

IRC

filing on behalf of **NATIONAL INTERSTATE INSURANCE COMPANY**

September 20, 2010

Director of Insurance
Illinois Department of Insurance
320 West Washington Street
Springfield, IL 62767

Please be advised that Insurance Regulatory Consultants (IRC) has been appointed to submit this filing on behalf of **National Interstate Insurance Company**. A copy of this authorization is attached to this filing.

Re: National Interstate Insurance Company; NAIC Number: 0084-32620, FEIN 341607395
Ambulance Services Insurance Program
Rates and Rules Filing
Company File Number: NIIC-ASIP-PL-10
Effective Date: December 1, 2010
State of Illinois

National Interstate Insurance Company (NIIC) is filing a Medical Malpractice-Ambulance Services rates and rules filing for use with its new Ambulance Services Insurance Program (ASIP) in your state. This portion of the ASIP program will use independent forms, rates and rules and some ISO rules and forms. The corresponding forms was submitted separately in SERFF as required.

The independent rates and rules are within this filing. All other related ISO rules that will be used with this program are those filed on behalf of NIIC by ISO as part of its ISO affiliation.

The Ambulance Services Insurance Program is designed to meet the insurance needs of Ambulance Services clients. ASIP will be used with "for profit" ambulance companies which tend to have somewhat different coverage needs. The ASIP Program is a multiline program providing coverage for Commercial Auto, General Liability, Professional Liability, Employment Related Practices Liability, Crime, Commercial Inland Marine, Commercial Property and Commercial Umbrella. Filings for the other lines of insurance are being submitted separately.

Enclosed for your review are the following:

- Professional Liability Manual Exception Pages

We ask that this filing become effective for all policies on **December 1, 2010**.

Should you need any additional information or have any questions, please do not hesitate to contact me.

Sincerely,



Rose Battles - Insurance Regulatory Consultants, LLC
(941) 926-0144 (phone); (212) 571-2502 (fax)
rosebattles@ircllc.com (e-mail)

FILED

MAY 01 2011

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

RECEIVED

LAH - FCS

SEP 24 2010

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD

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Jeh

Neuman, Gayle

From: Rose Battles [RoseBattles@IRCLLC.com]
Sent: Wednesday, June 22, 2011 11:20 AM
To: Neuman, Gayle
Subject: RE: National Interstate Ins Co - Rate/Rule Filing #NIIC-ASIP-PL-10

Ms. Neuman,

I have reviewed your request with our client. We would like to request a May 1, 2011 effective date.

Thank you.

From: Neuman, Gayle [mailto:Gayle.Neuman@illinois.gov]
Sent: Wednesday, June 22, 2011 11:29 AM
To: Rose Battles
Subject: National Interstate Ins Co - Rate/Rule Filing #NIIC-ASIP-PL-10

Ms. Battles,

The Department of Insurance completed its review of the filing referenced above on June 20, 2011. Originally, National Interstate requested the filing be effective December 1, 2010. Was the filing put into effect on December 1, 2010 or do you wish to have a different effective date?

Your prompt response is appreciated.

Gayle Neuman

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

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

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NATIONAL INTERSTATE

LETTER OF FILING AUTHORIZATION

This will certify that Insurance Regulatory Consultants, LLC (IRC) has been given full authorization to submit the captioned filing below on behalf of National Interstate Insurance Company (NIIC). This authorization extends to all correspondence regarding this filing.

Terri K. Johnson

Name

8/19/10

Date

Vice President

Title

National Interstate Insurance Company

Company

T. K. Johnson

Signature

330-659-8900

Telephone Number

RE: Ambulance Services Insurance Program (ASIP)



I, Terry Phillips, a duly authorized officer of National Interstate Insurance Company hereby certify that to the best of my knowledge and belief, that the data and related exhibits included in this filing are accurate and reliable. Further, the company's rates are based on sound actuarial principles and are not inconsistent with the company's experience.

Terry Phillips
Signature of Authorized Officer

TERRY E. PHILLIPS
Name of Authorized Officer (print)

SR. VICE PRESIDENT
Title of Authorized Officer

1/20/2011
Date

I, Daniel Gieske, a qualified actuary of Great American Insurance Company hereby certify that to the best of my knowledge and belief, that the data and related exhibits included in this filing are accurate and reliable. Further, the company's rates are based on sound actuarial principles and are not inconsistent with the company's experience.

Daniel J. Gieske, ACAS, MAAA
Signature of Actuary

Daniel J. Gieske
Name of Actuary (print)

Sr. Associate Actuary
Title of Actuary

1/20/2011
Date

NATIONAL INTERSTATE INSURANCE COMPANY

**AMBULANCE SERVICES INSURANCE PROGRAM
MEDICAL MALPRACTICE – AMBULANCE SERVICES**

ILLINOIS RATE and RULE PAGES

ADDITIONAL RULE - SCHEDULE RATING

A schedule rating modification may also be applied to the otherwise chargeable premium, subject to a maximum credit or debit of 40%, in accordance with the table below to recognize such special characteristics of the risk as are not fully reflected in the basic company premium or company rates.

Schedule Rating Modifications

Characteristic	Description	Range of Modifications	
		Credit	Debit
Employees	<ul style="list-style-type: none">• Selection methods• Training• Supervision• Experience• Basis of remuneration	0 to 20%	0 to 20%
Classification	<ul style="list-style-type: none">• Peculiarities of classification	0 to 10%	0 to 10%
Management	<ul style="list-style-type: none">• Incident reports and procedures• Experience• Training	0 to 15%	0 to 15%
Cooperation	<ul style="list-style-type: none">• Cooperation with insurance company• Revision of standard operating procedures and practices to conform with insurer recommendations	0 to 10%	0 to 10%
Equipment	<ul style="list-style-type: none">• Condition and care• Replacement policy• Maintenance procedures	0 to 5%	0 to 5%

Neuman, Gayle

From: Rose Battles [RoseBattles@IRCLLC.com]
Sent: Monday, February 14, 2011 12:27 PM
To: Neuman, Gayle
Subject: RE: National Interstate Insurance Company - filing #NIIC-ASIP-PL-10
Attachments: NIIC-ASIP-PL-RR-IL 02 11.pdf

Dear Ms. Neuman,

We are writing this email in response to your February 7, 2011 email concerning our filing.

