.

I. Physicians Military Leave of Absence

A physician 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 insureds that are eligible for the Military Leave of Absence Credit.

V. PREMIUM MODIFICATIONS

The following premium modifications are applicable to all filed programs unless stated otherwise in the rule or on the State Rate Pages.

A. Schedule Rating

The Company shall utilize a schedule of modifications to determine appropriate premiums for certain insureds, or groups of insureds, who in the opinion of the Company, uniquely qualify for such modifications because of factors not contemplated in the filed rate structure of the Company.

The premium for a policy may be modified in accordance with a maximum modification indicated on the State Rate Pages, and may be applied 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 specific considerations identified on the State Rate Pages.

B. Risk Management

The insured will receive a premium credit for up to 3 years, for a Risk Management course approved by the Company. Refer to the State Rate Pages for the limitations, schedule & value of the credits.

Additionally, the insured will receive an additional credit for three years for the proper use of an electronic health record system within their practice. The credit will be provided for programs meeting the criteria of The Medical Protective Company and issued at the beginning of the next policy period contingent upon receipt of the required documentation of system capabilities and practice usage. Refer to the State Rate Pages for the limitations, schedule & value of the credits.

C. Claim Free Credits

1. If no claim has been attributed to an insured, the insured will be eligible for a premium credit provided on the State Rate Pages.
 - a. A claim under this policy shall not, for the purpose of this premium credit program, be construed to include instances of mistaken identity, blanket defendant listings, improper inclusion, or non-meritorious or frivolous claims.
 - b. Insureds converting coverage to The Medical Protective Company, shall qualify for credit at the policy inception date in accordance with the Company's guidelines.

D. Deductible/Self-Insured Retention Credits

1. Deductibles

- a. Credits shall be available, subject to underwriting guidelines.
- b. The deductibles shall apply to the indemnity or the indemnity and allocated loss expense portion of each loss unless otherwise modified by statute.
- c. Deductibles can only be revised at policy renewal.
- d. The deductible credits shall apply to the primary limits premium, net of other applicable credits, identified on the State Rate Pages.
 - i. The credits are expressed as a function of the per health care occurrence or per insured deductible limit.
 - ii. The insured may select an aggregate deductible limit in accordance with underwriting guidelines.
 - iii. The maximum premium credit is limited to 85% of the aggregate deductible limit.

2. Self-Insured Retentions

- a. SIR's shall be offered to qualified insureds.
- b. The SIR's shall apply to the indemnity and allocated loss expense portion of each loss unless otherwise modified by statute.
- c. SIR's can only be revised at policy renewal.
- d. The SIR credits shall apply to the primary limits premium, net of other applicable credits, identified on the State Rate Pages.
 - i. The credits are expressed as a function of the per health care occurrence and aggregate SIR limit.
 - ii. The insured may select an aggregate limit in accordance with underwriting guidelines.
 - iii. The maximum premium credit is limited to 75% of the aggregate SIR limit.

E. Experience Rating

1. A group practice, consisting of a specified number of insureds, may receive a credit/debit based on the claim history. The claims history will be evaluated over a minimum period of five years and a maximum period of ten years. Criteria used to determine the application of such credits/debits shall include:
 - a. Premiums paid
 - b. Number of claims
 - c. Incurred losses
 - d. Paid losses
 - e. Projected incurred but not reported losses
 - f. Cause of such losses
 - g. Nature of practice
2. Such credits/debits shall apply on a one year basis and will be subject to annual review. Refer to the State Rate Pages for the minimum number of insureds requirement and the applicable percentage credit/debit.

F. Non-Discretionary Debit Plan

For any insured who is not eligible for a credit under the company's claim/loss free credit rule, points will be assigned for each claim pursuant to Schedule A, found in the State Rate Pages, for the following:

- Pending against the insured at the beginning of the current policy period; or
- Paid on the insured's behalf during the past 5 years; or
- Closed with no payment during the past 5 years.

For providers who have been practicing for less than eight complete years from their initial medical school graduation date, the total assigned claim points (as calculated from the Schedule A) will be multiplied by the applicable factor set forth in the following schedule:

Years Between Effective Date of Coverage and Graduation Date	Factor
Less than 5 years	5.00
At least 5 years but less than 6 years	2.50
At least 6 years but less than 7 years	1.666
At least 7 years but less than 8 years	1.25
8 years or more	No factor applied

Insureds with less than one year of experience shall be assumed to have one year of experience. Insureds converting coverage to The Medical Protective Company who have pending claims or claims paid on their behalf within the past five years will be assigned points in accordance with Company guidelines.

A debit shall then be applied the insured's rate based upon Schedule B, found in the State Rate Pages.

For the purpose of this rule, a "claim" shall not include instances of mistaken identity, blanket defendant listings, improper inclusion, or non-meritorious or frivolous claims.

Any Debit required under this rule shall be additive with any other debits or credits applicable under the Company's rating manual.

This non-discretionary debit plan shall only apply to providers who meet the Company's Guidelines for acceptance, and the Company retains the right to refuse to insure any insured or applicant based upon the qualitative nature of any claims made against that individual or entity. As a result, the fact that this rule provides (or does not provide) a debit for claims experience is not an indication that there is a rate available for any particular insured or applicant.

G. Large Group Rating

1. Physicians organized in a Large Group practice may be collectively rated.
2. For the purpose of this rule a Large Group is defined as any collective decision making group / body of insureds who may be owners of, employed by or under contract with a specific and distinct corporation, partnership or association. A Large Group will generally have 25 or more physicians and will have characteristics of operation similar to other large commercial ventures, CEO, CFO, Board of Directors, Business Manager, etc.
3. The premium for a Group will be determined by multiplying the group's manual premium by any credits or debits assigned to the Group under the Schedule Rating Plan, Deductible Credit Rule, or Self Insured Retention Credit Rule. The group's manual premium will equal the sum of the individual manual premium for each scheduled insured covered under the policy. The individual manual premium will equal the filed rate for the scheduled insured minus any applicable Part Time, New to Practice, Risk Management, Leave of Absence or Military Leave of Absence credits. However, once the premium for the Group has been established, the Company may allocate that premium among the scheduled insureds based upon applicable underwriting criteria.
4. Temporary Staffing Agency Coverage is available under the Large Group Rating plan, when the criteria are met for Large Group Rating.
5. For Individual insureds within the group, Extension Contract Rating premium may be calculated by multiplying the mature allocated premium times the applicable claims-made tail factor including any applicable deductible credits, part-time credits, and schedule rating modifications. Extension contract rating premium may be loss rated if the entire group cancels coverage.
6. Refer to the State Rate Pages for availability.

H. Small Group Rating Rule

Any group practice consisting of two or more physician providers may be collectively rated. (“Group Practice” shall mean a group or body of insureds 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 or Deductible Credit Rule, 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.
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 per the filed Extension Contract Rating Rule.
5. Refer to the applicable State Rate Page for availability.

VI. MODIFIED PREMIUM COMPUTATION

A. Convertible Coverage Rating Plan

1. 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:

- a. Payment to the Company of the applicable premium for a minimum of three annual claims-made policies.
 - b. Achieve three years of continuous claims-made coverage under this plan with no losses attributed to the insured. (A loss shall be a culpable loss. 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.)
2. At the time the aforementioned conditions are met, and the insured has purchased Occurrence coverage, the Company will issue Extended Reporting Period Coverage, covering professional 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 coverage.
 3. Should the insured be unable to meet the conditions for conversion, the insured may elect to purchase the Extended Reporting Period Coverage, subject to policy provisions. Refer to the Extended Reporting Period rule to determine the applicable premium.
 4. The applicable premium under this plan is presented on the State Rate Pages.
 5. No other modifications are to apply concurrent with this rule except membership association, risk management and schedule rating modifications.
- B. Enhanced Claims-Made
1. Insureds shall be provided the option, subject to underwriting guidelines, to purchase Claims-Made coverage under the Enhanced rating structure.
 2. The Enhanced Claims-Made base rate is developed as a percentage of the applicable Occurrence rate. The applicable percentage is identified on the State Rate Pages.
 3. The Enhanced Claims-Made base rate is subject to Claim Free Credits in accordance with the schedule provided on the State Rate Pages. The application of the credits shall be consistent with the criteria identified in V(C) of this section of the manual.
- C. Slot Rating
1. Coverage for group practices is available, at the Company's option, on a slot basis rather than on an individual physician basis. The slot endorsement will identify the individuals and practice settings that are covered. Coverage will

be provided on a shared limit basis for those insureds moving through the slot or position.

2. The applicable manual rate will be determined by the classification of the slot. Policies rated as a Standard Claims-Made policy will utilize the retroactive date of the slot. Extended Reporting Period Coverage may be purchased for the slot based on the applicable retroactive date, classification and limits.
3. Premium modifications for new physician, part time, moonlighting, teaching, risk management or loss free credit cannot be used in conjunction with this rating rule.

D. Full-time Equivalency Rating

1. Coverage for a multi-physician group is available, at the Company's option, on a full time equivalent (FTE) basis rather than on an individual physician basis. Coverage is provided on an individual limit or shared limit basis. Full time equivalency is based on each physician's number of hours of medical practice per year. The definition of one FTE is based on the following number of hours per year:

2,500 - Group Practice
2,100 - Residency Programs

2. For group practices, the minimum average FTE assigned to any individual physician is .05 (125 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.
3. The premium developed by applying the applicable per physician rate to the corresponding FTE will be adjusted to reflect loss cost considerations not recognized in the physician rates.
4. FTE Policies may be subject to electronic or on-site audits. Mid-term premium adjustments may be applied based upon the audit findings for the audit period.
5. The following table identifies the applicable premium modification per the number of FTE's in the policy for a shared limit:

<u>FTE*</u> <u>Per Policy</u>	<u>Premium</u> <u>Modification</u>	<u>FTE*</u> <u>Per Policy</u>	<u>Premium</u> <u>Modification</u>
1	+10.0%	11	-14.0%
2	-3.0%	12	-16.0%
3	-4.0%	13	-17.0%
4	-5.0%	14	-18.0%
5	-7.0%	15	-20.0%
6	-8.0%	16	-21.0%
7	-9.0%	17	-22.0%
8	-11.0%	18	-23.0%
9	-12.0%	19	-24.0%
10	-13.0%	20+	-25.0%

- The table value is determined by rounding the actual FTE per policy using the .5 rounding rule.

6. Premium modifications for claim free, new to practice, part time practice, or risk management cannot be used in conjunction with this rating rule.

E. Out-Patient Visit Rating

1. Occurrence or Standard Claims-Made coverage for group practices is available, at the Company's option, on an out-patient visit (OPV) basis rather than on an individual physician basis. Coverage is provided on a shared or individual physician limit basis.
2. The number of out-patient visits equivalent to a physician year is 2,500 hours times the applicable rate of visits per hour. The rate of visits per hour is derived from the group's historical experience, subject to a minimum rate of 1 visit per hour and a maximum rate of 3 visits per hour.
3. The applicable medical specialty rate is divided by the equivalent out-patient visits resulting in the out-patient visit rate to be applied to the visits projected for the policy period. The product of the OPV rate and the projected visits results in the indicated manual premium.
4. The annual visits reported to the Company for rating purposes are subject to audit, at the Company's discretion.
5. Premium modifications for new physician, part time, moonlighting, teaching, claim free credit, or other similar credit cannot be used in conjunction with this rating rule.

F. Requirements for Waiver of Premium for Extended Reporting Period Coverage.

1. Upon termination of coverage under this policy by reason of death, the deceased's unearned premium for this coverage will be returned and an Extended Reporting Period Coverage will be granted for no additional charge, subject to policy provisions.
2. Upon termination of coverage under this policy by reason of total disability or permanent retirement by the insured, Extended Reporting Period Coverage will be granted for no additional charge subject to policy provisions.
3. 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.
 - a. The insured is a member of a group practice that is insured on a claims-made basis with the Company.
 - b. The group requested the waiver for an insured who anticipates permanently retiring from the practice of medicine in less than one year and/or will not attain the required number of years of continuous claims-made coverage at the time of retirement.
 - c. The Company approved the group's request for the waiver after determining the insured had limited prior acts exposure.
 - d. The total number of insureds, within a group practice that may qualify for this waiver may not exceed a ratio of 1 in 3.
 - e. The insured otherwise meets the requirements as set forth in the policy for a free extension contract.
 - f. Refer to the State Rate Pages for availability.

G. Deferred Premium Payment Plan.

1. The Company will, subject to applicable guidelines, offer the insured various premium payment options. The deferred premium payment plan requires a down payment to be paid on or before the inception/renewal date of the policy. The balance of the premium will be payable in periodic installments. Other fees may apply.

H. Aggregate Credit Rule.

The application of all approved credits contained in this rating manual shall not exceed the amount identified in the State Rate Pages for any one insured.

This rule does not apply to Part Time Practice, Leave of Absence, Military Leave of Absence, New to Company, New to Practice, Membership Association, Risk Management or Deductible Credits.

PHYSICIANS & SURGEONS

A. Classifications

1. Applicable to the Occurrence and Standard Claims-Made Programs.
2. The following classification plan shall be used to determine the appropriate rating class for each individual insured.

CLASS IA

NON-SURGICAL SPECIALISTS TO INCLUDE: AEROSPACE MEDICINE, ALLERGY, DERMATOLOGY, FORENSIC MEDICINE, NUCLEAR MEDICINE, NUTRITION, OCCUPATIONAL MEDICINE, OPHTHALMOLOGY, PHYSIATRY, PREVENTATIVE MEDICINE AND PUBLIC HEALTH.

CLASS IB

NON-SURGICAL SPECIALISTS TO INCLUDE: ENDOCRINOLOGY, GERIATRICS, GYNECOLOGY, OTORHINOLARYNGOLOGY, PATHOLOGY, PHARMACOLOGY, PSYCHIATRY AND SURGICAL SPECIALISTS PERFORMING NO SURGERY.

