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STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD

Myron Harry
Analyst
State Filings Division
212 458 7057 Telephone
212 458 7077 Facsimile

myron.harry@chartisinsurance.com

CHARTIS

FILED

AUG 23 2011

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

November 18, 2010

Honorable Michael T. McRaith
Director of insurance
Illinois Department of Financial & Professional Regulation
Division of Insurance
320 West Washington Street, 4th Floor
Springfield, Illinois 62767-0001
Attn: Mr. John Gatlin
Supervisor, Property and Casualty Compliance Unit

RE: **NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA.**
NAIC #012-19445 FEIN #25-0687550 ✓

RATE/RULE **Physician Assistant Professional Liability Plus Insurance Program**
Our Filing Number: **CHS-10-EO-22**

Dear Mr. Gatlin:

National Union Fire Insurance Company of Pittsburgh, Pa. submits for your review and approval its Physician Assistant Professional Liability Plus Insurance Program.

Please refer to the attached actuarial materials and manual rules for information about the rates and rules included in this submission.

The forms for this Program are being submitted separately under SERFF tracking number AGNY-126887848.

We wish to make this filing effective on or after December 31, 2010, the earliest date permitted by your Department.

Your favorable consideration and approval are respectfully requested.

Sincerely,

Myron Harry
Myron Harry

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JR

**NATIONAL UNION FIRE INSURANCE COMPANY OF
PITTSBURGH, PA**

PHYSICIAN ASSISTANT PROFESSIONAL LIABILITY PLUS INSURANCE PROGRAM

Filing Memorandum

National Union Fire Insurance Company of Pittsburgh, Pa. is proposing to offer Medical Malpractice coverage to Physician Assistants. The proposed mature base rate and class relativities are the same as those in use by The Medical Protective Company (MedPro). The proposed increased limit factors, claims made step factors, and extended reporting period factors are the same as those in use by MedPro.

The product includes coverage for: professional liability; premises liability; personal injury liability; defense costs for loss of earnings; defense costs for HIPAA violations; defense costs for administrative hearings; reimbursement for biomedical waste defense costs; assault upon the insured personal expenses reimbursement; first aid reimbursement; medical payments to others reimbursement; deposition fees and expenses reimbursement when not a named party to a claim; and accident and critical illness insurance.

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, Adam C. Reed, a duly authorized officer National Union Fire Insurance Company of Pittsburgh, Pa. 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, Mary Gaillard, a duly authorized actuary of National Union Fire Insurance Company of Pittsburgh, Pa., 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.


Adam Reed Assistant
Vice President

Signature and Title of Authorized Insurance Company Officer

Date 11/18/2010


Mary B. Gaillard, ACAS, MAAA

Signature, Title and Designation of Authorized Actuary

Vice President & Associate Actuary

11-03-10
Date

Insurance Company FEIN: 25-0687550

Filing Number: CHS-10-E0-22

Insurer's Address : 175 Water Street

City : New York State: New York Zip Code: 10038

Contact Person's: Myron Harry
-Name and E-mail myron.harry@chartisinsurance.com

-Direct Telephone and Fax Number: Telephone: (212) 458 7057

Fax: _____

Neuman, Gayle

From: Harry, Myron [Myron.Harry@chartisinsurance.com]
Sent: Thursday, August 25, 2011 9:47 AM
To: Neuman, Gayle
Subject: RE: National Union Fire Ins Co of Pittsburgh, PA - Rate/Rule Filing #CHS-10-EO-22

Ms. Newman,

This filing has not been in effect, we would like an August 23, 2011 effective date. Thank you.

Myron Harry

Analyst
Chartis
State Filings Division

(212) 458-7057 Telephone
(212) 458-7077 Facsimile
<mailto:myron.harry@chartisinsurance.com>

Chartis U.S.
175 Water Street, 17th Floor
New York, NY 10038

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From: Neuman, Gayle [<mailto:Gayle.Neuman@illinois.gov>]
Sent: Thursday, August 25, 2011 10:32 AM
To: Harry, Myron
Subject: FW: National Union Fire Ins Co of Pittsburgh, PA - Rate/Rule Filing #CHS-10-EO-22

Please provide a response at your earliest convenience.