As requested, we are providing the manual pages with a rule regarding the payment options. See attached file.

Thank you.

From: Neuman, Gayle [mailto:Gayle.Neuman@illinois.gov]
Sent: Monday, February 07, 2011 8:52 AM
To: Rose Battles
Subject: RE: National Interstate Insurance Company - filing #NIIC-ASIP-PL-10

Ms. Battles,

I apologize again. The information I was requesting was information that should be provided in the manual pages.

Gayle Neuman

Illinois Department of Insurance
(217)524-6497

From: Rose Battles [mailto:RoseBattles@IRCLLC.com]
Sent: Friday, February 04, 2011 12:11 PM
To: Neuman, Gayle
Subject: RE: National Interstate Insurance Company - filing #NIIC-ASIP-PL-10

Ms. Neuman,

Please review the attached letter being sent to you in response to your email below.

Please let me know if you need anything further to approve this filing.

Thank you.

From: Neuman, Gayle [mailto:Gayle.Neuman@illinois.gov]
Sent: Friday, February 04, 2011 11:22 AM
To: Rose Battles
Subject: RE: National Interstate Insurance Company - filing #NIIC-ASIP-PL-10

Ms. Battles,

Please provide additional information about the payment plans available such as:

1. Are they interest charges or installment fees? If so, what is the amount?
2. How is additional premium from changes to the policy added to the payment plan?

3. What is the amount of the initial premium downpayment (percentage) and the installments, and when are the installments due (i.e. in 3 months, 6 months, etc.)?

Your prompt attention is appreciated.

Gayle Neuman

Illinois Department of Insurance
(217)524-6497

IRC

filing on behalf of **NATIONAL INTERSTATE INSURANCE COMPANY**

February 4, 2011

Illinois Department of Insurance
320 West Washington Street
Springfield, IL 62767

Please be advised that Insurance Regulatory Consultants (IRC) has been appointed to submit this filing on behalf of **National Interstate Insurance Company**.

**Re: National Interstate Insurance Company; NAIC Number: 0084-32620, FEIN 341607395
Ambulance Services Insurance Program
Rates and Rules Filing
Company File Number: NIIC-ASIP-PL-10
State of Illinois**

Dear Ms. Neuman,

We are writing this letter in response to your February 4, 2011 email concerning our filing. Your questions and our responses are as follows:

1. Are there interest charges or installment fees? If so, what is the amount?

No interest charges

2. How is additional premium from changes to the policy added to the payment plan?

Divided evenly over remaining payments.

3. What is the amount of the initial premium downpayment (percentage) and the installments, and when are the installments due (i.e. in 3 months, 6 months, etc.)?

Annual - All due 20 days after initial billing (at policy issuance), Semi-annual - 50% due after initial billing and 50% due in 6 months, Quarterly - 25% due after initial billing and 25% due in 3, 6, and 9 months.

Should you need any additional information or have any questions, please do not hesitate to contact me.

Sincerely,



Rose Battles - Insurance Regulatory Consultants, LLC
(941) 926-0144 (phone); (212) 571-2502 (fax)
rosebattles@ircllc.com (e-mail)

Neuman, Gayle

From: Rose Battles [RoseBattles@IRCLLC.com]
Sent: Monday, February 07, 2011 7:52 AM
To: Neuman, Gayle
Subject: Rose Battles Out of Office week of 2/7 to 2/11

I will be away from 2/7 to 2/11 with no access to email. If you need to reach me during this time, please call or email John Battles at (941) 926-0144 or johnbattles@ircllc.com . Thank you!

Neuman, Gayle

From: Rose Battles [RoseBattles@IRCLLC.com]
Sent: Friday, January 28, 2011 12:46 PM
To: Neuman, Gayle
Subject: National Interstate Insurance Company - filing #NIIC-ASIP-PL-10
Attachments: IL RR NIIC-ASIP-PL-10 Reply 1-28-11.pdf; NIIC-ASIP-PL-RR-IL 01 11 Rev.pdf

Ms. Neuman,

Please review the attached files that are being sent to you in response to your email below.

Please let me know if you need anything further to approve this filing.

Thank you.

From: Neuman, Gayle [mailto:Gayle.Neuman@illinois.gov]
Sent: Wednesday, January 26, 2011 11:41 AM
To: Rose Battles
Subject: National Interstate Insurance Company - filing #NIIC-ASIP-PL-10

Ms. Battles,

In reply to your response dated January 25, 2011, please address the following questions/issues:

1. I have not heard of ISS before. Please also provide the full name of this entity.
2. In regard to the payment plan, term of the extended reporting period, and the schedule rating range, I apologize for the way my questions were written. I should have indicated that such information needs to be included in the manual pages.
3. Do the Illinois pages provided with your response replace the Countrywide Exception pages? As these are exception pages, are their pages to which these exception pages apply that should also be in the rate/rule manual?

I request receipt of your response by February 1, 2011.

Gayle Neuman

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

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

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IRC

filing on behalf of **NATIONAL INTERSTATE INSURANCE COMPANY**

January 28, 2011

Illinois Department of Insurance
320 West Washington Street
Springfield, IL 62767

Please be advised that Insurance Regulatory Consultants (IRC) has been appointed to submit this filing on behalf of **National Interstate Insurance Company**.

**Re: National Interstate Insurance Company; NAIC Number: 0084-32620, FEIN 341607395
Ambulance Services Insurance Program
Rates and Rules Filing
Company File Number: NIIC-ASIP-PL-10
State of Illinois**

Dear Ms. Neuman,

We are writing this letter in response to your January 26, 2011 email concerning our filing. Your questions and our responses are as follows:

1. I have not heard of ISS before. Please also provide the full name of this entity.

ISS is Independent Statistical Service.

2. In regard to the payment plan, term of the extended reporting period, and the schedule rating range, I apologize for the way my questions were written. I should have indicated that such information needs to be included in the manual pages.

Please review the attached revised pages.