SPECIALISTS PERFORMING MINOR SURGERY OR ASSISTING IN MAJOR SURGERY ON THEIR OWN PATIENTS IN DERMATOLOGY.

CLASS IC

NON-SURGICAL SPECIALISTS TO INCLUDE: FAMILY/GENERAL PRACTICE, NEPHROLOGY, PEDIATRICS AND RHEUMATOLOGY.

SPECIALISTS PERFORMING MINOR SURGERY OR ASSISTING IN MAJOR SURGERY ON THEIR OWN PATIENTS IN OPHTHALMOLOGY.

CLASS ID

NON-SURGICAL SPECIALISTS TO INCLUDE: HOSPITALISTS AND INTERNAL MEDICINE.

SURGICAL SPECIALISTS IN OPHTHALMOLOGY.

CLASS IIA

NON-SURGICAL SPECIALISTS TO INCLUDE: CARDIOLOGY (INCLUDING SWAN-GANZ), DIABETES, HEMATOLOGY/ONCOLOGY AND URGENT CARE.

SPECIALISTS PERFORMING MINOR SURGERY OR ASSISTING IN MAJOR SURGERY ON THEIR OWN PATIENTS IN ENDOCRINOLOGY.

SURGICAL SPECIALISTS TO INCLUDE: ANESTHESIOLOGY AND PAIN MANAGEMENT.

CLASS IIB

NON-SURGICAL SPECIALISTS TO INCLUDE: DIAGNOSTIC RADIOLOGY, GASTROENTEROLOGY, INFECTIOUS DISEASE, NEONATOLOGY AND NEUROLOGY.

SPECIALISTS PERFORMING MINOR SURGERY OR ASSISTING IN MAJOR SURGERY ON THEIR OWN PATIENTS INCLUDING: GERIATRICS, GYNECOLOGY, NEPHROLOGY, OTORHINOLARYNGOLOGY, PATHOLOGY, PEDIATRICS, RADIATION THERAPY, SHOCK THERAPY AND SURGICAL SPECIALISTS PERFORMING MINOR SURGERY - NOT OTHERWISE CLASSIFIED.

CLASS IIC

NON-SURGICAL SPECIALISTS IN PULMONARY DISEASE.

SPECIALISTS PERFORMING MINOR SURGERY OR ASSISTING IN MAJOR SURGERY ON THEIR OWN PATIENTS INCLUDING: CARDIOLOGY (RIGHT HEART CATHETERIZATION), GASTROENTEROLOGY, HEMATOLOGY/ONCOLOGY AND INFECTIOUS DISEASE.

GENERAL PRACTICE OR SPECIALISTS PERFORMING MINOR SURGERY OR ASSISTING IN MAJOR SURGERY ON OTHER THAN THEIR OWN PATIENTS - NOT PRIMARILY ENGAGED IN MAJOR SURGERY (NO DELIVERIES).

CLASS IID

SPECIALISTS PERFORMING MINOR SURGERY OR ASSISTING IN MAJOR SURGERY ON THEIR OWN PATIENTS INCLUDING: DIAGNOSTIC RADIOLOGY, INTERNAL MEDICINE, RADIOLOGY - INCLUDING MAMMOGRAPHY AND RADIOPAQUE DYE INJECTION.

CLASS IIIA

SPECIALISTS PERFORMING MINOR SURGERY OR ASSISTING IN MAJOR SURGERY ON THEIR OWN PATIENTS INCLUDING: INTENSIVE CARE AND NEUROLOGY.

GENERAL PRACTICE OR SPECIALISTS PERFORMING MINOR SURGERY OR ASSISTING IN MAJOR SURGERY ON OTHER THAN THEIR OWN PATIENTS - NOT PRIMARILY ENGAGED IN MAJOR SURGERY (INCLUDING DELIVERIES).

SURGICAL SPECIALISTS TO INCLUDE: GASTROENTEROLOGY, OTORHINOLARYNGOLOGY, PLASTIC SURGERY - NO ELECTED COSMETIC AND UROLOGY.

PHYSICIANS OTHERWISE IN CLASS IA, CLASS IB, CLASS IC, CLASS ID, CLASS IIA, CLASS IIB, CLASS IIC OR CLASS IID PERFORMING ANY OF THE FOLLOWING: ACUPUNCTURE OR CARDIOLOGY (LEFT HEART CATHETERIZATION).

CLASS IIIB

SURGICAL SPECIALISTS TO INCLUDE: COLON AND RECTAL, FAMILY/GENERAL PRACTICE AND GERIATRICS.

CLASS IVA

EMERGENCY MEDICINE WITH NO MAJOR SURGERY.

SURGICAL SPECIALISTS TO INCLUDE: COSMETIC SURGERY, GYNECOLOGY, HAND SURGERY, HEAD AND NECK SURGERY, ORTHOPEDIC SURGERY (EXCLUDING SPINAL) AND PLASTIC SURGERY - NOT OTHERWISE CLASSIFIED.

CLASS IVB

SURGICAL SPECIALISTS IN EMERGENCY MEDICINE.

CLASS VA

RESERVED FOR FUTURE USE.

CLASS VB

SURGICAL SPECIALISTS TO INCLUDE: CARDIOVASCULAR SURGERY, THORACIC SURGERY AND VASCULAR SURGERY.

CLASS VIA

SURGICAL SPECIALISTS IN ORTHOPEDIC SURGERY (INCLUDING SPINAL).

CLASS VIB

SURGICAL SPECIALISTS TO INCLUDE: ABDOMINAL SURGERY, GENERAL SURGERY AND OB/GYN.

CLASS VII

SURGICAL SPECIALISTS IN TRAUMATIC SURGERY.

CLASS VIII

SURGICAL SPECIALISTS IN NEUROLOGICAL SURGERY.

B. Manual Rates

1. Territory Definitions

Area 1	Cook, Jackson, Madison, St. Clair, and Will Counties.
Area 2	Vermillion County.
Area 3	Kane, Lake, McHenry, and Winnebago Counties.
Area 4	Kankakee County
Area 5	Bureau, Champaign, Coles, Dekalb, Dupage, Effingham, Lasalle, Macon, Ogle, and Randolph Counties.
Area 6	Grundy County
Area 7	Adams, Knox, Peoria, and Rock Island Counties.
Area 8	Remainder of State
Area 9	Sangamon County

2. Occurrence Program - Area 1

Class	100/300	200/600	500/1000	1000/1000	1000/3000
1A	7,728	10,510	15,533	19,243	20,016
1B	10,304	14,013	20,711	25,657	26,687
1C	12,107	16,466	24,335	30,146	31,357
1D	13,189	17,937	26,510	32,841	34,160
2A	14,426	19,619	28,996	35,921	37,363
2B	17,002	23,123	34,174	42,335	44,035
2C	20,093	27,326	40,387	50,032	52,041
2D	22,669	30,830	45,565	56,446	58,713
3A	24,214	33,173	50,123	63,683	66,589
3B	26,790	36,702	55,455	70,458	73,673
4A	29,366	40,231	60,788	77,233	80,757
4B	31,942	43,761	66,120	84,007	87,841
5A	36,064	49,408	74,652	94,848	99,176
5B	40,186	55,055	83,185	105,689	110,512
6A	42,246	57,877	87,449	111,107	116,177
6B	47,398	64,935	98,114	124,657	130,345
7	54,611	74,817	113,045	143,627	150,180
8	78,310	107,285	162,102	205,955	215,353

2. Occurrence Program - Area 2

Class	100/300	200/600	500/1000	1000/1000	1000/3000
1A	6,956	9,460	13,982	17,320	18,016
1B	9,274	12,613	18,641	23,092	24,020
1C	10,897	14,820	21,903	27,134	28,223
1D	11,871	16,145	23,861	29,559	30,746
2A	12,984	17,658	26,098	32,330	33,629
2B	15,302	20,811	30,757	38,102	39,632
2C	18,084	24,594	36,349	45,029	46,838
2D	20,403	27,748	41,010	50,803	52,844
3A	21,794	29,858	45,114	57,318	59,934
3B	24,112	33,033	49,912	63,415	66,308
4A	26,431	36,210	54,712	69,514	72,685
4B	28,749	39,386	59,510	75,610	79,060
5A	32,459	44,469	67,190	85,367	89,262
5B	36,169	49,552	74,870	95,124	99,465
6A	38,023	52,092	78,708	100,000	104,563
6B	42,660	58,444	88,306	112,196	117,315
7	49,152	67,338	101,745	129,270	135,168
8	70,482	96,560	145,898	185,368	193,826

2. Occurrence Program - Area 3

Class	100/300	200/600	500/1000	1000/1000	1000/3000
1A	6,569	8,934	13,204	16,357	17,014
1B	8,758	11,911	17,604	21,807	22,683
1C	10,291	13,996	20,685	25,625	26,654
1D	11,210	15,246	22,532	27,913	29,034
2A	12,261	16,675	24,645	30,530	31,756
2B	14,451	19,653	29,047	35,983	37,428
2C	17,078	23,226	34,327	42,524	44,232
2D	19,268	26,204	38,729	47,977	49,904
3A	20,581	28,196	42,603	54,128	56,598
3B	22,771	31,196	47,136	59,888	62,620
4A	24,960	34,195	51,667	65,645	68,640
4B	27,150	37,196	56,201	71,405	74,663
5A	30,653	41,995	63,452	80,617	84,296
5B	34,156	46,794	70,703	89,830	93,929
6A	35,908	49,194	74,330	94,438	98,747
6B	40,287	55,193	83,394	105,955	110,789
7	46,417	63,591	96,083	122,077	127,647
8	66,561	91,189	137,781	175,055	183,043

2. Occurrence Program - Area 4

Class	100/300	200/600	500/1000	1000/1000	1000/3000
1A	5,796	7,883	11,650	14,432	15,012
1B	7,728	10,510	15,533	19,243	20,016
1C	9,080	12,349	18,251	22,609	23,517
1D	9,892	13,453	19,883	24,631	25,620
2A	10,819	14,714	21,746	26,939	28,021
2B	12,751	17,341	25,630	31,750	33,025
2C	15,070	20,495	30,291	37,524	39,031
2D	17,002	23,123	34,174	42,335	44,035
3A	18,161	24,881	37,593	47,763	49,943
3B	20,093	27,527	41,593	52,845	55,256
4A	22,025	30,174	45,592	57,926	60,569
4B	23,957	32,821	49,591	63,007	65,882
5A	27,048	37,056	55,989	71,136	74,382
5B	30,139	41,290	62,388	79,266	82,882
6A	31,685	43,408	65,588	83,332	87,134
6B	35,549	48,702	73,586	93,494	97,760
7	40,958	56,112	84,783	107,720	112,635
8	58,733	80,464	121,577	154,468	161,516

2. Occurrence Program - Area 5

Class	100/300	200/600	500/1000	1000/1000	1000/3000
1A	5,410	7,358	10,874	13,471	14,012
1B	7,213	9,810	14,498	17,960	18,682
1C	8,475	11,526	17,035	21,103	21,950
1D	9,233	12,557	18,558	22,990	23,913
2A	10,098	13,733	20,297	25,144	26,154
2B	11,901	16,185	23,921	29,633	30,824
2C	14,065	19,128	28,271	35,022	36,428
2D	15,869	21,582	31,897	39,514	41,101
3A	16,951	23,223	35,089	44,581	46,615
3B	18,754	25,693	38,821	49,323	51,574
4A	20,557	28,163	42,553	54,065	56,532
4B	22,360	30,633	46,285	58,807	61,490
5A	25,246	34,587	52,259	66,397	69,427
5B	28,131	38,539	58,231	73,985	77,360
6A	29,573	40,515	61,216	77,777	81,326
6B	33,180	45,457	68,683	87,263	91,245
7	38,229	52,374	79,134	100,542	105,130
8	54,819	75,102	113,475	144,174	150,752

2. Occurrence Program - Area 6

Class	100/300	200/600	500/1000	1000/1000	1000/3000
1A	4,637	6,306	9,320	11,546	12,010
1B	6,182	8,408	12,426	15,393	16,011
1C	7,264	9,879	14,601	18,087	18,814
1D	7,913	10,762	15,905	19,703	20,495
2A	8,655	11,771	17,397	21,551	22,416
2B	10,200	13,872	20,502	25,398	26,418
2C	12,055	16,395	24,231	30,017	31,222
2D	13,600	18,496	27,336	33,864	35,224
3A	14,528	19,903	30,073	38,209	39,952
3B	16,073	22,020	33,271	42,272	44,201
4A	17,619	24,138	36,471	46,338	48,452
4B	19,164	26,255	39,669	50,401	52,701
5A	21,637	29,643	44,789	56,905	59,502
5B	24,110	33,031	49,908	63,409	66,303
6A	25,346	34,724	52,466	66,660	69,702
6B	28,437	38,959	58,865	74,789	78,202
7	32,765	44,888	67,824	86,172	90,104
8	46,983	64,367	97,255	123,565	129,203

2. Occurrence Program - Area 7

Class	100/300	200/600	500/1000	1000/1000	1000/3000
1A	3,478	4,730	6,991	8,660	9,008
1B	4,637	6,306	9,320	11,546	12,010
1C	5,448	7,409	10,950	13,566	14,110
1D	5,935	8,072	11,929	14,778	15,372
2A	6,492	8,829	13,049	16,165	16,814
2B	7,651	10,405	15,379	19,051	19,816
2C	9,042	12,297	18,174	22,515	23,419
2D	10,201	13,873	20,504	25,400	26,421
3A	10,897	14,929	22,557	28,659	29,967
3B	12,056	16,517	24,956	31,707	33,154
4A	13,215	18,105	27,355	34,755	36,341
4B	14,375	19,694	29,756	37,806	39,531
5A	16,230	22,235	33,596	42,685	44,633
5B	18,084	24,775	37,434	47,561	49,731
6A	19,012	26,046	39,355	50,002	52,283
6B	21,330	29,222	44,153	56,098	58,658
7	24,576	33,669	50,872	64,635	67,584
8	35,241	48,280	72,949	92,684	96,913