Gayle Neuman

Illinois Department of Insurance
(217)524-6497

From: Neuman, Gayle
Sent: Tuesday, August 23, 2011 8:19 AM
To: 'Harry, Myron'
Subject: National Union Fire Ins Co of Pittsburgh, PA - Rate/Rule Filing #CHS-10-EO-22

Ms. Harry,

The Department of Insurance has now completed its review of the filing referenced above. Originally, National Union Fire requested the filing be effective December 31, 2010. Was the filing put in effect on December 31, 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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Mamoottile, Neetha

From: DOI.MedMal
Sent: Friday, May 20, 2011 11:21 AM
To: 'Harry, Myron'
Subject: RE: ILDOI - National Union Fire Ins Co. of Pittsburgh, PA - Rate Filing #CHS-10-EO-22

Ms. Harry,

We received Mr. Reed's biographical affidavit and we have no further concerns on the certification form.

Thank You,
Neetha Mamoottile

From: Harry, Myron [mailto:Myron.Harry@chartisinsurance.com]
Sent: Tuesday, May 17, 2011 11:40 AM
To: DOI.MedMal
Subject: RE: ILDOI - National Union Fire Ins Co. of Pittsburgh, PA - Rate Filing #CHS-10-EO-22

Neetha,

Please be advised that Mr. Reed updated biographical affidavit will be forwarded to Ms. Amy Trader later today.

Myron Harry
Analyst
Chartis
State Filings Division

(212) 458-7057 Telephone
(212) 458-7077 Facsimile
<mailto:myron.harry@chartisinsurance.com>

Chartis U.S.
175 Water Street, 17th Floor
New York, NY 10038

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From: DOI.MedMal [mailto:DOI.MedMal@Illinois.gov]
Sent: Tuesday, May 17, 2011 10:24 AM
To: Harry, Myron
Subject: RE: ILDOI - National Union Fire Ins Co. of Pittsburgh, PA - Rate Filing #CHS-10-EO-22

Ms. Harry,

After an extensive search of our records, we have yet to find the biographical affidavit for Mr. Reed. Can you give us some guidance on which company you sent his biographical affidavit for; that will help narrow down our search. If you are not able to narrow that down from your end, please submit a copy of his biographical affidavit to the address listed below.

Ms. Amy Trader
Illinois Department of Insurance
320 W. Washington St,
Springfield, IL 62767

Thank You,
Neetha Mamoottile

From: Harry, Myron [mailto:Myron.Harry@chartisinsurance.com]
Sent: Monday, May 16, 2011 9:26 AM
To: DOI.MedMal
Subject: RE: ILDOI - National Union Fire Ins Co. of Pittsburgh, PA - Rate Filing #CHS-10-EO-22

Neetha Mamoottile,

I apologize for the delay in getting back to you regarding your requested information. Attached please find documentation evidencing Adam Reed's status as an Officer of Chartis U.S. companies including National Union Fire Insurance Company of Pittsburgh, Pa. (NUFIC).

Myron Harry
Analyst
Chartis
State Filings Division

(212) 458-7057 Telephone
(212) 458-7077 Facsimile
<mailto:myron.harry@chartisinsurance.com>

Chartis U.S.
175 Water Street, 17th Floor
New York, NY 10038

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From: DOI.MedMal [mailto:DOI.MedMal@Illinois.gov]
Sent: Thursday, May 12, 2011 4:26 PM
To: Harry, Myron
Subject: FW: ILDOI - National Union Fire Ins Co. of Pittsburgh, PA - Rate Filing #CHS-10-EO-22

Ms. Harry,

Did you receive my previous email? I do want to remind you that we cannot process your request for an extension until we have a response.

Sincerely,
Neetha Mamoottile

From: DOI.MedMal
Sent: Tuesday, May 10, 2011 11:04 AM

To: 'myron.harry@chartisinsurance.com'

Subject: RE: ILDOI - National Union Fire Ins Co. of Pittsburgh, PA - Rate Filing #CHS-10-EO-22

Ms. Harry,

Please provide an explanation as to why the company needs an extraordinary amount of time to respond to the Department's requests.

Thanks,
Neetha Mamoottile

From: Harry, Myron [mailto:Myron.Harry@chartisinsurance.com]

Sent: Monday, May 09, 2011 3:59 PM

To: DOI.MedMal

Subject: RE: ILDOI - National Union Fire Ins Co. of Pittsburgh, PA - Rate Filing #CHS-10-EO-22

Neetha Mamoottile,

We acknowledge receipt of your email dated April 29, 2011. Unfortunately, we would like an extension to May 20, 2011 in order to prepare our response to your comment. Thank you.