3. Do the Illinois pages provided with your response replace the Countrywide Exception pages? As these are exception pages, are their pages to which these exception pages apply that should also be in the rate/rule manual?

These pages replace those previously filed and are specific to Illinois. We will not use any countrywide pages for IL. These are manual pages for this program this line and are not "exceptions" to any others, they are self-contained.

Should you need any additional information or have any questions, please do not hesitate to contact me.

Sincerely,



Rose Battles - Insurance Regulatory Consultants, LLC
(941) 926-0144 (phone); (212) 571-2502 (fax)
rosebattles@ircllc.com (e-mail)

IRC

filing on behalf of **NATIONAL INTERSTATE INSURANCE COMPANY**

January 25, 2011

Illinois Department of Insurance
320 West Washington Street
Springfield, IL 62767

Please be advised that Insurance Regulatory Consultants (IRC) has been appointed to submit this filing on behalf of **National Interstate Insurance Company**.

**Re: National Interstate Insurance Company; NAIC Number: 0084-32620, FEIN 341607395
Ambulance Services Insurance Program
Rates and Rules Filing
Company File Number: NIIC-ASIP-PL-10
State of Illinois**

Dear Ms. Neuman,

We are writing this letter in response to your January 12, 2011 email concerning our filing. Your questions and our responses are as follows:

1. 215 ILCS 5/155.18 states it shall be certified in this filing by an officer of the company and a qualified actuary that the company's rates are based on sound actuarial principles and are not inconsistent with the company's experience. This information is required in every rate/rule filing for medical malpractice.

The certification is attached.

2. 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?

ISS

3. Are there additional pages from ISO that are to be filed? ISO does not file any type of rate/rule page under any line of coverage in Illinois – only forms.

We have revised the rate and rule pages to include all items that need to be filed for this program. We also added two amendatory endorsements. Note that they have been listed under the mandatory endorsements rule of each coverage section. We are adding the two forms PL 2122 IL and PL 2123 IL to the corresponding forms filing in SERFF filing REGU-126822867.

4. Do you offer any type of payments plans or deductibles?

We don't offer deductibles. We do offer payment plans - annual, semi-annual or quarterly.

5. Do you charge a different amount based on where the insured is located?

No

6. Section 155.18(b)(4) of the Illinois Insurance Code allows insurers to modify classification rates to produce rates for individual risks in accordance with rating plans which establish standards for measuring variations in hazards or expense provisions, or both. Such standards may measure any difference among risks that have a probable effect upon losses or expenses. Such modifications of classifications of risks may be established based upon size, expense, management, individual experience, location or dispersion of hazard, or any other reasonable considerations and shall apply to all risks under the same or substantially the same circumstances or conditions. For individual risk rating, we require the manual include the standards by which you measure the variations in hazards or expense provisions in order to determine that a specific risk is so different in hazard/expense that it warrants individual rating. Such standards are required in the law, prior to individually rating any risk, to ensure that an insurer is not applying its rates in an unfairly discriminatory manner. Additionally, how many insureds are currently written under this provision?

We don't currently have any IL insured written under Rule 15. We have removed the Rule 15 from the exceptions pages. The revised rules are attached.

7. Please explain why/how the aggregate limit could be reinstated when exhausted.

The aggregate limit could be reinstated if exhausted but only at the request of the insured and approval by the company. If approved, the premium charged would typically be the annual premium charged for the initial coverage. If exposure has increased the premium could be adjusted, at the same rates, for the additional exposure.

8. Under the Ambulance Services section, does "up to 1 year retro" to "5 years retro" refer to claims-made? Under the Emergency Services section, does the annual premium reflect the occurrence rate? This information should be clarified on the manual pages.

Under the ASPL, the 1 year retro to 5 years retro does refer to the claims made. The ESL rates do not differ for claims made and occurrence because the claims made coverage provides full prior acts.

9. Is the supplemental extended reporting period for an unlimited period?

It is for 5 years for the ASPL and unlimited for the ESL.

10. Under Schedule Rating, does "up to 20%" actually mean "0 to 20%"?

Yes

Should you need any additional information or have any questions, please do not hesitate to contact me.

Sincerely,



Rose Battles - Insurance Regulatory Consultants, LLC
(941) 926-0144 (phone); (212) 571-2502 (fax)
rosebattles@ircllc.com (e-mail)

Neuman, Gayle

From: Rose Battles [RoseBattles@IRCLLC.com]
Sent: Tuesday, January 25, 2011 2:30 PM
To: Neuman, Gayle
Subject: RE: National Interstate Insurance Company - filing #NIIC-ASIP-PL-10
Attachments: IL RR NIIC-ASIP-PL-10 Reply 1-25-11.pdf; IL RR Cert.pdf; NIIC-ASIP-PL-RR-IL 01 11.pdf

Ms. Neuman,

Please review the attached files that are being sent to you in response to your email below.

Please let me know if you need anything further to approve this filing.

Thank you.

From: Neuman, Gayle [<mailto:Gayle.Neuman@illinois.gov>]
Sent: Wednesday, January 12, 2011 10:33 AM
To: Rose Battles
Subject: National Interstate Insurance Company - filing #NIIC-ASIP-PL-10

Ms. Battles,

The Department of Insurance is in receipt of the above referenced filing number submitted by letter dated September 20, 2010. The submission is not acceptable for filing in Illinois due to the following issue(s):

1. 215 ILCS 5/155.18 states it shall be certified in this filing by an officer of the company and a qualified actuary that the company's rates are based on sound actuarial principles and are not inconsistent with the company's experience. This information is required in every rate/rule filing for medical malpractice.
2. 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?
3. Are there additional pages from ISO that are to be filed? ISO does not file any type of rate/rule page under any line of coverage in Illinois – only forms.
4. Do you offer any type of payments plans or deductibles?
5. Do you charge a different amount based on where the insured is located?
6. Section 155.18(b)(4) of the Illinois Insurance Code allows insurers to modify classification rates to produce rates for individual risks in accordance with rating plans which establish standards for measuring variations in hazards or expense provisions, or both. Such standards may measure any difference among risks that have a probable effect upon losses or expenses. Such modifications of classifications of risks may be established based upon size, expense, management, individual experience, location or dispersion of hazard, or any other reasonable considerations and shall apply to all risks under the same or substantially the same circumstances or conditions. For individual risk rating, we require the manual include the standards by which you measure the variations in hazards or expense provisions in order to determine that a specific risk is so different in hazard/expense that it warrants individual rating. Such standards are required in the law, prior to individually rating any risk, to ensure that an insurer is not applying its rates in an unfairly discriminatory manner. Additionally, how many insureds are currently written under this provision?
7. Please explain why/how the aggregate limit could be reinstated when exhausted.
8. Under the Ambulance Services section, does “up to 1 year retro” to “5 years retro” refer to claims-made? Under the Emergency Services section, does the annual premium reflect the occurrence rate? This information should be clarified on the manual pages.