2. Occurrence Program - Area 8

Class	100/300	200/600	500/1000	1000/1000	1000/3000
1A	3,864	5,255	7,767	9,621	10,008
1B	5,152	7,007	10,356	12,828	13,344
1C	6,054	8,233	12,169	15,074	15,680
1D	6,595	8,969	13,256	16,422	17,081
2A	7,213	9,810	14,498	17,960	18,682
2B	8,501	11,561	17,087	21,167	22,018
2C	10,046	13,663	20,192	25,015	26,019
2D	11,334	15,414	22,781	28,222	29,355
3A	12,107	16,587	25,061	31,841	33,294
3B	13,395	18,351	27,728	35,229	36,836
4A	14,683	20,116	30,394	38,616	40,378
4B	15,971	21,880	33,060	42,004	43,920
5A	18,032	24,704	37,326	47,424	49,588
5B	20,093	27,527	41,593	52,845	55,256
6A	21,123	28,939	43,725	55,553	58,088
6B	23,699	32,468	49,057	62,328	65,172
7	27,306	37,409	56,523	71,815	75,092
8	39,155	53,642	81,051	102,978	107,676

2. Occurrence Program - Area 9

Class	100/300	200/600	500/1000	1000/1000	1000/3000
1A	4,250	5,780	8,543	10,583	11,008
1B	5,667	7,707	11,391	14,111	14,678
1C	6,659	9,056	13,385	16,581	17,247
1D	7,254	9,865	14,581	18,062	18,788
2A	7,934	10,790	15,947	19,756	20,549
2B	9,351	12,717	18,796	23,284	24,219
2C	11,051	15,029	22,213	27,517	28,622
2D	12,467	16,955	25,059	31,043	32,290
3A	13,317	18,244	27,566	35,024	36,622
3B	14,734	20,186	30,499	38,750	40,519
4A	16,151	22,127	33,433	42,477	44,415
4B	17,568	24,068	36,366	46,204	48,312
5A	19,835	27,174	41,058	52,166	54,546
5B	22,101	30,278	45,749	58,126	60,778
6A	23,235	31,832	48,096	61,108	63,896
6B	26,068	35,713	53,961	68,559	71,687
7	30,035	41,148	62,172	78,992	82,596
8	43,069	59,005	89,153	113,271	118,440

3. Standard Claims-Made Programs - Area 1

0 Years Since Retroactive Date

Class	100/300	200/600	500/1000	1000/1000	1000/3000
1A	2,072	2,818	4,165	5,159	5,366
1B	2,763	3,758	5,554	6,880	7,156
1C	3,246	4,415	6,524	8,083	8,407
1D	3,536	4,809	7,107	8,805	9,158
2A	3,868	5,260	7,775	9,631	10,018
2B	4,558	6,199	9,162	11,349	11,805
2C	5,387	7,326	10,828	13,414	13,952
2D	6,078	8,266	12,217	15,134	15,742
3A	6,492	8,894	13,438	17,074	17,853
3B	7,183	9,841	14,869	18,891	19,753
4A	7,874	10,787	16,299	20,709	21,654
4B	8,564	11,733	17,727	22,523	23,551
5A	9,669	13,247	20,015	25,429	26,590
5B	10,774	14,760	22,302	28,336	29,629
6A	11,327	15,518	23,447	29,790	31,149
6B	12,708	17,410	26,306	33,422	34,947
7	14,642	20,060	30,309	38,508	40,266
8	20,996	28,765	43,462	55,219	57,739

3. Standard Claims-Made Programs - Area 1

1 Year Since Retroactive Date

Class	100/300	200/600	500/1000	1000/1000	1000/3000
1A	3,579	4,867	7,194	8,912	9,270
1B	4,772	6,490	9,592	11,882	12,359
1C	5,607	7,626	11,270	13,961	14,522
1D	6,108	8,307	12,277	15,209	15,820
2A	6,680	9,085	13,427	16,633	17,301
2B	7,874	10,709	15,827	19,606	20,394
2C	9,305	12,655	18,703	23,169	24,100
2D	10,498	14,277	21,101	26,140	27,190
3A	11,214	15,363	23,213	29,493	30,839
3B	12,407	16,998	25,682	32,630	34,119
4A	13,600	18,632	28,152	35,768	37,400
4B	14,793	20,266	30,622	38,906	40,681
5A	16,701	22,880	34,571	43,924	45,928
5B	18,610	25,496	38,523	48,944	51,178
6A	19,565	26,804	40,500	51,456	53,804
6B	21,951	30,073	45,439	57,731	60,365
7	25,291	34,649	52,352	66,515	69,550
8	36,266	49,684	75,071	95,380	99,732

3. Standard Claims-Made Programs - Area 1

2 Years Since Retroactive Date

Class	100/300	200/600	500/1000	1000/1000	1000/3000
1A	5,651	7,685	11,359	14,071	14,636
1B	7,535	10,248	15,145	18,762	19,516
1C	8,853	12,040	17,795	22,044	22,929
1D	9,644	13,116	19,384	24,014	24,978
2A	10,548	14,345	21,201	26,265	27,319
2B	12,432	16,908	24,988	30,956	32,199
2C	14,693	19,982	29,533	36,586	38,055
2D	16,576	22,543	33,318	41,274	42,932
3A	17,706	24,257	36,651	46,567	48,692
3B	19,590	26,838	40,551	51,522	53,873
4A	21,473	29,418	44,449	56,474	59,051
4B	23,357	31,999	48,349	61,429	64,232
5A	26,371	36,128	54,588	69,356	72,520
5B	29,384	40,256	60,825	77,280	80,806
6A	30,892	42,322	63,946	81,246	84,953
6B	34,659	47,483	71,744	91,153	95,312
7	39,933	54,708	82,661	105,024	109,816
8	57,263	78,450	118,534	150,602	157,473

3. Standard Claims-Made Programs - Area 1

3 Years Since Retroactive Date

Class	100/300	200/600	500/1000	1000/1000	1000/3000
1A	6,782	9,224	13,632	16,887	17,565
1B	9,041	12,296	18,172	22,512	23,416
1C	10,624	14,449	21,354	26,454	27,516
1D	11,573	15,739	23,262	28,817	29,974
2A	12,658	17,215	25,443	31,518	32,784
2B	14,918	20,288	29,985	37,146	38,638
2C	17,631	23,978	35,438	43,901	45,664
2D	19,891	27,052	39,981	49,529	51,518
3A	21,247	29,108	43,981	55,880	58,429
3B	23,508	32,206	48,662	61,826	64,647
4A	25,768	35,302	53,340	67,770	70,862
4B	28,029	38,400	58,020	73,716	77,080
5A	31,645	43,354	65,505	83,226	87,024
5B	35,261	48,308	72,990	92,736	96,968
6A	37,070	50,786	76,735	97,494	101,943
6B	41,591	56,980	86,093	109,384	114,375
7	47,920	65,650	99,194	126,030	131,780
8	68,715	94,140	142,240	180,720	188,966

3. Standard Claims-Made Programs - Area 1

4 Years Since Retroactive Date

Class	100/300	200/600	500/1000	1000/1000	1000/3000
1A	7,158	9,735	14,388	17,823	18,539
1B	9,544	12,980	19,183	23,765	24,719
1C	11,214	15,251	22,540	27,923	29,044
1D	12,216	16,614	24,554	30,418	31,639
2A	13,361	18,171	26,856	33,269	34,605
2B	15,747	21,416	31,651	39,210	40,785
2C	18,611	25,311	37,408	46,341	48,202
2D	20,996	28,555	42,202	52,280	54,380
3A	22,428	30,726	46,426	58,986	61,677
3B	24,814	33,995	51,365	65,261	68,239
4A	27,199	37,263	56,302	71,533	74,797
4B	29,586	40,533	61,243	77,811	81,362
5A	33,403	45,762	69,144	87,850	91,858
5B	37,220	50,991	77,045	97,889	102,355
6A	39,130	53,608	80,999	102,912	107,608
6B	43,901	60,144	90,875	115,460	120,728
7	50,582	69,297	104,705	133,031	139,101
8	72,533	99,370	150,143	190,762	199,466

3. Standard Claims-Made Programs - Area 1

Mature

Class	100/300	200/600	500/1000	1000/1000	1000/3000
1A	7,535	10,248	15,145	18,762	19,516
1B	10,046	13,663	20,192	25,015	26,019
1C	11,804	16,053	23,726	29,392	30,572
1D	12,859	17,488	25,847	32,019	33,305
2A	14,064	19,127	28,269	35,019	36,426
2B	16,576	22,543	33,318	41,274	42,932
2C	19,590	26,642	39,376	48,779	50,738
2D	22,101	30,057	44,423	55,031	57,242
3A	23,608	32,343	48,869	62,089	64,922
3B	26,120	35,784	54,068	68,696	71,830
4A	28,631	39,224	59,266	75,300	78,735
4B	31,143	42,666	64,466	81,906	85,643
5A	35,161	48,171	72,783	92,473	96,693
5B	39,179	53,675	81,101	103,041	107,742
6A	41,189	56,429	85,261	108,327	113,270
6B	46,212	63,310	95,659	121,538	127,083
7	53,244	72,944	110,215	140,032	146,421
8	76,350	104,600	158,045	200,801	209,963

3. Standard Claims-Made Programs - Area 2

0 Years Since Retroactive Date

Class	100/300	200/600	500/1000	1000/1000	1000/3000
1A	1,865	2,536	3,749	4,644	4,830
1B	2,486	3,381	4,997	6,190	6,439
1C	2,921	3,973	5,871	7,273	7,565
1D	3,182	4,328	6,396	7,923	8,241
2A	3,481	4,734	6,997	8,668	9,016
2B	4,102	5,579	8,245	10,214	10,624
2C	4,848	6,593	9,744	12,072	12,556
2D	5,470	7,439	10,995	13,620	14,167
3A	5,843	8,005	12,095	15,367	16,068
3B	6,464	8,856	13,380	17,000	17,776
4A	7,086	9,708	14,668	18,636	19,487
4B	7,707	10,559	15,953	20,269	21,194
5A	8,702	11,922	18,013	22,886	23,931
5B	9,697	13,285	20,073	25,503	26,667
6A	10,194	13,966	21,102	26,810	28,034
6B	11,437	15,669	23,675	30,079	31,452
7	13,177	18,052	27,276	34,656	36,237
8	18,896	25,888	39,115	49,696	51,964

3. Standard Claims-Made Programs - Area 2

1 Year Since Retroactive Date

Class	100/300	200/600	500/1000	1000/1000	1000/3000
1A	3,221	4,381	6,474	8,020	8,342
1B	4,294	5,840	8,631	10,692	11,121
1C	5,046	6,863	10,142	12,565	13,069
1D	5,497	7,476	11,049	13,688	14,237
2A	6,012	8,176	12,084	14,970	15,571
2B	7,086	9,637	14,243	17,644	18,353
2C	8,374	11,389	16,832	20,851	21,689
2D	9,448	12,849	18,990	23,526	24,470
3A	10,092	13,826	20,890	26,542	27,753
3B	11,166	15,297	23,114	29,367	30,707
4A	12,239	16,767	25,335	32,189	33,657
4B	13,313	18,239	27,558	35,013	36,611
5A	15,031	20,592	31,114	39,532	41,335
5B	16,749	22,946	34,670	44,050	46,060
6A	17,607	24,122	36,446	46,306	48,419
6B	19,755	27,064	40,893	51,956	54,326
7	22,761	31,183	47,115	59,861	62,593
8	32,638	44,714	67,561	85,838	89,755

3. Standard Claims-Made Programs - Area 2

2 Years Since Retroactive Date

Class	100/300	200/600	500/1000	1000/1000	1000/3000
1A	5,086	6,917	10,223	12,664	13,173
1B	6,781	9,222	13,630	16,885	17,563
1C	7,967	10,835	16,014	19,838	20,635
1D	8,679	11,803	17,445	21,611	22,479
2A	9,493	12,910	19,081	23,638	24,587
2B	11,189	15,217	22,490	27,861	28,980
2C	13,223	17,983	26,578	32,925	34,248
2D	14,918	20,288	29,985	37,146	38,638
3A	15,935	21,831	32,985	41,909	43,821
3B	17,630	24,153	36,494	46,367	48,483
4A	19,325	26,475	40,003	50,825	53,144
4B	21,020	28,797	43,511	55,283	57,805
5A	23,733	32,514	49,127	62,418	65,266
5B	26,445	36,230	54,741	69,550	72,724
6A	27,801	38,087	57,548	73,117	76,453
6B	31,192	42,733	64,567	82,035	85,778
7	35,938	49,235	74,392	94,517	98,830
8	51,534	70,602	106,675	135,534	141,719

3. Standard Claims-Made Programs - Area 2

3 Years Since Retroactive Date

Class	100/300	200/600	500/1000	1000/1000	1000/3000
1A	6,103	8,300	12,267	15,196	15,807
1B	8,137	11,066	16,355	20,261	21,075
1C	9,561	13,003	19,218	23,807	24,763
1D	10,415	14,164	20,934	25,933	26,975
2A	11,391	15,492	22,896	28,364	29,503
2B	13,426	18,259	26,986	33,431	34,773
2C	15,867	21,579	31,893	39,509	41,096
2D	17,901	24,345	35,981	44,573	46,364
3A	19,121	26,196	39,580	50,288	52,583
3B	21,156	28,984	43,793	55,640	58,179
4A	23,190	31,770	48,003	60,990	63,773
4B	25,224	34,557	52,214	66,339	69,366
5A	28,480	39,018	58,954	74,902	78,320
5B	31,734	43,476	65,689	83,460	87,269
6A	33,361	45,705	69,057	87,739	91,743
6B	37,430	51,279	77,480	98,441	102,933
7	43,125	59,081	89,269	113,419	118,594
8	61,841	84,722	128,011	162,642	170,063