Myron Harry

Analyst
Chartis
State Filings Division

(212) 458-7057 Telephone
(212) 458-7077 Facsimile
<mailto:myron.harry@chartisinsurance.com>

Chartis U.S.
175 Water Street, 17th Floor
New York, NY 10038

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From: DOI.MedMal [mailto:DOI.MedMal@Illinois.gov]

Sent: Friday, April 29, 2011 9:58 AM

To: Harry, Myron

Subject: ILDOI - National Union Fire Ins Co. of Pittsburgh, PA - Rate Filing #CHS-10-EO-22

Ms. Harry,

Please refer to the attached document regarding the incomplete certification for National Union Fire Insurance Co. of Pittsburgh, PA. We expect a response no later than May 9, 2011.

If you have any questions, you can email me at DOI.MedMal@illinois.gov or call at 217-557-1397.

Sincerely,

Neetha M. Mamottile
Actuarial Analyst
Illinois Department of Insurance
DOI.MedMal@illinois.gov
217-557-1397



Illinois Department of Insurance

PAT QUINN
Governor

MICHAEL T. McRAITH
Director

April 29, 2011

Myron Harry
Chartis U.S.
175 Water Street, 17th Floor
New York, NY 10038
[Delivered via email to myron.harry@chartisinsurance.com]

Subject: ILDOI – National Union Fire Insurance Company of Pittsburgh, PA – Rate Filing #CHS-10-EO-22

Ms. Harry,

Mr. Adam C. Reed signed the certification accompanying the subject filing as officer of National Union Fire Insurance Company of Pittsburgh, PA. However, we have no evidence that Mr. Reed is an authorized officer for National Union Fire Insurance Company of Pittsburgh, PA. Also upon search of our records, no biographical affidavit has been filed with the Department of Insurance for Mr. Reed.

According to Section 155.18(c)(3) of Illinois Insurance Code (215 ILCS 5/155.18(c)(3)), medical malpractice rate filings "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."

In addition, pursuant to Section 155.04(2) of the Illinois Insurance Code (215 ILCS 5/155.04(2)), all companies licensed to transact insurance business in Illinois must notify the Director within 30 days of the appointment or election of any new officers or directors. Section 915.40 of the Illinois Administrative Code (50 Ill. Adm. Code 915.40) further stipulates biographical affidavits of newly elected or appointed officers must be filed within 30 days after the person's election or appointment.

Please submit an amended certification form certified by an authorized officer with proper biographical affidavit documentation.

The subject filing is considered incomplete until the above requirements are met. We expect to receive a response no later than May 9, 2011.

Sincerely,

Neetha M. Mamoottille
Illinois Department of Insurance
Casualty Actuarial Section
217-557-1397

Neuman, Gayle

From: Harry, Myron [Myron.Harry@chartisinsurance.com]
Sent: Thursday, April 21, 2011 9:18 AM
To: Neuman, Gayle
Subject: RE: National Union Fire Insurance Co of Pittsburgh, PA - Filing #CHS-10-EO-22
Attachments: Cover Letter - Response Rate-Rules.pdf; IL Manual Rules (4-11).pdf; IL Rate Page (Ed. 4-2011).pdf; 108629 (4-11) IL Amendatory Endorsement - CM.pdf

Ms. Neuman,

In response to your comment email dated April 12, 2011, please refer to attachments.

Myron Harry

Analyst
Chartis
State Filings Division

(212) 458-7057 Telephone
(212) 458-7077 Facsimile
<mailto:myron.harry@chartisinsurance.com>

Chartis U.S.
175 Water Street, 17th Floor
New York, NY 10038

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From: Neuman, Gayle [<mailto:Gayle.Neuman@illinois.gov>]
Sent: Tuesday, April 12, 2011 3:38 PM
To: Harry, Myron
Subject: National Union Fire Insurance Co of Pittsburgh, PA - Filing #CHS-10-EO-22

Ms. Harry,

I am in receipt of the above referenced filing submitted with your cover letter dated November 18, 2010. Please provide a response to the following questions/issues:

1. Please indicate if your company has a plan for the gathering of statistics or the reporting of statistics to statistical agencies? If yes, what stat agency is being used?
2. Please define the classes listed in the manual. Additionally, are there any deductible factors?
3. Please provide the territory factors and base rates.
4. Please explain how the schedule rating – number/type of patient exposures varies from the territory factors?