9. Is the supplemental extended reporting period for an unlimited period?

10. Under Schedule Rating, does "up to 20%" actually mean "0 to 20%"?

I request receipt of your response by January 26, 2011.

Gayle Neuman

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

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

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NATIONAL INTERSTATE INSURANCE COMPANY

**COMMERCIAL LINES MANUAL
DIVISION SEVEN – PROFESSIONAL LIABILITY
AMBULANCE SERVICES INSURANCE PROGRAM**

COUNTRYWIDE EXCEPTION PAGE

The otherwise applicable Division Seven – Professional Liability Rules also apply to the Ambulance Services Insurance Program except as modified by these Exception Pages.

SECTION I – GENERAL RULES

RULE 8. POLICY WRITING MINIMUM PREMIUM

The following paragraphs are amended as shown:

- B.1.** For prepaid policies, apply a \$750 minimum premium regardless of term.
- C.1.** For annual premium payment plan policies or continuous policies, apply a \$750 minimum for each annual period.

RULE 9. ADDITIONAL PREMIUM CHANGES

The following paragraph is amended as shown:

- B.1.** Waive additional premium of \$25 or less.

RULE 10. RETURN PREMIUM CHANGES

The following paragraph is amended as shown:

- B.1.** Waive any return premium of \$25 or less. However, any return premium requested by the insured must be granted.

RULE 15. SPECIAL RULE FOR INDIVIDUAL RISK SITUATIONS

The following Paragraph **A.1.f.** is added:

- f.** The risk develops \$50,000 or more annual manual basic premium in any combination with Commercial Automobile, Commercial Property, General Liability, Commercial Inland Marine, Crime, or Umbrella/Excess.

SECTION II – COVERAGE RULES

The following is added:

AMBULANCE SERVICES PROFESSIONAL LIABILITY COVERAGE

A. Description of Ambulance Services Professional Liability Coverage

1. The standard coverage form for Ambulance Services risks provides coverage on an occurrence basis. Coverage may also be provided on a claims made basis.
2. This coverage form provides coverage against claims for injuries arising out of acts or omissions in the providing of or failure to provide professional health care services.
3. Ambulance service risks eligible for this coverage are not-for-profit and for-profit businesses that provide ambulance transport, wheelchair transport, and para-transit services on both an emergency and non-emergency basis.
4. For details of coverage refer to:
 - a.** Ambulance Services Professional Liability Coverage Form PL 2010 and Ambulance Services Professional Liability Declarations DEC PL 2010; or
 - b.** Ambulance Services Professional Liability – Claims Made Coverage Form PL 2011 and Ambulance Services Professional Liability – Claims Made Declarations DEC PL 2011;
 - c.** Mandatory Interline Endorsements:
 - (1)** Broad Form Nuclear Exclusion Endorsement IL 00 21;
 - (2)** Common Policy Conditions Endorsement IL 00 17.
 - d.** Other applicable endorsements.

NATIONAL INTERSTATE INSURANCE COMPANY

**COMMERCIAL LINES MANUAL
DIVISION SEVEN – PROFESSIONAL LIABILITY
AMBULANCE SERVICES INSURANCE PROGRAM**

COUNTRYWIDE EXCEPTION PAGE

5. The Coverage Part is made up of:
- a. The Declarations;
 - b. Coverage Form;
 - c. Mandatory endorsements;
 - d. Other applicable endorsements.

B. Basic Limits

- 1. Company rates are shown at a \$100,000 limit for each Medical Incident, subject to a \$100,000 Annual Aggregate Limit.
- 2. The Aggregate Limit applies separately to each year of the policy or any applicable policy period less than 1 year (other than an extension of less than 1 year after the policy is issued).
- 3. The Aggregate Limit may be reinstated when exhausted. Refer to company.

C. Rating Procedure

- 1. Determine the annual number of transports provided by the insured for each type of call.
- 2. If claims made, determine the number of years the retro date precedes the effective date.
- 3. Apply the appropriate rate per 100 calls. The rate applies on a layered basis. For example, if the insured does 10,000 non-emergency medical calls, the occurrence rate would be 55.15 for the first 7,500 calls and 47.97 for the remainder.

Number of Transports per Year	Rates					Occurrence or Over 5-Years Retro
	up to 1 Year Retro	2 Years Retro	3 Years Retro	4 Years Retro	5 Years Retro	
Non-Emergency Medical						
0 to 7,500	19.29	33.09	41.34	49.64	52.37	55.15
7,501 to 50,000	16.77	28.76	35.97	43.06	45.58	47.97
Over 50,000	15.09	25.91	32.38	38.83	41.00	43.15
Emergency Medical						
0 to 7,500	37.45	64.18	80.24	96.28	101.63	106.98
7,501 to 50,000	32.55	55.81	69.77	83.72	88.37	93.03
Over 50,000	29.30	50.22	62.80	75.36	79.53	83.72
Non-Medical						
0 to 7,500	14.49	24.81	31.02	37.22	39.28	41.34
7,501 to 50,000	12.58	21.59	26.96	32.38	34.16	35.97
Over 50,000	11.33	19.41	24.30	29.13	30.75	32.38

D. Increased Limits

The premium determined in C. Rating Procedure is for basic limits. For a higher Per Incident Limit, refer to the increased limits factors in the following table. Compute increased limit liability factors not shown by interpolation.