3. Standard Claims-Made Programs - Area 2

4 Years Since Retroactive Date

Class	100/300	200/600	500/1000	1000/1000	1000/3000
1A	6,442	8,761	12,948	16,041	16,685
1B	8,589	11,681	17,264	21,387	22,246
1C	10,092	13,725	20,285	25,129	26,138
1D	10,993	14,950	22,096	27,373	28,472
2A	12,024	16,353	24,168	29,940	31,142
2B	14,172	19,274	28,486	35,288	36,705
2C	16,749	22,779	33,665	41,705	43,380
2D	18,896	25,699	37,981	47,051	48,941
3A	20,184	27,652	41,781	53,084	55,506
3B	22,332	30,595	46,227	58,733	61,413
4A	24,479	33,536	50,672	64,380	67,317
4B	26,626	36,478	55,116	70,026	73,222
5A	30,062	41,185	62,228	79,063	82,671
5B	33,497	45,891	69,339	88,097	92,117
6A	35,215	48,245	72,895	92,615	96,841
6B	39,510	54,129	81,786	103,911	108,653
7	45,521	62,364	94,228	119,720	125,183
8	65,276	89,428	135,121	171,676	179,509

3. Standard Claims-Made Programs - Area 2

Mature

Class	100/300	200/600	500/1000	1000/1000	1000/3000
1A	6,781	9,222	13,630	16,885	17,563
1B	9,041	12,296	18,172	22,512	23,416
1C	10,623	14,447	21,352	26,451	27,514
1D	11,572	15,738	23,260	28,814	29,971
2A	12,657	17,214	25,441	31,516	32,782
2B	14,918	20,288	29,985	37,146	38,638
2C	17,630	23,977	35,436	43,899	45,662
2D	19,890	27,050	39,979	49,526	51,515
3A	21,246	29,107	43,979	55,877	58,427
3B	23,507	32,205	48,659	61,823	64,644
4A	25,767	35,301	53,338	67,767	70,859
4B	28,027	38,397	58,016	73,711	77,074
5A	31,644	43,352	65,503	83,224	87,021
5B	35,260	48,306	72,988	92,734	96,965
6A	37,068	50,783	76,731	97,489	101,937
6B	41,589	56,977	86,089	109,379	114,370
7	47,917	65,646	99,188	126,022	131,772
8	68,712	94,135	142,234	180,713	188,958

3. Standard Claims-Made Programs - Area 3

0 Years Since Retroactive Date

Class	100/300	200/600	500/1000	1000/1000	1000/3000
1A	1,761	2,395	3,540	4,385	4,561
1B	2,348	3,193	4,719	5,847	6,081
1C	2,759	3,752	5,546	6,870	7,146
1D	3,006	4,088	6,042	7,485	7,786
2A	3,288	4,472	6,609	8,187	8,516
2B	3,874	5,269	7,787	9,646	10,034
2C	4,579	6,227	9,204	11,402	11,860
2D	5,166	7,026	10,384	12,863	13,380
3A	5,518	7,560	11,422	14,512	15,175
3B	6,105	8,364	12,637	16,056	16,789
4A	6,692	9,168	13,852	17,600	18,403
4B	7,280	9,974	15,070	19,146	20,020
5A	8,219	11,260	17,013	21,616	22,602
5B	9,158	12,546	18,957	24,086	25,185
6A	9,628	13,190	19,930	25,322	26,477
6B	10,802	14,799	22,360	28,409	29,706
7	12,446	17,051	25,763	32,733	34,227
8	17,846	24,449	36,941	46,935	49,077

3. Standard Claims-Made Programs - Area 3

1 Year Since Retroactive Date

Class	100/300	200/600	500/1000	1000/1000	1000/3000
1A	3,042	4,137	6,114	7,575	7,879
1B	4,056	5,516	8,153	10,099	10,505
1C	4,766	6,482	9,580	11,867	12,344
1D	5,192	7,061	10,436	12,928	13,447
2A	5,679	7,723	11,415	14,141	14,709
2B	6,692	9,101	13,451	16,663	17,332
2C	7,909	10,756	15,897	19,693	20,484
2D	8,923	12,135	17,935	22,218	23,111
3A	9,532	13,059	19,731	25,069	26,213
3B	10,545	14,447	21,828	27,733	28,999
4A	11,560	15,837	23,929	30,403	31,790
4B	12,574	17,226	26,028	33,070	34,579
5A	14,196	19,449	29,386	37,335	39,039
5B	15,818	21,671	32,743	41,601	43,500
6A	16,630	22,783	34,424	43,737	45,733
6B	18,658	25,561	38,622	49,071	51,310
7	21,497	29,451	44,499	56,537	59,117
8	30,826	42,232	63,810	81,072	84,772

3. Standard Claims-Made Programs - Area 3

2 Years Since Retroactive Date

Class	100/300	200/600	500/1000	1000/1000	1000/3000
1A	4,803	6,532	9,654	11,959	12,440
1B	6,404	8,709	12,872	15,946	16,586
1C	7,525	10,234	15,125	18,737	19,490
1D	8,198	11,149	16,478	20,413	21,233
2A	8,966	12,194	18,022	22,325	23,222
2B	10,567	14,371	21,240	26,312	27,369
2C	12,488	16,984	25,101	31,095	32,344
2D	14,090	19,162	28,321	35,084	36,493
3A	15,050	20,619	31,154	39,582	41,388
3B	16,651	22,812	34,468	43,792	45,790
4A	18,252	25,005	37,782	48,003	50,193
4B	19,853	27,199	41,096	52,213	54,596
5A	22,415	30,709	46,399	58,951	61,641
5B	24,977	34,218	51,702	65,690	68,687
6A	26,258	35,973	54,354	69,059	72,210
6B	29,459	40,359	60,980	77,477	81,012
7	33,943	46,502	70,262	89,270	93,343
8	48,672	66,681	100,751	128,007	133,848

3. Standard Claims-Made Programs - Area 3

3 Years Since Retroactive Date

Class	100/300	200/600	500/1000	1000/1000	1000/3000
1A	5,764	7,839	11,586	14,352	14,929
1B	7,685	10,452	15,447	19,136	19,904
1C	9,030	12,281	18,150	22,485	23,388
1D	9,837	13,378	19,772	24,494	25,478
2A	10,760	14,634	21,628	26,792	27,868
2B	12,680	17,245	25,487	31,573	32,841
2C	14,986	20,381	30,122	37,315	38,814
2D	16,907	22,994	33,983	42,098	43,789
3A	18,060	24,742	37,384	47,498	49,665
3B	19,981	27,374	41,361	52,550	54,948
4A	21,902	30,006	45,337	57,602	60,231
4B	23,824	32,639	49,316	62,657	65,516
5A	26,898	36,850	55,679	70,742	73,970
5B	29,972	41,062	62,042	78,826	82,423
6A	31,509	43,167	65,224	82,869	86,650
6B	35,351	48,431	73,177	92,973	97,215
7	40,731	55,801	84,313	107,123	112,010
8	58,406	80,016	120,900	153,608	160,617

3. Standard Claims-Made Programs - Area 3

4 Years Since Retroactive Date

Class	100/300	200/600	500/1000	1000/1000	1000/3000
1A	6,084	8,274	12,229	15,149	15,758
1B	8,112	11,032	16,305	20,199	21,010
1C	9,531	12,962	19,157	23,732	24,685
1D	10,384	14,122	20,872	25,856	26,895
2A	11,357	15,446	22,828	28,279	29,415
2B	13,385	18,204	26,904	33,329	34,667
2C	15,818	21,512	31,794	39,387	40,969
2D	17,847	24,272	35,872	44,439	46,224
3A	19,064	26,118	39,462	50,138	52,426
3B	21,091	28,895	43,658	55,469	58,000
4A	23,119	31,673	47,856	60,803	63,577
4B	25,147	34,451	52,054	66,137	69,154
5A	28,393	38,898	58,774	74,674	78,081
5B	31,637	43,343	65,489	83,205	87,002
6A	33,260	45,566	68,848	87,474	91,465
6B	37,315	51,122	77,242	98,138	102,616
7	42,994	58,902	88,998	113,074	118,234
8	61,651	84,462	127,618	162,142	169,540

3. Standard Claims-Made Programs - Area 3

Mature

Class	100/300	200/600	500/1000	1000/1000	1000/3000
1A	6,404	8,709	12,872	15,946	16,586
1B	8,539	11,613	17,163	21,262	22,116
1C	10,033	13,645	20,166	24,982	25,985
1D	10,930	14,865	21,969	27,216	28,309
2A	11,955	16,259	24,030	29,768	30,963
2B	14,089	19,161	28,319	35,082	36,491
2C	16,651	22,645	33,469	41,461	43,126
2D	18,786	25,549	37,760	46,777	48,656
3A	20,067	27,492	41,539	52,776	55,184
3B	22,201	30,415	45,956	58,389	61,053
4A	24,336	33,340	50,376	64,004	66,924
4B	26,471	36,265	54,795	69,619	72,795
5A	29,887	40,945	61,866	78,603	82,189
5B	33,302	45,624	68,935	87,584	91,581
6A	35,010	47,964	72,471	92,076	96,278
6B	39,279	53,812	81,308	103,304	108,017
7	45,257	62,002	93,682	119,026	124,457
8	64,896	88,908	134,335	170,676	178,464

3. Standard Claims-Made Programs - Area 4

0 Years Since Retroactive Date

Class	100/300	200/600	500/1000	1000/1000	1000/3000
1A	1,554	2,113	3,124	3,869	4,025
1B	2,072	2,818	4,165	5,159	5,366
1C	2,435	3,312	4,894	6,063	6,307
1D	2,652	3,607	5,331	6,603	6,869
2A	2,901	3,945	5,831	7,223	7,514
2B	3,419	4,650	6,872	8,513	8,855
2C	4,041	5,496	8,122	10,062	10,466
2D	4,559	6,200	9,164	11,352	11,808
3A	4,869	6,671	10,079	12,805	13,390
3B	5,388	7,382	11,153	14,170	14,817
4A	5,906	8,091	12,225	15,533	16,242
4B	6,424	8,801	13,298	16,895	17,666
5A	7,253	9,937	15,014	19,075	19,946
5B	8,081	11,071	16,728	21,253	22,223
6A	8,496	11,640	17,587	22,344	23,364
6B	9,532	13,059	19,731	25,069	26,213
7	10,982	15,045	22,733	28,883	30,201
8	15,748	21,575	32,598	41,417	43,307

3. Standard Claims-Made Programs - Area 4

1 Year Since Retroactive Date

Class	100/300	200/600	500/1000	1000/1000	1000/3000
1A	2,684	3,650	5,395	6,683	6,952
1B	3,579	4,867	7,194	8,912	9,270
1C	4,206	5,720	8,454	10,473	10,894
1D	4,581	6,230	9,208	11,407	11,865
2A	5,011	6,815	10,072	12,477	12,978
2B	5,906	8,032	11,871	14,706	15,297
2C	6,979	9,491	14,028	17,378	18,076
2D	7,874	10,709	15,827	19,606	20,394
3A	8,411	11,523	17,411	22,121	23,130
3B	9,306	12,749	19,263	24,475	25,592
4A	10,201	13,975	21,116	26,829	28,053
4B	11,096	15,202	22,969	29,182	30,514
5A	12,527	17,162	25,931	32,946	34,449
5B	13,959	19,124	28,895	36,712	38,387
6A	14,675	20,105	30,377	38,595	40,356
6B	16,464	22,556	34,080	43,300	45,276
7	18,970	25,989	39,268	49,891	52,168
8	27,201	37,265	56,306	71,539	74,803

3. Standard Claims-Made Programs - Area 4

2 Years Since Retroactive Date

Class	100/300	200/600	500/1000	1000/1000	1000/3000
1A	4,238	5,764	8,518	10,553	10,976
1B	5,651	7,685	11,359	14,071	14,636
1C	6,641	9,032	13,348	16,536	17,200
1D	7,234	9,838	14,540	18,013	18,736
2A	7,912	10,760	15,903	19,701	20,492
2B	9,325	12,682	18,743	23,219	24,152
2C	11,020	14,987	22,150	27,440	28,542
2D	12,433	16,909	24,990	30,958	32,201
3A	13,280	18,194	27,490	34,926	36,520
3B	14,693	20,129	30,415	38,643	40,406
4A	16,106	22,065	33,339	42,359	44,292
4B	17,519	24,001	36,264	46,075	48,177
5A	19,780	27,099	40,945	52,021	54,395
5B	22,040	30,195	45,623	57,965	60,610
6A	23,171	31,744	47,964	60,940	63,720
6B	25,996	35,615	53,812	68,369	71,489
7	29,952	41,034	62,001	78,774	82,368
8	42,950	58,842	88,907	112,959	118,113

3. Standard Claims-Made Programs - Area 4

3 Years Since Retroactive Date

Class	100/300	200/600	500/1000	1000/1000	1000/3000
1A	5,086	6,917	10,223	12,664	13,173
1B	6,782	9,224	13,632	16,887	17,565
1C	7,969	10,838	16,018	19,843	20,640
1D	8,681	11,806	17,449	21,616	22,484
2A	9,494	12,912	19,083	23,640	24,589
2B	11,190	15,218	22,492	27,863	28,982
2C	13,224	17,985	26,580	32,928	34,250
2D	14,919	20,290	29,987	37,148	38,640
3A	15,936	21,832	32,988	41,912	43,824
3B	17,632	24,156	36,498	46,372	48,488
4A	19,328	26,479	40,009	50,833	53,152
4B	21,023	28,802	43,518	55,290	57,813
5A	23,736	32,518	49,134	62,426	65,274
5B	26,448	36,234	54,747	69,558	72,732
6A	27,805	38,093	57,556	73,127	76,464
6B	31,195	42,737	64,574	82,043	85,786
7	35,942	49,241	74,400	94,527	98,841
8	51,539	70,608	106,686	135,548	141,732