5. Under extension contract rating, it references rating factors not listed on the rate page. Please provide the factors in the manual.
6. Please explain the extension contract rating as I could not find an endorsement in the corresponding SERFF filing.
7. The extended reporting period (tail) coverage premium must be priced as a factor of one of the following: (1) the last twelve months premium; (2) the premium in effect at policy issuance; or (3) the expiring annual premium. The manual must list the factor to be used to figure the premium. The manual should additionally indicate if the extended reporting period is for a year or unlimited. The extended reporting period must be offered when the policy is cancelled or nonrenewed for any reason including nonpayment of premium, and whether the policy is cancelled by the company or at the insured's request, pursuant to Company Bulletin CB88-50. Additionally, wording on the Moonlighting Rating Rule should be corrected.
8. In regard to the deferred premium payment plan rule, please indicate if any fees or interest is charged and if so, what amount. Additionally indicate if payment will be allowed for instance, monthly or quarterly, etc.
9. How does the risk management credit rule vary from the schedule rating plan rule?

I request receipt of your response by April 22, 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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Myron Harry
Analyst
State Filings Division
212 458 7057 Telephone
212 458 7077 Facsimile

myron.harry@chartisinsurance.com

April 21, 2011



Honorable Michael T. McRaith
Director of insurance
Illinois Department of Financial & Professional Regulation
Division of Insurance
320 West Washington Street, 4th Floor
Springfield, Illinois 62767-0001
Attn: Ms. Gayle Neuman

**RE: NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA.
NAIC #012-19445 FEIN #25-0687550**

**Physician Assistant Professional Liability Plus Insurance Program
Our Filing Number: CHS-10-EO-22**

Dear Ms. Newman:

In response to your comment email dated April 12, 2011, we offer the following:

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

Yes, our statistical agency is Insurance Services Offices (ISO).

- 2. Please define the classes listed in the manual. Additionally, are there any deductible factors?**

Please refer to the revised Illinois Rating Rules (4/2011) where the PROFESSIONAL SERVICES CASS CODES (A,B,C,D) are described. Additionally, please be advised there are no deductibles being offered for this program.

- 3. Please provide the territory factors and base rates.**

Please refer to the revised Illinois Rate Page (4/2011) with the base rates for each class defined by "Cook County" v. "Remainder of State." The increased territory factor for Cook County is 1.20025%.

- 4. Please explain how the schedule rating – number/type of patient exposures varies from the territory factors?**

Please be advised the increased territory factor and the scheduled rating for number/type of patient exposures are exclusive. There is no overlap of the territory

Page 3

April 21, 2011

Ms. Gayle Neuman

Illinois Department of Financial & Professional Regulation

company or at the insured's request, pursuant to Company Bulletin CB88-50. Additionally, wording on the Moonlighting Rating Rule should be corrected.

Please refer to the revised **Illinois Rating Rules (4/2011)** where we have added the Extended Reporting Period Factors. They are calculated as a % of the Mature Claims-Made Premium. We use a 1.75% factor for an unlimited ERP.

Pursuant to Company Bulletin CB88-50 the ERP language in the policy was modified via endorsement to include an automatic ERP and offer for an optional purchased ERP when the policy is cancelled or non-renewed for any reason including nonpayment of premium, and whether the policy is cancelled by the company or at the insured's request. Please refer to **Illinois Amendatory Endorsement - Claims Made 108629 (4/11)**.

Please note: per telephone conversation with Ms. Neuman (IL DOI), this Illinois Amendatory Endorsement, Form No. 108629 (4/11) is being added to our forms filing – SERFF Tracking Number AGNY-126887848.

The Moonlighting Rating Rule was revised – see **Illinois Rating Rules (4/2011)**.

8. **In regard to the deferred premium payment plan rule, please indicate if any fees or interest is charged and if so, what amount. Additionally indicate if payment will be allowed for instance, monthly or quarterly, etc.**

The deferred premium payment plan rule has been revised within the **Illinois Rating Rules (4/2011)**. The finance charge is the lesser of \$25 per installment or 1% of the total premium. Installments can be made three times over the course of the year in intervals of less than two months if the premium is \$80,000 or less. If the premium is greater than \$80,000 we offer the insured the ability to make payment in five installments in intervals of less than two months over the course of the year. No fees will apply.