Per Incident Limit	Increased Limits Factor
\$300,000	1.30
\$500,000	1.60
\$1,000,000	2.00

NATIONAL INTERSTATE INSURANCE COMPANY

**COMMERCIAL LINES MANUAL
DIVISION SEVEN – PROFESSIONAL LIABILITY
AMBULANCE SERVICES INSURANCE PROGRAM**

COUNTRYWIDE EXCEPTION PAGE

Apply the following Aggregate Limit Factors. Note: the Aggregate Limits may be eliminated only if at least \$1,000,000 Per Incident Limit is provided. When eliminated, insert the word "None" in the appropriate area of the Declarations.

Aggregate Limit ÷ Per Incident Limit	Aggregate Limits Factor
x2	1.000
x3	1.005
x4	1.010
x5	1.015
x6	1.020
x7	1.025
x8	1.030
x9	1.035
x10	1.040
no aggregate	1.050

E. Supplemental Extended Reporting Period

To calculate the additional premium charge for the Supplemental Extended Reporting Period, apply the appropriate factor as indicated below to the expiring annual premium for Ambulance Services Professional Liability - Claims Made Coverage. The premium for the Supplemental Extended Reporting Period is fully earned when the endorsement amending the policy to include the Supplemental Extended Reporting Period takes effect.

Number of months from the Retro Date to the Expiration Date	Factor
less than 24 months	1.00
less than 36 months	1.30
less than 48 months	1.50
less than 60 months	1.80
over 60 months	2.00

F. Optional Endorsements

1. Supplemental Extended Reporting Period Form PL 2101
This endorsement adds the Supplemental Extended Reporting Period. The premium charge for this endorsement is described in E. above
2. Medical Directors Form PL 2102
This endorsement adds Medical Directors as insureds but only with respect to their medical administrative duties. There is no premium charge for this endorsement.
3. Additional Insured Form PL 2105
This optional endorsement amends the Who Is An Insured provision to include a designated entity that has an insurable interest. There is no premium charge for this endorsement.
4. Non-Monetary Claims Coverage Form PL 2107
This endorsement provides up to \$2,500 for the reimbursement of defense costs arising from non-monetary claims. There is no premium charge for this endorsement

NATIONAL INTERSTATE INSURANCE COMPANY

**COMMERCIAL LINES MANUAL
DIVISION SEVEN – PROFESSIONAL LIABILITY
AMBULANCE SERVICES INSURANCE PROGRAM**

COUNTRYWIDE EXCEPTION PAGE

The following is added:

EMERGENCY SERVICE LIABILITY COVERAGE

A. Description of Emergency Service Liability Coverage

1. The standard coverage form for Emergency Services risks provides coverage on an occurrence basis. Coverage may also be provided on a claims-made basis.
2. This coverage form provides coverage against claims for acts, errors or omissions of the insured in the discharge of professional duties. The professional acts covered include board actions and employment decisions as well as any professional exposure, other than professional healthcare services, that are not specifically excluded.
3. Emergency service risks eligible for this coverage are not-for-profit businesses that provide ambulance transport, wheelchair transport, and para-transit services on both an emergency and non-emergency basis.
4. For details of coverage refer to:
 - a. Emergency Service Liability Coverage Form PL 2200 and Emergency Service Liability Declarations DEC PL 2200; or
 - b. Emergency Service Liability – Claims Made Coverage Form PL 2201 and Emergency Service Liability – Claims Made Declarations DEC PL 2201;
 - c. Mandatory Interline Endorsements:
 - (1) Broad Form Nuclear Exclusion Endorsement IL 00 21;
 - (2) Common Policy Conditions Endorsement IL 00 17.
 - d. Other applicable endorsements.
5. The Coverage Part is made up of:
 - a. The Declarations;
 - b. Coverage Form;
 - c. Mandatory endorsements;
 - d. Other applicable endorsements.

B. Basic Limits

1. Company rates are shown at a \$1,000,000 limit for each Wrongful Act, subject to a \$1,000,000 Annual Aggregate Limit.
2. The Aggregate Limit applies separately to each year of the policy or any applicable policy period less than 1 year (other than an extension of less than 1 year after the policy is issued).
3. The Aggregate Limit may be reinstated when exhausted. Refer to company.

C. Rating Procedure

1. Determine the population served by the insured on a first call basis.
2. Apply the appropriate premium from the table below. The premiums are the same for either coverage form.

Population Served	Annual Premium
2,500 or less	\$ 45.00
2,501 - 5,000	\$ 90.00
5,001 - 7,500	\$135.00
7,501 - 10,000	\$180.00
10,001 - 12,500	\$225.00
12,501 - 15,000	\$270.00
15,001 - 17,500	\$315.00
17,501 - 20,000	\$360.00
20,001 - 25,000	\$420.00
25,001 - 30,000	\$480.00
30,001 - 35,000	\$540.00
35,001 - 40,000	\$600.00

Population Served	Annual Premium
40,001 - 45,000	\$660.00
45,001 - 50,000	\$720.00
50,000 - 55,000	\$780.00
55,001 - 60,000	\$840.00
60,001 - 65,000	\$900.00
65,001 - 70,000	\$960.00
70,001 - 75,000	\$1020.00
75,001 - 80,000	\$1080.00
80,001 - 85,000	\$1140.00
85,001 - 90,000	\$1200.00
90,001 - 95,000	\$1260.00
95,001 and over	\$1320.00

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D. Increased Limits

The premium determined in **C. Rating Procedure** is for basic limits. For a lower Per Wrongful Act Limit, refer to the increased limits factors in the following table. Compute increased limit liability factors not shown by interpolation.

Per Incident Limit	Increased Limits Factor
\$300,000	0.65
\$500,000	0.80
\$1,000,000	1.00

Apply the following Aggregate Limit Factors. Note: the Aggregate Limits may be eliminated only if at least \$1,000,000 Per Wrongful Act Limit is provided. When eliminated, insert the word "None" in the appropriate area of the Declarations.