3. Standard Claims-Made Programs - Area 4

4 Years Since Retroactive Date

Class	100/300	200/600	500/1000	1000/1000	1000/3000
1A	5,368	7,300	10,790	13,366	13,903
1B	7,158	9,735	14,388	17,823	18,539
1C	8,411	11,439	16,906	20,943	21,784
1D	9,163	12,462	18,418	22,816	23,732
2A	10,022	13,630	20,144	24,955	25,957
2B	11,811	16,063	23,740	29,409	30,590
2C	13,958	18,983	28,056	34,755	36,151
2D	15,748	21,417	31,653	39,213	40,787
3A	16,822	23,046	34,822	44,242	46,261
3B	18,611	25,497	38,525	48,947	51,180
4A	20,401	27,949	42,230	53,655	56,103
4B	22,191	30,402	45,935	58,362	61,025
5A	25,054	34,324	51,862	65,892	68,899
5B	27,918	38,248	57,790	73,424	76,775
6A	29,349	40,208	60,752	77,188	80,710
6B	32,928	45,111	68,161	86,601	90,552
7	37,939	51,976	78,534	99,780	104,332
8	54,403	74,532	112,614	143,080	149,608

3. Standard Claims-Made Programs - Area 4

Mature

Class	100/300	200/600	500/1000	1000/1000	1000/3000
1A	5,651	7,685	11,359	14,071	14,636
1B	7,535	10,248	15,145	18,762	19,516
1C	8,854	12,041	17,797	22,046	22,932
1D	9,645	13,117	19,386	24,016	24,981
2A	10,549	14,347	21,203	26,267	27,322
2B	12,433	16,909	24,990	30,958	32,201
2C	14,693	19,982	29,533	36,586	38,055
2D	16,577	22,545	33,320	41,277	42,934
3A	17,707	24,259	36,653	46,569	48,694
3B	19,591	26,840	40,553	51,524	53,875
4A	21,475	29,421	44,453	56,479	59,056
4B	23,359	32,002	48,353	61,434	64,237
5A	26,373	36,131	54,592	69,361	72,526
5B	29,387	40,260	60,831	77,288	80,814
6A	30,894	42,325	63,951	81,251	84,959
6B	34,661	47,486	71,748	91,158	95,318
7	39,936	54,712	82,668	105,032	109,824
8	57,266	78,454	118,541	150,610	157,482

3. Standard Claims-Made Programs - Area 5

0 Years Since Retroactive Date

Class	100/300	200/600	500/1000	1000/1000	1000/3000
1A	1,450	1,972	2,915	3,611	3,756
1B	1,934	2,630	3,887	4,816	5,009
1C	2,272	3,090	4,567	5,657	5,884
1D	2,475	3,366	4,975	6,163	6,410
2A	2,707	3,682	5,441	6,740	7,011
2B	3,191	4,340	6,414	7,946	8,265
2C	3,771	5,129	7,580	9,390	9,767
2D	4,254	5,785	8,551	10,592	11,018
3A	4,544	6,225	9,406	11,951	12,496
3B	5,028	6,888	10,408	13,224	13,827
4A	5,511	7,550	11,408	14,494	15,155
4B	5,995	8,213	12,410	15,767	16,486
5A	6,768	9,272	14,010	17,800	18,612
5B	7,542	10,333	15,612	19,835	20,741
6A	7,929	10,863	16,413	20,853	21,805
6B	8,895	12,186	18,413	23,394	24,461
7	10,249	14,041	21,215	26,955	28,185
8	14,697	20,135	30,423	38,653	40,417

3. Standard Claims-Made Programs - Area 5

1 Year Since Retroactive Date

Class	100/300	200/600	500/1000	1000/1000	1000/3000
1A	2,505	3,407	5,035	6,237	6,488
1B	3,340	4,542	6,713	8,317	8,651
1C	3,925	5,338	7,889	9,773	10,166
1D	4,275	5,814	8,593	10,645	11,072
2A	4,676	6,359	9,399	11,643	12,111
2B	5,511	7,495	11,077	13,722	14,273
2C	6,513	8,858	13,091	16,217	16,869
2D	7,348	9,993	14,769	18,297	19,031
3A	7,849	10,753	16,247	20,643	21,585
3B	8,684	11,897	17,976	22,839	23,881
4A	9,519	13,041	19,704	25,035	26,177
4B	10,355	14,186	21,435	27,234	28,476
5A	11,691	16,017	24,200	30,747	32,150
5B	13,027	17,847	26,966	34,261	35,824
6A	13,695	18,762	28,349	36,018	37,661
6B	15,365	21,050	31,806	40,410	42,254
7	17,703	24,253	36,645	46,559	48,683
8	25,385	34,777	52,547	66,763	69,809

3. Standard Claims-Made Programs - Area 5

2 Years Since Retroactive Date

Class	100/300	200/600	500/1000	1000/1000	1000/3000
1A	3,956	5,380	7,952	9,850	10,246
1B	5,274	7,173	10,601	13,132	13,660
1C	6,197	8,428	12,456	15,431	16,050
1D	6,751	9,181	13,570	16,810	17,485
2A	7,384	10,042	14,842	18,386	19,125
2B	8,702	11,835	17,491	21,668	22,538
2C	10,284	13,986	20,671	25,607	26,636
2D	11,603	15,780	23,322	28,891	30,052
3A	12,394	16,980	25,656	32,596	34,084
3B	13,712	18,785	28,384	36,063	37,708
4A	15,031	20,592	31,114	39,532	41,335
4B	16,349	22,398	33,842	42,998	44,960
5A	18,459	25,289	38,210	48,547	50,762
5B	20,569	28,180	42,578	54,096	56,565
6A	21,623	29,624	44,760	56,868	59,463
6B	24,260	33,236	50,218	63,804	66,715
7	27,953	38,296	57,863	73,516	76,871
8	40,082	54,912	82,970	105,416	110,226

3. Standard Claims-Made Programs - Area 5

3 Years Since Retroactive Date

Class	100/300	200/600	500/1000	1000/1000	1000/3000
1A	4,747	6,456	9,541	11,820	12,295
1B	6,329	8,607	12,721	15,759	16,392
1C	7,437	10,114	14,948	18,518	19,262
1D	8,101	11,017	16,283	20,171	20,982
2A	8,861	12,051	17,811	22,064	22,950
2B	10,443	14,202	20,990	26,003	27,047
2C	12,341	16,784	24,805	30,729	31,963
2D	13,923	18,935	27,985	34,668	36,061
3A	14,873	20,376	30,787	39,116	40,901
3B	16,455	22,543	34,062	43,277	45,251
4A	18,037	24,711	37,337	47,437	49,602
4B	19,619	26,878	40,611	51,598	53,952
5A	22,151	30,347	45,853	58,257	60,915
5B	24,683	33,816	51,094	64,916	67,878
6A	25,948	35,549	53,712	68,243	71,357
6B	29,112	39,883	60,262	76,565	80,058
7	33,543	45,954	69,434	88,218	92,243
8	48,099	65,896	99,565	126,500	132,272

3. Standard Claims-Made Programs - Area 5

Mature

Class	100/300	200/600	500/1000	1000/1000	1000/3000
1A	5,274	7,173	10,601	13,132	13,660
1B	7,032	9,564	14,134	17,510	18,213
1C	8,263	11,238	16,609	20,575	21,401
1D	9,001	12,241	18,092	22,412	23,313
2A	9,845	13,389	19,788	24,514	25,499
2B	11,603	15,780	23,322	28,891	30,052
2C	13,712	18,648	27,561	34,143	35,514
2D	15,470	21,039	31,095	38,520	40,067
3A	16,525	22,639	34,207	43,461	45,444
3B	18,283	25,048	37,846	48,084	50,278
4A	20,041	27,456	41,485	52,708	55,113
4B	21,799	29,865	45,124	57,331	59,947
5A	24,612	33,718	50,947	64,730	67,683
5B	27,425	37,572	56,770	72,128	75,419
6A	28,831	39,498	59,680	75,826	79,285
6B	32,347	44,315	66,958	85,073	88,954
7	37,270	51,060	77,149	98,020	102,493
8	53,443	73,217	110,627	140,555	146,968

3. Standard Claims-Made Programs - Area 5

Mature

Class	100/300	200/600	500/1000	1000/1000	1000/3000
1A	5,274	7,173	10,601	13,132	13,660
1B	7,032	9,564	14,134	17,510	18,213
1C	8,263	11,238	16,609	20,575	21,401
1D	9,001	12,241	18,092	22,412	23,313
2A	9,845	13,389	19,788	24,514	25,499
2B	11,603	15,780	23,322	28,891	30,052
2C	13,712	18,648	27,561	34,143	35,514
2D	15,470	21,039	31,095	38,520	40,067
3A	16,525	22,639	34,207	43,461	45,444
3B	18,283	25,048	37,846	48,084	50,278
4A	20,041	27,456	41,485	52,708	55,113
4B	21,799	29,865	45,124	57,331	59,947
5A	24,612	33,718	50,947	64,730	67,683
5B	27,425	37,572	56,770	72,128	75,419
6A	28,831	39,498	59,680	75,826	79,285
6B	32,347	44,315	66,958	85,073	88,954
7	37,270	51,060	77,149	98,020	102,493
8	53,443	73,217	110,627	140,555	146,968

3. Standard Claims-Made Programs - Area 6

0 Years Since Retroactive Date

Class	100/300	200/600	500/1000	1000/1000	1000/3000
1A	1,243	1,690	2,498	3,095	3,219
1B	1,658	2,255	3,333	4,128	4,294
1C	1,948	2,649	3,915	4,851	5,045
1D	2,122	2,886	4,265	5,284	5,496
2A	2,321	3,157	4,665	5,779	6,011
2B	2,735	3,720	5,497	6,810	7,084
2C	3,233	4,397	6,498	8,050	8,373
2D	3,647	4,960	7,330	9,081	9,446
3A	3,896	5,338	8,065	10,246	10,714
3B	4,310	5,905	8,922	11,335	11,853
4A	4,725	6,473	9,781	12,427	12,994
4B	5,139	7,040	10,638	13,516	14,132
5A	5,802	7,949	12,010	15,259	15,956
5B	6,465	8,857	13,383	17,003	17,779
6A	6,797	9,312	14,070	17,876	18,692
6B	7,625	10,446	15,784	20,054	20,969
7	8,786	12,037	18,187	23,107	24,162
8	12,599	17,261	26,080	33,135	34,647

3. Standard Claims-Made Programs - Area 6

1 Year Since Retroactive Date

Class	100/300	200/600	500/1000	1000/1000	1000/3000
1A	2,147	2,920	4,315	5,346	5,561
1B	2,863	3,894	5,755	7,129	7,415
1C	3,364	4,575	6,762	8,376	8,713
1D	3,665	4,984	7,367	9,126	9,492
2A	4,009	5,452	8,058	9,982	10,383
2B	4,724	6,425	9,495	11,763	12,235
2C	5,584	7,594	11,224	13,904	14,463
2D	6,299	8,567	12,661	15,685	16,314
3A	6,729	9,219	13,929	17,697	18,505
3B	7,445	10,200	15,411	19,580	20,474
4A	8,161	11,181	16,893	21,463	22,443
4B	8,876	12,160	18,373	23,344	24,409
5A	10,022	13,730	20,746	26,358	27,561
5B	11,167	15,299	23,116	29,369	30,709
6A	11,740	16,084	24,302	30,876	32,285
6B	13,171	18,044	27,264	34,640	36,220
7	15,175	20,790	31,412	39,910	41,731
8	21,761	29,813	45,045	57,231	59,843

3. Standard Claims-Made Programs - Area 6

2 Years Since Retroactive Date

Class	100/300	200/600	500/1000	1000/1000	1000/3000
1A	3,391	4,612	6,816	8,444	8,783
1B	4,521	6,149	9,087	11,257	11,709
1C	5,312	7,224	10,677	13,227	13,758
1D	5,787	7,870	11,632	14,410	14,988
2A	6,329	8,607	12,721	15,759	16,392
2B	7,460	10,146	14,995	18,575	19,321
2C	8,816	11,990	17,720	21,952	22,833
2D	9,947	13,528	19,993	24,768	25,763
3A	10,625	14,556	21,994	27,944	29,219
3B	11,755	16,104	24,333	30,916	32,326
4A	12,885	17,652	26,672	33,888	35,434
4B	14,015	19,201	29,011	36,859	38,541
5A	15,824	21,679	32,756	41,617	43,516
5B	17,632	24,156	36,498	46,372	48,488
6A	18,536	25,394	38,370	48,750	50,974
6B	20,797	28,492	43,050	54,696	57,192
7	23,961	32,827	49,599	63,017	65,893
8	34,360	47,073	71,125	90,367	94,490

3. Standard Claims-Made Programs - Area 6

3 Years Since Retroactive Date

Class	100/300	200/600	500/1000	1000/1000	1000/3000
1A	4,069	5,534	8,179	10,132	10,539
1B	5,425	7,378	10,904	13,508	14,051
1C	6,375	8,670	12,814	15,874	16,511
1D	6,944	9,444	13,957	17,291	17,985
2A	7,595	10,329	15,266	18,912	19,671
2B	8,951	12,173	17,992	22,288	23,183
2C	10,580	14,389	21,266	26,344	27,402
2D	11,936	16,233	23,991	29,721	30,914
3A	12,749	17,466	26,390	33,530	35,060
3B	14,106	19,325	29,199	37,099	38,792
4A	15,462	21,183	32,006	40,665	42,521
4B	16,818	23,041	34,813	44,231	46,250
5A	18,988	26,014	39,305	49,938	52,217
5B	21,158	28,986	43,797	55,646	58,185
6A	22,244	30,474	46,045	58,502	61,171
6B	24,956	34,190	51,659	65,634	68,629
7	28,753	39,392	59,519	75,620	79,071
8	41,232	56,488	85,350	108,440	113,388