9. **How does the risk management credit rule vary from the schedule rating plan rule?**

The scheduled rating rule for "ADDITIONAL ACTIVITIES (OR LACK OF) UNDERTAKEN WITH THE SPECIFIC INTENTION OF REDUCING THE FREQUENCY OR SEVERITY OF CLAIMS" is used for example, when a Physician Assistant practice implements an electronic medical record, electronic order entry system, electronic incident reporting system, as a practice improvement. The

Page 2

April 21, 2011

Ms. Gayle Neuman

Illinois Department of Financial & Professional Regulation

factor and a credit/debit application for the number/type of patient exposures. The increased territory factor for Cook County reflects the increased jurisdictional exposure for claims trends. For example, Cook County plaintiffs bring 65% of Illinois' lawsuits while serving as home to just 41% of the population of Illinois.

The scheduled rating for number/type of patient exposures operates based on analysis of the individual application submitted. The underwriter will objectively determine the greater or lesser exposure of the patients themselves due to demographic factors. For example, we may have a Physician Assistant with a greater % of patients with a chronic disease like diabetes or end stage renal disease that are prone to a higher rate of complications and co-morbid conditions. This has not been incorporated in the base rate for either "Cook County" or the "Remainder of the State." A debit may be applied in this hypothetical scenario irrespective of which county the Physician Assistant practices.

5. **Under extension contract rating, it references rating factors not listed on the rate page. Please provide the factors in the manual.**

Please refer to the revised **Illinois Rating Rules (4/2011)** where the Extended Reporting Period (ERP) Rating Factors are listed. We have revised the language to reflect Extended Reporting Period (ERP) throughout the Rating Rules and the Rate Page.

6. **Please explain the extension contract rating as I could not find an endorsement in the corresponding SERFF filing.**

The extension contract rating is the Extended Reporting Period. We have revised the language to reflect Extended Reporting Period throughout the Rating Rules and the Rate Page. Please refer to policy form 107040 (10/10) and Extended Reporting Period Coverage endorsement 106744 (8/10).

7. **The extended reporting period (tail) coverage premium must be priced as a factor of one of the following: (1) the last twelve months premium; (2) the premium in effect at policy issuance; or (3) the expiring annual premium. The manual must list the factor to be used to figure the premium. The manual should additionally indicate if the extended reporting period is for a year or unlimited. The extended reporting period must be offered when the policy is cancelled or non-renewed for any reason including nonpayment of premium, and whether the policy is cancelled by the**

Page 4
April 21, 2011
Ms. Gayle Neuman
Illinois Department of Financial & Professional Regulation

exclusive risk management credit is designed for the Physician Assistant who attends a Risk Management and/or Patient Safety Course.

Please let us know if we can be of any further assistance.

Sincerely,

Myron Harry

Myron Harry

ENDORSEMENT NO.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

This endorsement, effective 12:01AM: forms a part of

Policy no.:

Issued to:

By:

**ILLINOIS AMENDATORY ENDORSEMENT
CLAIMS MADE**

This endorsement modifies insurance provided under the following:

PHYSICIAN ASSISTANT PROFESSIONAL LIABILITY PLUS CLAIMS MADE POLICY

I. Paragraph T. Automatic Extended Reporting Period of Section VI. CONDITIONS is deleted in its entirety and replaced with the following:

T. Automatic Extended Reporting Period

1. If **you** or **we** cancel or non renew this policy for any reason, and if the Optional Extended Reporting Period Endorsement is not purchased, then **we** will provide an Automatic Extended Reporting Period of sixty (60) days, starting with the end of the **policy period**, during which **claims** arising out of **medical incidents, or occurrences** which take place on or after the retroactive date stated in the Declarations but before the end of the **policy period** may be first made. This Automatic Extended Reporting Period also applies to the coverages in Paragraphs C. through H. of Section III. **DEFENSE COSTS AND OTHER EXPENSES** as expressed therein.
2. The Automatic Extended Reporting Period does not extend the **policy period** or change the scope of coverage provided. Any **claim** first made during the Automatic Extended Reporting Period shall be deemed to have been made on the last day of the **policy period**.
3. The Automatic Extended Reporting Period, however, will not apply to **claims** if other insurance purchased by **you** covers them or would have covered them had the limits of liability of such policy not been exhausted.
4. The Aggregate Limits of Liability applicable to this policy shall not be increased or reinstated for the Automatic Extended Reporting Period.
5. **Our** offer of terms, conditions or premium different from the expiring policy shall not be considered a refusal or failure to renew this insurance.