Aggregate Limit ÷ Per Incident Limit	Aggregate Limits Factor
x2	1.000
x3	1.005
x4	1.010
x5	1.015
x6	1.020
x7	1.025
x8	1.030
x9	1.035
x10	1.040
no aggregate	1.050

E. Supplemental Extended Reporting Period

To calculate the additional premium charge for the Supplemental Extended Reporting Period, apply the appropriate factor as indicated below to the expiring annual premium for Emergency Service Liability - Claims Made Coverage. The premium for the Supplemental Extended Reporting Period is fully earned when the endorsement amending the policy to include the Supplemental Extended Reporting Period takes effect.

Duration of Uninterrupted Coverage (with current carrier)	Factor
0-12 months	0.80
More than 12 months but less than 24 months	0.90
more than 24 months	1.00

F. Optional Endorsements

1. Supplemental Extended Reporting Period

Form PL 2202

This endorsement adds the Supplemental Extended Reporting Period. The premium charge for this endorsement is described in **E.** above

2. Aggregate Limits

Form PL 2204

This endorsement is optional at the request of the insured. This endorsement provides separate aggregate limits for each location and each named insured. Do not attach this endorsement if no Aggregate Limit is shown on the Declarations. There is no premium charge for this endorsement.

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3. Additional Insured Form PL 2205
 This optional endorsement amends the Who Is An Insured provision to include a designated entity that has an insurable interest. There is no premium charge for this endorsement.
4. Non-Monetary Claims Coverage Form PL 2207
 This endorsement is optional at the request of the insured. This endorsement provides up to \$25,000 for the reimbursement of defense costs arising from non-monetary claims. There is no premium charge for this endorsement.
5. Prior Acts Coverage Form PL 2208
 This endorsement is optional at the request of the insured. This endorsement permits the insured to change from claims-made Emergency Service Liability coverage to occurrence-form Emergency Service Liability coverage without purchasing a Supplemental Extended Reporting Period endorsement under the expiring claims-made Emergency Service Liability policy. This endorsement is subject to the following limitations:
- a. This endorsement may not be attached mid-term.
 - b. This endorsement may not be attached to a new or renewal policy utilizing claims-made form PL 2201.
 - c. This endorsement may not be attached to a renewal policy utilizing occurrence form PL 2200 if form PL 2200 was attached to the expiring policy.
- Refer to company for rating.

ADDITIONAL RULE - SCHEDULE RATING

A schedule rating modification may also be applied to the otherwise chargeable premium, subject to a maximum credit or debit of 40%, in accordance with the table below to recognize such special characteristics of the risk as are not fully reflected in the basic company premium or company rates.

Schedule Rating Modifications

Characteristic	Description	Range of Modifications	
		Credit	Debit
Employees	<ul style="list-style-type: none"> • Selection methods • Training • Supervision • Experience • Basis of remuneration 	Up to 20%	Up to 20%
Classification	<ul style="list-style-type: none"> • Peculiarities of classification 	Up to 10%	Up to 10%
Management	<ul style="list-style-type: none"> • Incident reports and procedures • Experience • Training 	Up to 15%	Up to 15%
Cooperation	<ul style="list-style-type: none"> • Cooperation with insurance company • Revision of standard operating procedures and practices to conform with insurer recommendations 	Up to 10%	Up to 10%
Equipment	<ul style="list-style-type: none"> • Condition and care • Replacement policy • Maintenance procedures 	Up to 5%	Up to 5%

SECTION I – GENERAL RULES**RULE 1. POLICY WRITING MINIMUM PREMIUM**

- A. Definition
Policywriting minimum premium is the lowest amount of premium for which a policy may be written and such amount is not subject to adjustment for any reason.
- B. Prepaid Policies
 - 1. For prepaid policies, apply a \$750 minimum premium regardless of term.
 - 2. Apply a minimum premium regardless of term.
- C. Annual Premium Payment Plan Policies Or Continuous Policies
 - 1. For annual premium payment plan policies or continuous policies, apply a \$750 minimum for each annual period.
 - 2. Apply a minimum premium for each annual period.

RULE 2. ADDITIONAL PREMIUM CHANGES

- A. Calculation Of Premium
 - 1. Prorate all changes requiring additional premium.
 - 2. Apply the rates and rules in effect on the effective date of the policy, or, if the change is made after an anniversary date of the policy, apply the rates and rules in effect on that anniversary date. The additional premium developed is in addition to any applicable policywriting minimum premium.
- B. Waiver Of Premium
 - 1. Additional premiums at or below a specified amount may be waived. Waive additional premium of \$25 or less.
 - 2. This waiver applies only to that portion of the premium due on the effective date of the policy change.

RULE 3. RETURN PREMIUM CHANGES

- A. Premium Computation
 - 1. Compute return premium at the rates used to calculate the policy premium.
 - 2. Compute return premium pro rata and round to the next higher whole dollar when any coverage or exposure is deleted or an amount of insurance is reduced. Retain the policywriting minimum premium.
- B. Waiver Of Premium
 - 1. Return premiums at or below a specified amount may be waived. Waive any return premium of \$25 or less.
 - 2. This waiver applies only to that portion of the return premium due on the effective date of the policy change.
 - 3. Any return premium due the insured must be granted if the insured requests it.

SECTION II – COVERAGE RULES

AMBULANCE SERVICES PROFESSIONAL LIABILITY COVERAGE

A. Description of Ambulance Services Professional Liability Coverage

1. The standard coverage form for Ambulance Services risks provides coverage on an occurrence basis. Coverage may also be provided on a claims made basis.
2. This coverage form provides coverage against claims for injuries arising out of acts or omissions in the providing of or failure to provide professional health care services.
3. Ambulance service risks eligible for this coverage are not-for-profit and for-profit businesses that provide ambulance transport, wheelchair transport, and para-transit services on both an emergency and non-emergency basis.
4. For details of coverage refer to:
 - a. Ambulance Services Professional Liability Coverage Form PL 2010 and Ambulance Services Professional Liability Declarations DEC PL 2010; or
 - b. Ambulance Services Professional Liability – Claims Made Coverage Form PL 2011 and Ambulance Services Professional Liability – Claims Made Declarations DEC PL 2011;
 - c. Mandatory Endorsements:
 - (1) Broad Form Nuclear Exclusion Endorsement IL 00 21;
 - (2) Common Policy Conditions Endorsement IL 00 17;
 - (3) Illinois Changes – Cancellation or Non-renewal PL2122;
 - (4) Illinois Changes – Defense Costs.
 - d. Other applicable endorsements.
5. The Coverage Part is made up of:
 - a. The Declarations;
 - b. Coverage Form;
 - c. Mandatory endorsements;
 - d. Other applicable endorsements.