3. Standard Claims-Made Programs - Area 6

4 Years Since Retroactive Date

Class	100/300	200/600	500/1000	1000/1000	1000/3000
1A	4,295	5,841	8,633	10,695	11,124
1B	5,727	7,789	11,511	14,260	14,833
1C	6,729	9,151	13,525	16,755	17,428
1D	7,330	9,969	14,733	18,252	18,985
2A	8,017	10,903	16,114	19,962	20,764
2B	9,449	12,851	18,992	23,528	24,473
2C	11,167	15,187	22,446	27,806	28,923
2D	12,599	17,135	25,324	31,372	32,631
3A	13,458	18,437	27,858	35,395	37,010
3B	14,889	20,398	30,820	39,158	40,945
4A	16,321	22,360	33,784	42,924	44,883
4B	17,753	24,322	36,749	46,690	48,821
5A	20,043	27,459	41,489	52,713	55,118
5B	22,334	30,598	46,231	58,738	61,419
6A	23,479	32,166	48,602	61,750	64,567
6B	26,343	36,090	54,530	69,282	72,443
7	30,351	41,581	62,827	79,823	83,465
8	43,522	59,625	90,091	114,463	119,686

3. Standard Claims-Made Programs - Area 6

Mature

Class	100/300	200/600	500/1000	1000/1000	1000/3000
1A	4,521	6,149	9,087	11,257	11,709
1B	6,028	8,198	12,116	15,010	15,613
1C	7,083	9,633	14,237	17,637	18,345
1D	7,716	10,494	15,509	19,213	19,984
2A	8,439	11,477	16,962	21,013	21,857
2B	9,946	13,527	19,991	24,766	25,760
2C	11,755	15,987	23,628	29,270	30,445
2D	13,262	18,036	26,657	33,022	34,349
3A	14,166	19,407	29,324	37,257	38,957
3B	15,673	21,472	32,443	41,220	43,101
4A	17,180	23,537	35,563	45,183	47,245
4B	18,687	25,601	38,682	49,147	51,389
5A	21,098	28,904	43,673	55,488	58,020
5B	23,509	32,207	48,664	61,829	64,650
6A	24,715	33,860	51,160	65,000	67,966
6B	27,729	37,989	57,399	72,927	76,255
7	31,948	43,769	66,132	84,023	87,857
8	45,813	62,764	94,833	120,488	125,986

3. Standard Claims-Made Programs - Area 7

0 Years Since Retroactive Date

Class	100/300	200/600	500/1000	1000/1000	1000/3000
1A	933	1,269	1,875	2,323	2,416
1B	1,243	1,690	2,498	3,095	3,219
1C	1,461	1,987	2,937	3,638	3,784
1D	1,591	2,164	3,198	3,962	4,121
2A	1,740	2,366	3,497	4,333	4,507
2B	2,052	2,791	4,125	5,109	5,315
2C	2,424	3,297	4,872	6,036	6,278
2D	2,735	3,720	5,497	6,810	7,084
3A	2,922	4,003	6,049	7,685	8,036
3B	3,233	4,429	6,692	8,503	8,891
4A	3,543	4,854	7,334	9,318	9,743
4B	3,854	5,280	7,978	10,136	10,599
5A	4,352	5,962	9,009	11,446	11,968
5B	4,849	6,643	10,037	12,753	13,335
6A	5,097	6,983	10,551	13,405	14,017
6B	5,719	7,835	11,838	15,041	15,727
7	6,589	9,027	13,639	17,329	18,120
8	9,449	12,945	19,559	24,851	25,985

3. Standard Claims-Made Programs - Area 7

1 Year Since Retroactive Date

Class	100/300	200/600	500/1000	1000/1000	1000/3000
1A	1,611	2,191	3,238	4,011	4,172
1B	2,147	2,920	4,315	5,346	5,561
1C	2,523	3,431	5,071	6,282	6,535
1D	2,749	3,739	5,525	6,845	7,120
2A	3,006	4,088	6,042	7,485	7,786
2B	3,544	4,820	7,123	8,825	9,179
2C	4,188	5,696	8,418	10,428	10,847
2D	4,724	6,425	9,495	11,763	12,235
3A	5,046	6,913	10,445	13,271	13,877
3B	5,584	7,650	11,559	14,686	15,356
4A	6,120	8,384	12,668	16,096	16,830
4B	6,657	9,120	13,780	17,508	18,307
5A	7,516	10,297	15,558	19,767	20,669
5B	8,375	11,474	17,336	22,026	23,031
6A	8,805	12,063	18,226	23,157	24,214
6B	9,879	13,534	20,450	25,982	27,167
7	11,381	15,592	23,559	29,932	31,298
8	16,321	22,360	33,784	42,924	44,883

3. Standard Claims-Made Programs - Area 7

2 Years Since Retroactive Date

Class	100/300	200/600	500/1000	1000/1000	1000/3000
1A	2,543	3,458	5,111	6,332	6,586
1B	3,391	4,612	6,816	8,444	8,783
1C	3,984	5,418	8,008	9,920	10,319
1D	4,340	5,902	8,723	10,807	11,241
2A	4,747	6,456	9,541	11,820	12,295
2B	5,595	7,609	11,246	13,932	14,491
2C	6,612	8,992	13,290	16,464	17,125
2D	7,460	10,146	14,995	18,575	19,321
3A	7,968	10,916	16,494	20,956	21,912
3B	8,816	12,078	18,249	23,186	24,244
4A	9,664	13,240	20,004	25,416	26,576
4B	10,511	14,400	21,758	27,644	28,905
5A	11,868	16,259	24,567	31,213	32,637
5B	13,224	18,117	27,374	34,779	36,366
6A	13,902	19,046	28,777	36,562	38,231
6B	15,598	21,369	32,288	41,023	42,895
7	17,971	24,620	37,200	47,264	49,420
8	25,770	35,305	53,344	67,775	70,868

3. Standard Claims-Made Programs - Area 7

3 Years Since Retroactive Date

Class	100/300	200/600	500/1000	1000/1000	1000/3000
1A	3,052	4,151	6,135	7,599	7,905
1B	4,069	5,534	8,179	10,132	10,539
1C	4,781	6,502	9,610	11,905	12,383
1D	5,208	7,083	10,468	12,968	13,489
2A	5,696	7,747	11,449	14,183	14,753
2B	6,714	9,131	13,495	16,718	17,389
2C	7,934	10,790	15,947	19,756	20,549
2D	8,951	12,173	17,992	22,288	23,183
3A	9,562	13,100	19,793	25,148	26,296
3B	10,580	14,495	21,901	27,825	29,095
4A	11,597	15,888	24,006	30,500	31,892
4B	12,614	17,281	26,111	33,175	34,689
5A	14,242	19,512	29,481	37,456	39,166
5B	15,869	21,741	32,849	41,735	43,640
6A	16,682	22,854	34,532	43,874	45,876
6B	18,717	25,642	38,744	49,226	51,472
7	21,565	29,544	44,640	56,716	59,304
8	30,924	42,366	64,013	81,330	85,041

3. Standard Claims-Made Programs - Area 7

4 Years Since Retroactive Date

Class	100/300	200/600	500/1000	1000/1000	1000/3000
1A	3,221	4,381	6,474	8,020	8,342
1B	4,295	5,841	8,633	10,695	11,124
1C	5,046	6,863	10,142	12,565	13,069
1D	5,498	7,477	11,051	13,690	14,240
2A	6,013	8,178	12,086	14,972	15,574
2B	7,087	9,638	14,245	17,647	18,355
2C	8,375	11,390	16,834	20,854	21,691
2D	9,449	12,851	18,992	23,528	24,473
3A	10,093	13,827	20,893	26,545	27,756
3B	11,167	15,299	23,116	29,369	30,709
4A	12,241	16,770	25,339	32,194	33,663
4B	13,314	18,240	27,560	35,016	36,614
5A	15,033	20,595	31,118	39,537	41,341
5B	16,750	22,948	34,673	44,053	46,063
6A	17,609	24,124	36,451	46,312	48,425
6B	19,757	27,067	40,897	51,961	54,332
7	22,763	31,185	47,119	59,867	62,598
8	32,642	44,720	67,569	85,848	89,766

3. Standard Claims-Made Programs - Area 7

Mature

Class	100/300	200/600	500/1000	1000/1000	1000/3000
1A	3,391	4,612	6,816	8,444	8,783
1B	4,521	6,149	9,087	11,257	11,709
1C	5,312	7,224	10,677	13,227	13,758
1D	5,787	7,870	11,632	14,410	14,988
2A	6,329	8,607	12,721	15,759	16,392
2B	7,460	10,146	14,995	18,575	19,321
2C	8,816	11,990	17,720	21,952	22,833
2D	9,946	13,527	19,991	24,766	25,760
3A	10,624	14,555	21,992	27,941	29,216
3B	11,755	16,104	24,333	30,916	32,326
4A	12,885	17,652	26,672	33,888	35,434
4B	14,015	19,201	29,011	36,859	38,541
5A	15,824	21,679	32,756	41,617	43,516
5B	17,632	24,156	36,498	46,372	48,488
6A	18,536	25,394	38,370	48,750	50,974
6B	20,797	28,492	43,050	54,696	57,192
7	23,961	32,827	49,599	63,017	65,893
8	34,360	47,073	71,125	90,367	94,490

3. Standard Claims-Made Programs - Area 8

0 Years Since Retroactive Date

Class	100/300	200/600	500/1000	1000/1000	1000/3000
1A	1,036	1,409	2,082	2,580	2,683
1B	1,381	1,878	2,776	3,439	3,577
1C	1,623	2,207	3,262	4,041	4,204
1D	1,768	2,404	3,554	4,402	4,579
2A	1,934	2,630	3,887	4,816	5,009
2B	2,279	3,099	4,581	5,675	5,903
2C	2,694	3,664	5,415	6,708	6,977
2D	3,039	4,133	6,108	7,567	7,871
3A	3,246	4,447	6,719	8,537	8,927
3B	3,592	4,921	7,435	9,447	9,878
4A	3,937	5,394	8,150	10,354	10,827
4B	4,282	5,866	8,864	11,262	11,776
5A	4,835	6,624	10,008	12,716	13,296
5B	5,387	7,380	11,151	14,168	14,814
6A	5,663	7,758	11,722	14,894	15,573
6B	6,354	8,705	13,153	16,711	17,474
7	7,321	10,030	15,154	19,254	20,133
8	10,498	14,382	21,731	27,610	28,870

3. Standard Claims-Made Programs - Area 8

1 Year Since Retroactive Date

Class	100/300	200/600	500/1000	1000/1000	1000/3000
1A	1,789	2,433	3,596	4,455	4,634
1B	2,386	3,245	4,796	5,941	6,180
1C	2,803	3,812	5,634	6,979	7,260
1D	3,054	4,153	6,139	7,604	7,910
2A	3,340	4,542	6,713	8,317	8,651
2B	3,937	5,354	7,913	9,803	10,197
2C	4,653	6,328	9,353	11,586	12,051
2D	5,249	7,139	10,550	13,070	13,595
3A	5,607	7,682	11,606	14,746	15,419
3B	6,204	8,499	12,842	16,317	17,061
4A	6,800	9,316	14,076	17,884	18,700
4B	7,396	10,133	15,310	19,451	20,339
5A	8,351	11,441	17,287	21,963	22,965
5B	9,305	12,748	19,261	24,472	25,589
6A	9,782	13,401	20,249	25,727	26,901
6B	10,975	15,036	22,718	28,864	30,181
7	12,645	17,324	26,175	33,256	34,774
8	18,133	24,842	37,535	47,690	49,866

3. Standard Claims-Made Programs - Area 8

2 Years Since Retroactive Date

Class	100/300	200/600	500/1000	1000/1000	1000/3000
1A	2,825	3,842	5,678	7,034	7,317
1B	3,767	5,123	7,572	9,380	9,757
1C	4,427	6,021	8,898	11,023	11,466
1D	4,822	6,558	9,692	12,007	12,489
2A	5,274	7,173	10,601	13,132	13,660
2B	6,216	8,454	12,494	15,478	16,099
2C	7,346	9,991	14,765	18,292	19,026
2D	8,288	11,272	16,659	20,637	21,466
3A	8,853	12,129	18,326	23,283	24,346
3B	9,795	13,419	20,276	25,761	26,936
4A	10,737	14,710	22,226	28,238	29,527
4B	11,678	15,999	24,173	30,713	32,115
5A	13,186	18,065	27,295	34,679	36,262
5B	14,693	20,129	30,415	38,643	40,406
6A	15,446	21,161	31,973	40,623	42,477
6B	17,330	23,742	35,873	45,578	47,658
7	19,967	27,355	41,332	52,513	54,909
8	28,631	39,224	59,266	75,300	78,735

3. Standard Claims-Made Programs - Area 8

3 Years Since Retroactive Date

Class	100/300	200/600	500/1000	1000/1000	1000/3000
1A	3,390	4,610	6,814	8,441	8,780
1B	4,521	6,149	9,087	11,257	11,709
1C	5,312	7,224	10,677	13,227	13,758
1D	5,786	7,869	11,630	14,407	14,986
2A	6,329	8,607	12,721	15,759	16,392
2B	7,459	10,144	14,993	18,573	19,319
2C	8,816	11,990	17,720	21,952	22,833
2D	9,946	13,527	19,991	24,766	25,760
3A	10,624	14,555	21,992	27,941	29,216
3B	11,754	16,103	24,331	30,913	32,324
4A	12,884	17,651	26,670	33,885	35,431
4B	14,014	19,199	29,009	36,857	38,539
5A	15,823	21,678	32,754	41,614	43,513
5B	17,631	24,154	36,496	46,370	48,485
6A	18,535	25,393	38,367	48,747	50,971
6B	20,795	28,489	43,046	54,691	57,186
7	23,960	32,825	49,597	63,015	65,890
8	34,358	47,070	71,121	90,362	94,485