II. Paragraph U. Optional Extended Reporting Period of Section VI. CONDITIONS is deleted in its entirety and replaced with the following:

U. Optional Extended Reporting Period

1. If **you** or **we** cancel or do not renew this insurance, **you** shall have the option to purchase an Optional Extended Reporting Period Endorsement, beginning with the end of the **policy period**. The additional premium for and the term of the Optional Extended Reporting Period Endorsement shall be as stated in Item 3.(b) of the Declarations.
2. The Optional Extended Reporting Period Endorsement applies to **claims** first made against **you** during the Optional Extended Reporting Period and arising from **medical incidents**, or **occurrences** which take place on or after the retroactive date stated in the Declarations and before the end of the **policy period**. The Optional Extended Reporting Period Endorsement also applies to the coverages in Paragraphs C. through H. of Section III. **DEFENSE COSTS AND OTHER EXPENSES** as expressed therein. The Aggregate Limits of Liability applicable to this policy shall not be increased or reinstated for **claims** under this Endorsement. **Claims** first made during the Optional Extended Reporting Period Endorsement shall be deemed to have been made on the last day of the **policy period**.
3. To obtain an Optional Extended Reporting Period Endorsement **you** must request it in writing within sixty (60) days after the **policy period** ends and pay the premium due. If **you** do so, the premium shall be fully earned and the Optional Extended Reporting Period Endorsement can not be canceled. If **we** do not receive the written request and payment within sixty (60) days after the **policy period** ends, **you** may not exercise this option at a later date.
4. The insurance provided under the Optional Extended Reporting Period Endorsement is excess over any other valid and collectible insurance that begins or continues in effect after the Optional Extended Reporting Period Endorsement becomes effective, whether the other insurance applies on a primary, excess, contingent, or any other basis.
5. **Our** offer of terms, conditions or premium different from the expiring policy shall not be considered a refusal or failure to renew this insurance.
6. An Optional Extended Reporting Period Endorsement for **you** is applicable in the event of death, disability, or retirement with the following terms and conditions:
 - a. An Optional Extended Reporting Period Endorsement will be issued to **you** or to **your** estate at no charge if **you** die or become permanently disabled during the **policy period**. The first Named Insured or **your** estate must, within sixty (60) days after the end of this **policy period**, write to tell **us** the coverage is desired. **We** also require:
 - (1) Written proof of **your** death; or
 - (2) Written proof of **your** permanent disability, including the date it happened, certified by your attending physician. **You** must agree to submit to medical examination(s) by any physician(s) **we** designate if requested.
 - b. **We** shall offer **you** an Optional Extended Reporting Period Endorsement for no charge using the standard underwriting practices in accordance with state requirements if:

- (1) **you** have been insured by **us** consecutively for at least five (5) years at the time of **your** request; and
 - (2) **you** retire during the “policy period.”
- c. The Limits under this Policy at the time of termination, death, disability or retirement will be the Limits applying to the Optional Extended Reporting Period.

All other terms and conditions of the Policy remain the same.

Authorized Representative

no filing available from MedPro

NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA.
THE PHYSICIAN ASSISTANT PROFESSIONAL LAIBILITY PLUS INSURANCE PROGRAM
ILLINOIS

I. Base rate for \$100,000/\$300,000 Occurrence Coverage	
Class A (Area 1: Cook County)	\$2,613
Class A (Area 2: Remainder of State)	\$2,177
Class B (Area 1: Cook County)	\$3,266
Class B (Area 2: Remainder of State)	\$2,721
Class C (Area 1: Cook County)	\$3,920
Class C (Area 2: Remainder of State)	\$3,266

Base rate for \$1,000,000/\$6,000,000 Occurrence Coverage	
Class D Student (Area 1: Cook County)	\$180
Class D Student (Area 2: Remainder of State)	\$180