B. Basic Limits

1. Company rates are shown at a \$100,000 limit for each Medical Incident, subject to a \$100,000 Annual Aggregate Limit.
2. The Aggregate Limit applies separately to each year of the policy or any applicable policy period less than 1 year (other than an extension of less than 1 year after the policy is issued).
3. The Aggregate Limit may be reinstated when exhausted. Refer to company.

C. Premium Payment

1. Premium payment plans are available. Premium may be paid on an annual, semi-annual, or quarterly basis.

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D. Rating Procedure

1. Determine the annual number of transports provided by the insured for each type of call.
2. If claims made, determine the number of years the retro date precedes the effective date.
3. Apply the appropriate rate per 100 calls. The rate applies on a layered basis. For example, if the insured does 10,000 non-emergency medical calls, the occurrence rate would be 55.15 for the first 7,500 calls and 47.97 for the remainder.

Number of Transports per Year	Rates					Occurrence or Over 5-Years Retro
	up to 1 Year Retro	2 Years Retro	3 Years Retro	4 Years Retro	5 Years Retro	
Non-Emergency Medical						
0 to 7,500	19.29	33.09	41.34	49.64	52.37	55.15
7,501 to 50,000	16.77	28.76	35.97	43.06	45.58	47.97
Over 50,000	15.09	25.91	32.38	38.83	41.00	43.15
Emergency Medical						
0 to 7,500	37.45	64.18	80.24	96.28	101.63	106.98
7,501 to 50,000	32.55	55.81	69.77	83.72	88.37	93.03
Over 50,000	29.30	50.22	62.80	75.36	79.53	83.72
Non-Medical						
0 to 7,500	14.49	24.81	31.02	37.22	39.28	41.34
7,501 to 50,000	12.58	21.59	26.96	32.38	34.16	35.97
Over 50,000	11.33	19.41	24.30	29.13	30.75	32.38

E. Increased Limits

The premium determined in C. Rating Procedure is for basic limits. For a higher Per Incident Limit, refer to the increased limits factors in the following table. Compute increased limit liability factors not shown by interpolation.

Per Incident Limit	Increased Limits Factor
\$300,000	1.30
\$500,000	1.60
\$1,000,000	2.00

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Apply the following Aggregate Limit Factors. Note: the Aggregate Limits may be eliminated only if at least \$1,000,000 Per Incident Limit is provided. When eliminated, insert the word "None" in the appropriate area of the Declarations.

Aggregate Limit ÷ Per Incident Limit	Aggregate Limits Factor
x2	1.000
x3	1.005
x4	1.010
x5	1.015
x6	1.020
x7	1.025
x8	1.030
x9	1.035
x10	1.040
no aggregate	1.050

F. Supplemental Extended Reporting Period

To calculate the additional premium charge for the Supplemental Extended Reporting Period, apply the appropriate factor as indicated below to the expiring annual premium for Ambulance Services Professional Liability - Claims Made Coverage. The premium for the Supplemental Extended Reporting Period is fully earned when the endorsement amending the policy to include the Supplemental Extended Reporting Period takes effect. The Supplemental Extended Reporting Period is of 5 years duration.

Number of months from the Retro Date to the Expiration Date	Factor
less than 24 months	1.00
less than 36 months	1.30
less than 48 months	1.50
less than 60 months	1.80
over 60 months	2.00

G. Optional Endorsements

1. Supplemental Extended Reporting Period Form PL 2101
 This endorsement adds the Supplemental Extended Reporting Period. The premium charge for this endorsement is described in E. above
2. Medical Directors Form PL 2102
 This endorsement adds Medical Directors as insureds but only with respect to their medical administrative duties. There is no premium charge for this endorsement.
3. Additional Insured Form PL 2105
 This optional endorsement amends the Who Is An Insured provision to include a designated entity that has an insurable interest. There is no premium charge for this endorsement.
4. Non-Monetary Claims Coverage Form PL 2107
 This endorsement provides up to \$2,500 for the reimbursement of defense costs arising from non-monetary claims. There is no premium charge for this endorsement

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The following is added:

EMERGENCY SERVICE LIABILITY COVERAGE

A. Description of Emergency Service Liability Coverage

1. The standard coverage form for Emergency Services risks provides coverage on an occurrence basis. Coverage may also be provided on a claims-made basis.
2. This coverage form provides coverage against claims for acts, errors or omissions of the insured in the discharge of professional duties. The professional acts covered include board actions and employment decisions as well as any professional exposure, other than professional healthcare services, that are not specifically excluded.
3. Emergency service risks eligible for this coverage are not-for-profit businesses that provide ambulance transport, wheelchair transport, and para-transit services on both an emergency and non-emergency basis.
4. For details of coverage refer to:
 - a. Emergency Service Liability Coverage Form PL 2200 and Emergency Service Liability Declarations DEC PL 2200; or
 - b. Emergency Service Liability – Claims Made Coverage Form PL 2201 and Emergency Service Liability – Claims Made Declarations DEC PL 2201;
 - c. Mandatory Endorsements:
 - (1) Broad Form Nuclear Exclusion Endorsement IL 00 21;
 - (2) Common Policy Conditions Endorsement IL 00 17;
 - (3) Illinois Changes – Cancellation or Non-renewal PL2122;
 - (4) Illinois Changes – Defense Costs.
 - d. Other applicable endorsements.
5. The Coverage Part is made up of:
 - a. The Declarations;
 - b. Coverage Form;
 - c. Mandatory endorsements;
 - d. Other applicable endorsements.