3. Standard Claims-Made Programs - Area 8

4 Years Since Retroactive Date

Class	100/300	200/600	500/1000	1000/1000	1000/3000
1A	3,579	4,867	7,194	8,912	9,270
1B	4,772	6,490	9,592	11,882	12,359
1C	5,607	7,626	11,270	13,961	14,522
1D	6,108	8,307	12,277	15,209	15,820
2A	6,680	9,085	13,427	16,633	17,301
2B	7,874	10,709	15,827	19,606	20,394
2C	9,305	12,655	18,703	23,169	24,100
2D	10,498	14,277	21,101	26,140	27,190
3A	11,214	15,363	23,213	29,493	30,839
3B	12,407	16,998	25,682	32,630	34,119
4A	13,600	18,632	28,152	35,768	37,400
4B	14,792	20,265	30,619	38,903	40,678
5A	16,702	22,882	34,573	43,926	45,931
5B	18,611	25,497	38,525	48,947	51,180
6A	19,564	26,803	40,497	51,453	53,801
6B	21,951	30,073	45,439	57,731	60,365
7	25,291	34,649	52,352	66,515	69,550
8	36,266	49,684	75,071	95,380	99,732

3. Standard Claims-Made Programs - Area 8

Mature

Class	100/300	200/600	500/1000	1000/1000	1000/3000
1A	3,767	5,123	7,572	9,380	9,757
1B	5,023	6,831	10,096	12,507	13,010
1C	5,902	8,027	11,863	14,696	15,286
1D	6,429	8,743	12,922	16,008	16,651
2A	7,032	9,564	14,134	17,510	18,213
2B	8,288	11,272	16,659	20,637	21,466
2C	9,795	13,321	19,688	24,390	25,369
2D	11,051	15,029	22,213	27,517	28,622
3A	11,804	16,171	24,434	31,045	32,461
3B	13,060	17,892	27,034	34,348	35,915
4A	14,316	19,613	29,634	37,651	39,369
4B	15,571	21,332	32,232	40,952	42,820
5A	17,581	24,086	36,393	46,238	48,348
5B	19,590	26,838	40,551	51,522	53,873
6A	20,594	28,214	42,630	54,162	56,634
6B	23,106	31,655	47,829	60,769	63,542
7	26,622	36,472	55,108	70,016	73,211
8	38,175	52,300	79,022	100,400	104,981

3. Standard Claims-Made Programs - Area 9

0 Years Since Retroactive Date

Class	100/300	200/600	500/1000	1000/1000	1000/3000
1A	1,140	1,550	2,291	2,839	2,953
1B	1,519	2,066	3,053	3,782	3,934
1C	1,785	2,428	3,588	4,445	4,623
1D	1,945	2,645	3,909	4,843	5,038
2A	2,127	2,893	4,275	5,296	5,509
2B	2,507	3,410	5,039	6,242	6,493
2C	2,963	4,030	5,956	7,378	7,674
2D	3,343	4,546	6,719	8,324	8,658
3A	3,571	4,892	7,392	9,392	9,820
3B	3,950	5,412	8,177	10,389	10,863
4A	4,330	5,932	8,963	11,388	11,908
4B	4,710	6,453	9,750	12,387	12,953
5A	5,318	7,286	11,008	13,986	14,625
5B	5,926	8,119	12,267	15,585	16,297
6A	6,230	8,535	12,896	16,385	17,133
6B	6,989	9,575	14,467	18,381	19,220
7	8,053	11,033	16,670	21,179	22,146
8	11,547	15,819	23,902	30,369	31,754

3. Standard Claims-Made Programs - Area 9

1 Year Since Retroactive Date

Class	100/300	200/600	500/1000	1000/1000	1000/3000
1A	1,968	2,676	3,956	4,900	5,097
1B	2,624	3,569	5,274	6,534	6,796
1C	3,084	4,194	6,199	7,679	7,988
1D	3,359	4,568	6,752	8,364	8,700
2A	3,674	4,997	7,385	9,148	9,516
2B	4,330	5,889	8,703	10,782	11,215
2C	5,118	6,960	10,287	12,744	13,256
2D	5,774	7,853	11,606	14,377	14,955
3A	6,167	8,449	12,766	16,219	16,959
3B	6,823	9,348	14,124	17,944	18,763
4A	7,479	10,246	15,482	19,670	20,567
4B	8,136	11,146	16,842	21,398	22,374
5A	9,186	12,585	19,015	24,159	25,262
5B	10,235	14,022	21,186	26,918	28,146
6A	10,760	14,741	22,273	28,299	29,590
6B	12,072	16,539	24,989	31,749	33,198
7	13,909	19,055	28,792	36,581	38,250
8	19,945	27,325	41,286	52,455	54,849

3. Standard Claims-Made Programs - Area 9

2 Years Since Retroactive Date

Class	100/300	200/600	500/1000	1000/1000	1000/3000
1A	3,108	4,227	6,247	7,739	8,050
1B	4,144	5,636	8,329	10,319	10,733
1C	4,869	6,622	9,787	12,124	12,611
1D	5,304	7,213	10,661	13,207	13,737
2A	5,801	7,889	11,660	14,444	15,025
2B	6,837	9,298	13,742	17,024	17,708
2C	8,081	10,990	16,243	20,122	20,930
2D	9,116	12,398	18,323	22,699	23,610
3A	9,738	13,341	20,158	25,611	26,780
3B	10,774	14,760	22,302	28,336	29,629
4A	11,810	16,180	24,447	31,060	32,478
4B	12,846	17,599	26,591	33,785	35,327
5A	14,504	19,870	30,023	38,146	39,886
5B	16,161	22,141	33,453	42,503	44,443
6A	16,990	23,276	35,169	44,684	46,723
6B	19,061	26,114	39,456	50,130	52,418
7	21,962	30,088	45,461	57,760	60,396
8	31,493	43,145	65,191	82,827	86,606

3. Standard Claims-Made Programs - Area 9

3 Years Since Retroactive Date

Class	100/300	200/600	500/1000	1000/1000	1000/3000
1A	3,730	5,073	7,497	9,288	9,661
1B	4,973	6,763	9,996	12,383	12,880
1C	5,843	7,946	11,744	14,549	15,133
1D	6,365	8,656	12,794	15,849	16,485
2A	6,962	9,468	13,994	17,335	18,032
2B	8,204	11,157	16,490	20,428	21,248
2C	9,697	13,188	19,491	24,146	25,115
2D	10,940	14,878	21,989	27,241	28,335
3A	11,686	16,010	24,190	30,734	32,137
3B	12,929	17,713	26,763	34,003	35,555
4A	14,171	19,414	29,334	37,270	38,970
4B	15,415	21,119	31,909	40,541	42,391
5A	17,404	23,843	36,026	45,773	47,861
5B	19,393	26,568	40,144	51,004	53,331
6A	20,388	27,932	42,203	53,620	56,067
6B	22,874	31,337	47,349	60,159	62,904
7	26,355	36,106	54,555	69,314	72,476
8	37,791	51,774	78,227	99,390	103,925

3. Standard Claims-Made Programs - Area 9

4 Years Since Retroactive Date

Class	100/300	200/600	500/1000	1000/1000	1000/3000
1A	3,937	5,354	7,913	9,803	10,197
1B	5,249	7,139	10,550	13,070	13,595
1C	6,167	8,387	12,396	15,356	15,973
1D	6,718	9,136	13,503	16,728	17,400
2A	7,348	9,993	14,769	18,297	19,031
2B	8,660	11,778	17,407	21,563	22,429
2C	10,235	13,920	20,572	25,485	26,509
2D	11,547	15,704	23,209	28,752	29,907
3A	12,335	16,899	25,533	32,441	33,921
3B	13,647	18,696	28,249	35,892	37,529
4A	14,959	20,494	30,965	39,342	41,137
4B	16,272	22,293	33,683	42,795	44,748
5A	18,371	25,168	38,028	48,316	50,520
5B	20,471	28,045	42,375	53,839	56,295
6A	21,520	29,482	44,546	56,598	59,180
6B	24,144	33,077	49,978	63,499	66,396
7	27,819	38,112	57,585	73,164	76,502
8	39,891	54,651	82,574	104,913	109,700

3. Standard Claims-Made Programs - Area 9

Mature

Class	100/300	200/600	500/1000	1000/1000	1000/3000
1A	4,144	5,636	8,329	10,319	10,733
1B	5,525	7,514	11,105	13,757	14,310
1C	6,492	8,829	13,049	16,165	16,814
1D	7,072	9,618	14,215	17,609	18,316
2A	7,735	10,520	15,547	19,260	20,034
2B	9,116	12,398	18,323	22,699	23,610
2C	10,774	14,653	21,656	26,827	27,905
2D	12,155	16,531	24,432	30,266	31,481
3A	12,984	17,788	26,877	34,148	35,706
3B	14,365	19,680	29,736	37,780	39,504
4A	15,746	21,572	32,594	41,412	43,302
4B	17,128	23,465	35,455	45,047	47,102
5A	19,338	26,493	40,030	50,859	53,180
5B	21,548	29,521	44,604	56,671	59,257
6A	22,653	31,035	46,892	59,577	62,296
6B	25,415	34,819	52,609	66,841	69,891
7	29,283	40,118	60,616	77,014	80,528
8	41,990	57,526	86,919	110,434	115,473

3. Increased Limit Factors

LIMIT	CLASSES 1A-2D	CLASSES 3A-7	CLASS 8
100/300	1.000	1.000	1.000
200/600	1.360	1.370	1.370
500/1000	2.010	2.070	2.070
1000/1000	2.490	2.630	2.630
1000/3000	2.590	2.750	2.750

4. Excess Limit Factors

LIMIT	CLASSES 1A-2D	CLASSES 3A-7	CLASS 8
1M/1M xs 1M/3M	1.270	1.300	1.300
2M/2M xs 1M/3M	1.430	1.480	1.480
3M/3M xs 1M/3M	1.560	1.620	1.620
4M/4M xs 1M/3M	1.670	1.740	1.740

Note: For aggregate limits not listed above, refer to company.

5. Extended Reporting Period Coverage Factors

YEARS RETROACTIVE DATE PRECEDES EXPIRATION DATE	FACTOR
1	0.900
2	1.500
3	1.700
4 OR MORE	1.820

6. Shared Limits Modification

Modification
Up to 25%

- C. **Policy Writing Minimum Premium**
(Occurrence & Standard Claims Made Programs)

Physician & Surgeons	\$250
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- D. **Premium Modifications**

1. **Part Time Physicians & Surgeons**
(Occurrence & Standard Claims Made Programs)

Hours Practicing Per Week	Credit	Max Agg Hours Per Year
0-10	50%	515
11-20	30%	1050

*The part-time credit is not applied to the Extended Reporting Period Coverage rating unless the part time practice did not exceed an average of 1050 hours/year over the previous five consecutive policy years with the company.

2. **Physicians in Training**

- a. Training Activities

NOT AVAILABLE

- b. Moonlighting Activities

NOT AVAILABLE

3. **Locum Tenens**
(Occurrence & Standard Claims Made Programs)

AVAILABLE

4. **Temporary Staffing Agency Rating**
(Occurrence & Standard Claims Made Programs)

Formula
$(\text{Applicable Manual Rate} / 3120) * 1.60$

5. **New Physicians & Surgeons**
(Occurrence & Standard Claims Made Programs)

Years New to Practice	Credit
1 st	50%
2 nd	30%
3 rd	15%

6. **Physician Teaching Specialists**

- a. Training Activities

NOT AVAILABLE

- b. Teaching Specialists

NOT AVAILABLE

7. **Physicians Leave of Absence**

Program	Credit
Occurrence	100%
Standard Claims Made	100%

8. **Physicians Military Leave of Absence Credit**

Program	Credit
Occurrence	100%
Standard Claims Made	100%

9. **Schedule Rating**

(Occurrence & Standard Claims Made Programs)

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 -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:

- | | |
|--|----------------|
| | Credit / debit |
| 1. Organizational Management/ Structure | -10% to 10% |
| A. Performance of a quality review committee to evaluate patient encounter outcomes, address unexpected results and integrate suitable solutions. | |
| B. Existence of committee structure/processes to review healthcare procedures, treatments and protocols in order to address appropriate integration into the medical practice. | |
| C. Established guidelines, procedures and resources for the maintenance of medical equipment and premises. | |

2. Risk management Processes -5% to 5%
 - A. On-site risk manager.
 - B. Utilization of Patient surveys to identify and address potential risk factors.
 - D. Dedicated resource(s) and Processes in place to assimilate and respond to patient complaints.

3. Classification anomalies -10% to 10%
 - A. Characteristics of individual insureds within a classification that distinguish it from the typical risk characteristics of that classification.
 - B. Recognition of recent medical/legal developments that are anticipated to impact future loss experience.

4. Claim anomalies -10% to 10%
 - A. Unusual circumstances of a claim(s) that influence the frequency of claims and/or the ultimate severity of losses.
 - B. Recognition of economic, societal or jurisdictional changes that tend to influence the ultimate severity of losses.

5. Professional staffing, training and patient relationships -15% to 15%
 - A. Demonstrates stable, longstanding practice, continuity of healthcare providers and significant degree of experience in the area(s) of medicine.
 - B. Volume and demographics of patient population appropriate for staffing levels and area(s) of medicine.
 - C. Staffing sufficient to address appropriate availability of non-physicians and physicians during after hours and weekends.
 - D. Degree to which staffing provides hospitalists and laborists for continuity of care
 - E. Guidelines and compliance standards in place to support continuing professional education.
 - F. Demonstrated effectiveness of credentialing and training for new staff members.
 - G. Proportion of staff that is board certified in their respective medical specialty.