II. Increased Limit Factors	
\$100,000/\$300,000	1.000
\$200,000/\$600,000	1.350
\$250,000/\$750,000	1.450
\$500,000/\$1,000,000	1.705
\$1,000,000/\$6,000,000	2.100

III. Claims-made Conversion Factors (% of occurrence premium)	
<u>Years Since Retroactive Date:</u>	
Less Than 1 Year	0.365
1 Year	0.692
2 Years	0.891
Mature	0.909

IV. Extended Reporting Claims Endorsement	
<u>% of mature Claims-Made Premium:</u>	
Less Than 1 Year	0.730
1 Year	1.160
2 Years	1.400
Mature	1.750

WITHDRAWN

APR 21 2011

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

**NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA.
THE PHYSICIAN ASSISTANT PROFESSIONAL LIABILITY PLUS INSURANCE PROGRAM
MANUAL RULES**

**PHYSICIANS ASSISTANTS
OCCURRENCE PROGRAM
AGGREGATE CREDIT RULE**

THE APPLICATION OF ALL APPROVED CREDITS CONTAINED IN THIS RATING MANUAL SHALL NOT EXCEED 50% FOR ANY ONE INSURED.

THIS RULE DOES NOT APPLY TO PART TIME PRACTICE, LEAVE OF ABSENCE OR MILITARY LEAVE OF ABSENCE CREDITS.

WITHDRAWN

APR 21 2011

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

**NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA.
THE PHYSICIAN ASSISTANT PROFESSIONAL LIABILITY PLUS INSURANCE PROGRAM
MANUAL RULES**

PHYSICIANS ASSISTANTS

OCCURRENCE PROGRAM

LEAVE OF ABSENCE CREDIT RULE

A HEALTHCARE PROVIDER 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 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 INSURED'S ELIGIBLE FOR THE LEAVE OF ABSENCE CREDIT.

WITHDRAWN

APR 21 2011

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

**NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA.
THE PHYSICIAN ASSISTANT PROFESSIONAL LIABILITY PLUS INSURANCE PROGRAM
MANUAL RULES**

PHYSICIANS ASSISTANTS

OCCURRENCE PROGRAM

MILITARY LEAVE OF ABSENCE CREDIT RULE

A HEALTHCARE PROVIDER 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.

WITHDRAWN

APR 21 2011

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

**NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA.
THE PHYSICIAN ASSISTANT PROFESSIONAL LIABILITY PLUS INSURANCE PROGRAM
MANUAL RULES**

PHYSICIANS ASSISTANTS

OCCURRENCE PROGRAM

MINIMUM PREMIUM RATING RULE

ALL POLICIES ARE SUBJECT TO A MINIMUM PREMIUM OF \$50. THE MINIMUM PREMIUM WILL BE RETAINED WHEN THE INSURED REQUESTS CANCELLATION UNLESS THE POLICY IS CANCELLED AS OF THE INCEPTION DATE.

WITHDRAWN

APR 21 2011

**NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA.
THE PHYSICIAN ASSISTANT PROFESSIONAL LIABILITY PLUS INSURANCE PROGRAM
MANUAL RULES**

**PHYSICIAN ASSISTANT
OCCURRENCE PROGRAM
PART TIME PRACTICE RULE**

ANY INSURED WHO PRACTICES AN AVERAGE 24 HOURS OR LESS IN A WEEK OR LESS THAN AN AGGREGATE OF 1,250 HOURS DURING THE TERM OF AN ANNUAL POLICY WILL BE CONSIDERED A PART TIME PRACTITIONER AND WILL BE ELIGIBLE FOR A REDUCTION IN THE OTHERWISE APPLICABLE RATE BASED ON THE FOLLOWING SCHEDULE:

AVERAGE NUMBER OF HOURS PRACTICED PER WEEK	0-24
MAX. AGGREGATE HOURS PER YEAR	1,250
CREDIT	35%

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

WITHDRAWN

APR 21 2011

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

**NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA.
THE PHYSICIAN ASSISTANT PROFESSIONAL LIABILITY PLUS INSURANCE PROGRAM
MANUAL RULES**

PHYSICIAN ASSISTANTS

OCCURRENCE PROGRAM

SCHEDULE RATING PLAN

ALL HEALTHCARE PROFESSIONALS, WHETHER PART OF A GROUP OR NOT, WILL BE ELIGIBLE FOR SCHEDULE RATING.