B. Basic Limits

1. Company rates are shown at a \$1,000,000 limit for each Wrongful Act, subject to a \$1,000,000 Annual Aggregate Limit.
2. The Aggregate Limit applies separately to each year of the policy or any applicable policy period less than 1 year (other than an extension of less than 1 year after the policy is issued).
3. The Aggregate Limit may be reinstated when exhausted. Refer to company.

C. Rating Procedure

1. Determine the population served by the insured on a first call basis.
2. Apply the appropriate premium from the table below. The premiums are the same for either coverage form.

Population Served	Annual Premium	Population Served	Annual Premium
2,500 or less	\$ 45.00	40,001 - 45,000	\$660.00
2,501 - 5,000	\$ 90.00	45,001 - 50,000	\$720.00
5,001 - 7,500	\$135.00	50,000 - 55,000	\$780.00
7,501 - 10,000	\$180.00	55,001 - 60,000	\$840.00
10,001 - 12,500	\$225.00	60,001 - 65,000	\$900.00
12,501 - 15,000	\$270.00	65,001 - 70,000	\$960.00
15,001 - 17,500	\$315.00	70,001 - 75,000	\$1020.00
17,501 - 20,000	\$360.00	75,001 - 80,000	\$1080.00
20,001 - 25,000	\$420.00	80,001 - 85,000	\$1140.00
25,001 - 30,000	\$480.00	85,001 - 90,000	\$1200.00
30,001 - 35,000	\$540.00	90,001 - 95,000	\$1260.00
35,001 - 40,000	\$600.00	95,001 and over	\$1320.00

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D. Increased Limits

The premium determined in C. Rating Procedure is for basic limits. For a lower Per Wrongful Act Limit, refer to the increased limits factors in the following table. Compute increased limit liability factors not shown by interpolation.

Per Incident Limit	Increased Limits Factor
\$300,000	0.65
\$500,000	0.80
\$1,000,000	1.00

Apply the following Aggregate Limit Factors. Note: the Aggregate Limits may be eliminated only if at least \$1,000,000 Per Wrongful Act Limit is provided. When eliminated, insert the word "None" in the appropriate area of the Declarations.

Aggregate Limit ÷ Per Incident Limit	Aggregate Limits Factor
x2	1.000
x3	1.005
x4	1.010
x5	1.015
x6	1.020
x7	1.025
x8	1.030
x9	1.035
x10	1.040
no aggregate	1.050

E. Supplemental Extended Reporting Period

To calculate the additional premium charge for the Supplemental Extended Reporting Period, apply the appropriate factor as indicated below to the expiring annual premium for Emergency Service Liability - Claims Made Coverage. The premium for the Supplemental Extended Reporting Period is fully earned when the endorsement amending the policy to include the Supplemental Extended Reporting Period takes effect. The Supplemental Extended Reporting Period is of unlimited duration.

Duration of Uninterrupted Coverage (with current carrier)	Factor
0-12 months	0.80
More than 12 months but less than 24 months	0.90
more than 24 months	1.00

F. Optional Endorsements

1. Supplemental Extended Reporting Period

Form PL 2202

This endorsement adds the Supplemental Extended Reporting Period. The premium charge for this endorsement is described in E. above

2. Aggregate Limits

Form PL 2204

This endorsement is optional at the request of the insured. This endorsement provides separate aggregate limits for each location and each named insured. Do not attach this endorsement if no Aggregate Limit is shown on the Declarations. There is no premium charge for this endorsement.

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3. Additional Insured Form PL 2205

This optional endorsement amends the Who Is An Insured provision to include a designated entity that has an insurable interest. There is no premium charge for this endorsement.

4. Non-Monetary Claims Coverage Form PL 2207

This endorsement is optional at the request of the insured. This endorsement provides up to \$25,000 for the reimbursement of defense costs arising from non-monetary claims. There is no premium charge for this endorsement.

5. Prior Acts Coverage Form PL 2208

This endorsement is optional at the request of the insured. This endorsement permits the insured to change from claims-made Emergency Service Liability coverage to occurrence-form Emergency Service Liability coverage without purchasing a Supplemental Extended Reporting Period endorsement under the expiring claims-made Emergency Service Liability policy. This endorsement is subject to the following limitations:

- a. This endorsement may not be attached mid-term.
- b. This endorsement may not be attached to a new or renewal policy utilizing claims-made form PL 2201.
- c. This endorsement may not be attached to a renewal policy utilizing occurrence form PL 2200 if form PL 2200 was attached to the expiring policy.

The premium charge for this endorsement shall be equal to the premium charge made for Emergency Service Liability Coverage form PL 2200.

ADDITIONAL RULE – PAYMENT OPTIONS

1. The following payment options are available:
 - a. Annual – entire premium due 20 days after initial billing (at policy issuance)
 - b. Semi-annual – 50% due after initial billing and 50% due in 6 months
 - c. Quarterly - 25% due after initial billing and 25% due in 3, 6, and 9 months
2. Additional premium changes to the policy will be divided over remaining installments (if any).
3. There are no interest charges for installments.

ADDITIONAL RULE - SCHEDULE RATING

A schedule rating modification may also be applied to the otherwise chargeable premium, subject to a maximum credit or debit of 25%, in accordance with the table below to recognize such special characteristics of the risk as are not fully reflected in the basic company premium or company rates.

Schedule Rating Modifications

Characteristic	Description	Range of Modifications	
		Credit	Debit
Employees	<ul style="list-style-type: none"> • Selection methods • Training • Supervision • Experience • Basis of remuneration 	0 to 5%	0 to 5%
Classification	<ul style="list-style-type: none"> • Peculiarities of classification 	0 to 5%	0 to 5%
Management	<ul style="list-style-type: none"> • Incident reports and procedures • Experience • Training 	0 to 5%	0 to 5%
Cooperation	<ul style="list-style-type: none"> • Cooperation with insurance company • Revision of standard operating procedures and practices to conform with insurer recommendations 	0 to 5%	0 to 5%
Equipment	<ul style="list-style-type: none"> • Condition and care • Replacement policy • Maintenance procedures 	0 to 5%	0 to 5%