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.

10. **Risk Management**
(Occurrence, & Standard Claims Made Programs)

Year	Credit	Addtl Credit – if EMR
1	5%	2.5%
2	5%	2.5%
3	5%	2.5%

11. **Claim Free Credits**
(Occurrence & Standard Claims Made Programs)

Years Claim Free at Renewal	Credit
3 but less than 5	7.5%
5 but less than 8	15%
8 but less than 10	20%
10 or more	25%

12. **Deductible Credits**
(Occurrence & Standard Claims Made Programs)

PREMIUM CREDIT FOR LOSS ONLY DEDUCTIBLE

Deductible (000's)	Incident Policy Limit (000's)				
	100	200	250	500	1000
50	7% to 28%	6% to 12%	5% to 20%	3% to 16%	2% to 14%
100	17% to 46%	15% to 26%	13% to 32%	10% to 25%	8% to 22%
200		30% to 47%	26% to 52%	21% to 40%	17% to 33%
250			32% to 60%	26% to 46%	21% to 38%
500				43% to 69%	36% to 56%

PREMIUM CREDIT FOR LOSS AND ALE DEDUCTIBLE

Deductible (000's)	Incident Policy Limit (000's)				
	100	200	250	500	1000
50	16% to 44%	14% to 24%	12% to 30%	9% to 24%	6% to 20%
100	29% to 66%	26% to 41%	22% to 46%	17% to 35%	14% to 29%
200		44% to 67%	39% to 70%	31% to 53%	25% to 43%
250			45% to 79%	36% to 60%	30% to 49%
500				57% to 87%	46% to 70%

The Deductible Credits are applicable to the primary limit premium, net of all other applicable credits and subject to a maximum dollar credit of 85% of the aggregate limit.

For Deductible and Limit combinations not listed, credits will be interpolated or extrapolated from the above ranges.

13. **Self-Insured Retention Credits**

NOT AVAILABLE

14. **Experience Rating**

NOT AVAILABLE

15. **Non-Discretionary Debit Rating Plan**
(Occurrence & Standard Claims Made Programs)

Schedule A:

Claim Threshold	Points
Pending claim	1
Loss payment of \$0 to \$49,999	1
Loss payment of \$50,000 to \$99,999	2
Loss payment of \$100,000 to \$249,999	4
Loss payment of \$250,000 to \$499,999	6
Loss payment of \$500,000 or more	8

Schedule B:

Total Points	Table A	Table B
0	0%	0%
1	0%	0%
2	0%	0%
3	10%	0%
4	25%	10%
5	25%	25%
6	35%	35%
7	35%	35%
8	50%	50%
9	100%	100%
10+	200%	200%

For the purposes of schedule B, table B shall apply to all insureds practicing under the following ISO codes: 80106, 80136, 80143-80146, 80150-80156, 80158-80160, 80166-80171, 80176, 80273, 84106, 84136, 84143-84146, 84150-84156, 84158-84160, 84166-84171, 84176 and 84273. Table A, in Schedule B, shall apply to Insureds practicing under any other ISO Code. *****Refer to the Classification Translation Table – Specialty Description to ISO Code at the end of this section.*****

16. **Small Group & Large Group Rating**
(Occurrence & Standard Claims Made Programs)

AVAILABLE

17. **Convertible Coverage Rating Plan**

NOT AVAILABLE

18. **Enhanced Claims Made Rating**

NOT AVAILABLE

19. **Slot Rating**
(Standard Claims Made Programs)

AVAILABLE

20. **Full-Time Equivalency Rating**
(Occurrence & Standard Claims Made Programs)

AVAILABLE

21. **Accelerated Extension Contract Rating**
(Standard Claims Made Programs)

AVAILABLE

22. **OPV Rating**
(Occurrence & Standard Claims Made Programs)

AVAILABLE

23. **Renewal Rate Rule**
(Occurrence & Standard Claims Made Programs)

Premium Threshold
\$250,000

24. **Deferred Premium Payment Plan**
(Occurrence & Standard Claims Made Programs)

Refer to Quarterly Installment Option rule.

25. **Membership Credit**
(Occurrence & Standard Claims Made Programs)

Credit
5%

26. **Aggregate Credit Rule**
(Occurrence & Standard Claims Made Programs)

Max Available Credit
60%

This rule does not apply to Part Time Practice, Leave of Absence, Military Leave of Absence, Risk Management, New to Company, New to Practice, Membership Association or Deductible Credits.

27. **Quarterly Installment Option**
(Occurrence & Standard Claims Made Programs)

The following Interest Free Installment Payment Plans are available, at the insureds 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.

28. **Convertible Plus / Nose Rating Plan**
(Occurrence Program)

A healthcare provider that is currently insured under a claims-made policy form may be eligible for Convertible / Nose coverage, subject to underwriting guidelines. This coverage will provide nose coverage to healthcare providers that seek to convert to an occurrence policy form. The rating for such coverage is based upon the insureds standard mature claims made rate times the factor identified in the table below.

Years Retroactive Date Precedes Policy Inception Date	Factor
1	.75
2	1.08
3	1.18
4 or More	1.25

The applicable premium under this plan shall be in addition to the healthcare provider's standard occurrence premium and shall be paid to the Company over an installment period.

In the event the insured cancels the occurrence coverage, within the first five years subsequent to the issuance of the product, for reasons other than non-renewal, death, total and permanent disability or permanent retirement, additional premium shall be due and payable. Additional premium shall be calculated at the Company's filed rate for an extension contract endorsement at the time the Convertible Plus Claims Made coverage is issued. Any unpaid balance between this amount and any payments made prior to the cancellation date is due sixty (60) days from the date of cancellation.

The rating under this rule is subject to applicable Part-Time and Schedule Rating modifications.

29. **Experience Rating Plan**
(Occurrence & Standard Claims Made Programs)

A medical group consisting of physicians and related health care professionals, developing an annualized manual premium (MP) of \$150,000 or more for medical professional liability, may be individually rated. The overall premium for the medical group will be based on an evaluation of the group's aggregate experience for the most recent ten policy periods. The aggregate experience will be developed and adjusted to determine an actual loss ratio for the prospective policy period. the actual loss ratio will be credibility weighted with the expected loss ratio underlying the current manual premium for the group and this weighted loss ratio will be used to determine the indicated premium (IP) in accordance with the following calculation:

$$\frac{(\text{Actual loss Ratio} * \text{Credibility}) + (\text{Expected Loss Ratio} * (1-\text{Credibility})) + \text{Fixed Exp}}{(1 - (\text{variable expense} + \text{other contingencies}))}$$

The indicated credit/debit is equal to IP/MP-1. Groups qualifying under this rule are subject to a maximum modification of 35%.

*****Classification Translation Table – Specialty Description to ISO Code**

	Speciality Code	MD	DO	Class
Allergy	39	80254	84254	1A
Cardiology (Including Swan-Ganz)	33	80255	84255	2A
Dermatology	31	80256	84256	1A
Family/General Practice	19	80420	84420	1C
Aerospace	19	80230	84230	1A
Forensic Medicine	36	80240	84240	1A
Geriatrics	32	80243	84243	1B
Nuclear Medicine	37	80262	84262	1A
Nutrition	32	80248	84248	1A
Occupational Medicine	19	80233	84233	1A
Physiatry	19	80235	84235	1A
Public Health	19	80236	84236	1A
Gynecology	15	80244	84244	1B
Internal Medicine	32	80257	84257	1D
Diabetes	32	80237	84237	2A
Endocrinology	32	80238	84238	1B
Gastroenterology	32	80241	84241	2B
Hematology / Oncology	32	80245	84245	2A
Infectious Disease	32	80246	84246	2B
Nephrology	32	80260	84260	1C
Pharmacology	32	80234	84234	1B
Preventative Medicine	32	80231	84231	1A
Rheumatology	32	80252	84252	1C
Neonatology	34	80471	84471	2B
Neurology	40	80261	84261	2B
Ophthalmology	16	80263	84263	1A
Otolaryngology	23	80265	84265	1B
Otology	23	80264	84264	1B
Laryngology	23	80258	84258	1B

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	Speciality Code	MD	DO	Class
Rhinology	23	80247	84247	1B
Pathology	36	80266	84266	1B
Pediatrics	34	80267	84267	1C
Psychiatry - Inc. Child	35	80249	84249	1B
Hypnosis	35	80232	84232	1B
Psychoanalysis	35	80250	84250	1B
Psychosomatic	35	80251	84251	1B
Pulmonary Disease	38	80269	84269	2C
Radiology - Diagnostic	37	80253	84253	2B
Urgent Care	26	80102	84102	2A
Retired Physician	XX	80179	84179	
Physician - N.O.C.	19	80268	84268	1B
Surgical Specialist Performing No Surgery, But Still Practicing In That Speciality		80268	84268	1B
Cardiology (Right Heart Cath. Only)	33	80281	84281	2C
Dermatology	31	80282	84282	1B
Family/General Practice	19	80421	84421	2C
Geriatrics	32	80276	84276	2B
Physicians - N.O.C.	XX	80294	84294	2B
Gynecology	15	80277	84277	2B
Internal Medicine	32	80284	84284	2D
Endocrinology	32	80272	84272	2A
Gastroenterology	32	80274	84274	2C
Hematology / Oncology	32	80278	84278	2C
Infectious Disease	32	80279	84279	2C
Intensive Care	32	80283	84283	3A
Nephrology	32	80287	84287	2B
Neurology	40	80288	84288	3A
Ophthalmology	16	80289	84289	1C
Otorhinolaryngology	23	80291	84291	2B
Otology	23	80290	84290	2B
Laryngology	23	80285	84285	2B
Rhinology	23	80270	84270	2B

	Speciality Code	MD	DO	Class
Pathology	36	80292	84292	2B
Pediatrics	34	80293	84293	2B
Psychiatry - Inc. Shock Therapy	35	80431	84431	2B
Radiology - Diagnostic	37	80280	84280	2D
Radiology - Teleradiology	90	80280	84280	2D
Radiology - Therapy	37	80425	84425	2B
Radiology - Teleradiology	90	80425	84425	2B
Pain Management	19, 30, 40	80295	84295	2A
Hospitalist	32	80296	84296	1D
Surgical Specialist Performing Minor Surgery On Their Own Patients While Practicing In That Speciality:		80294	84294	2B
Physicians And Surgical Specialist Performing The Following Procedures (Xx = Code For Speciality)				
Radiation Therapy	XX	80425	84425	2B
Radiopaque Dye Injection	XX	80449	84449	2D
Radiology - incld. Mammography	37	80472	84472	2D
Radiology - Teleradiology	90	80472	84472	2D
Shock Therapy	XX	80431	84431	2B
Physicians Performing Major Surgery Or Assisting In Major Surgery On Other Than Their Own Patients - Not Primarily Engaged In Major Surgery:				
Dermatology	31	80282	84282	1B
Family/General Practice	19	80117	84117	3B
Geriatrics	19	80105	84105	3B
Physicians - N.O.C.	19	80294		
Gynecology	15	80277	84277	2B
Internal Medicine	32	80284	84284	2D
Diabetes	32	80271		
Endocrinology	32	80272	84272	2A
Gastroenterology	32	80104	84104	3A
Hematology / Oncology	32	80278	84278	2C
Infectious Disease	32	80279		2C
Intensive Care	32	80283	84283	3A
Nephrology	32	80287		2B
Neurology	40	80288	84288	3A
Otorhinolaryngology	23	80291	84291	2B

	Speciality Code	MD	DO	Class
Otology	23	80290		2B
Laryngology	23	80285		2B
Rhinology	23	80270		2B
Pathology	36	80292	84292	2B
Pediatrics	34	80293	84293	2B
Emergency Medicine (No Major Surg)	25	80102	84102	4A
Surgical Specialists:				
Ophthalmology	16	80114	84114	1D
Colon and Rectal	24	80115	84115	3B
Emergency Medicine (Incl. Major Surg)	25	80157	84157	4B
Surgical Specialist Performing Major Surgery Or Assisting In Major Surgery On Other Than Their Own Patients While Practicing In That Speciality, But Not Primarily Engaged In Major Surgery:		80117	84117	3B
Physicians And Surgical Specialist Performing The Following Procedures (Xx = Code For Speciality)				
Acupuncture	XX	80437	84437	3A
Cardiology (Incl. Left Heart Cath.)	33	80422	84422	3A
Internal Medicine (Incl. Left Heart Cath.)	32	80422	84422	3A
Urology	17	80145	84145	3A
Fam./Gen. Practice - incl. deliveries	29	80273	84273	3A
Anesthesiology	30	80151	84151	2A
Abdominal	10	80166	84166	6B
Cosmetic	10, 15, 16, 20, 23, 31	80136	84136	4A
General - N.O.C.	10	80143	84143	6B
Otorhinolaryngology	23	80159	84159	3A
Otology	23	80158	84158	3A
Laryngology	23	80106	84106	3A
Rhinology	23	80160	84160	3A
Plastic (No elected cosmetic)	23	80155	84155	3A
Hand	13	80169	84169	4A
Head and Neck	13	80170	84170	4A
Obstetrics/Gynecology	15	80153	84153	6B
Obstetrics	15	80168	84168	6B
Gynecology	18	80167	84167	4A
Plastic - N.O.C.	20	80156	84156	4A

	Speciality Code	MD	DO	Class
Cardiovascular	21	80150	84150	5B
Neurological	12	80152	84152	8
Orthopedic (Excl. back)	13	80176	84176	4A
Orthopedic (Incl. back)	13	80154	84154	6A
Thoracic	14	80144	84144	5B
Traumatic	10	80171	84171	7
Vascular	22	80146	84146	5B