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

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

1. **HISTORICAL LOSS EXPERIENCE (+/- 15%):**
THE FREQUENCY OR SEVERITY OF CLAIMS FOR THE INSURED(S) IS GREATER/LESS THAN THE EXPECTED EXPERIENCE FOR AN INSURED(S) OF THE SAME CLASSIFICATION/SIZE OR RECOGNITION OF UNUSUAL CIRCUMSTANCES OF CLAIMS IN THE LOSS EXPERIENCE.

2. **CUMULATIVE YEARS OF PATIENT EXPERIENCE (+/-10%):**
THE INSURED(S) DEMONSTRATES A GREATER/LESS THAN STABLE LONGSTANDING PRACTICE AND/OR SIGNIFICANT DEGREE OF EXPERIENCE IN THEIR CURRENT AREA OF MEDICINE.

3. **CLASSIFICATION ANOMALIES (+/-10%):**
CHARACTERISTICS OF A PARTICULAR INSURED THAT DIFFERENTIATE THE INSURED TO BE GREATER/LESS THAN FROM OTHER MEMBERS OF THE SAME CLASS, OR RECOGNITION OF RECENT DEVELOPMENTS WITHIN A CLASSIFICATION OR JURISDICTION THAT ARE ANTICIPATED TO IMPACT FUTURE LOSS EXPERIENCE.

4. **CLAIM ANOMALIES (+/-10%):**
ECONOMIC, SOCIETAL OR JURISDICTIONAL CHANGES OR TRENDS THAT WILL POSITIVELY OR NEGATIVELY INFLUENCE THE FREQUENCY OR SEVERITY OF CLAIMS, OR THE UNUSUAL CIRCUMSTANCES OF A CLAIM(S) WHICH UNDERSTATE/OVERSTATE THE SEVERITY OF THE CLAIM(S).

WITHDRAWN

**NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA.
THE PHYSICIAN ASSISTANT PROFESSIONAL LIABILITY PLUS INSURANCE PROGRAM
MANUAL RULES**

PHYSICIAN ASSISTANTS

OCCURRENCE PROGRAM

SCHEDULE RATING PLAN

5. **MANAGEMENT CONTROL PROCEDURES (+/-10%):**
SPECIFIC OPERATIONAL ACTIVITIES (OR LACK OF) UNDERTAKEN BY THE INSURED TO REDUCE THE FREQUENCY AND/OR SEVERITY OF CLAIMS.

6. **NUMBER / TYPE OF PATIENT EXPOSURES (+/-10%):**
SIZE AND/OR DEMOGRAPHICS OF THE PATIENT POPULATION WHICH NEGATIVELY OR POSITIVELY INFLUENCES THE FREQUENCY AND/OR SEVERITY OF CLAIMS.

7. **ORGANIZATIONAL SIZE / STRUCTURE (+/-10%):**
A GROUP'S SIZE, PROCESSES AND/OR ROSTER OF INSUREDS ARE SUCH THAT THE COMPANY WILL INCUR GREATER OR LESSER COSTS IN ASSOCIATION WITH ITS SERVICE TO, OR COVERAGE OF, THE GROUP.

8. **HEALTHCARE STANDARDS, QUALITY AND CLAIMS REVIEW (+/-10%):**
PRESENCE (OR LACK) OF (1) COMMITTEES THAT MEET ON A ROUTINE BASIS TO REVIEW HEALTHCARE PROCEDURES, TREATMENTS, AND PROTOCOLS AND THEN ASSIST IN THE INTEGRATION OF SUCH INTO THE PRACTICE. (2) COMMITTEES THAT MEET TO ASSURE THE QUALITY OF THE HEALTH CARE SERVICES BEING RENDERED AND/OR (3) COMMITTEES TO PROVIDE CONSISTENT REVIEW OF CLAIMS/INCIDENTS THAT HAVE OCCURRED AND TO DEVELOP CORRECTIVE ACTION.

9. **OTHER RISK MANAGEMENT PRACTICES AND PROCEDURES (+/-10%):**
ADDITIONAL ACTIVITIES (OR LACK OF) UNDERTAKEN WITH THE SPECIFIC INTENTION OF REDUCING THE FREQUENCY OR SEVERITY OF CLAIMS.

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

WITHDRAWN

APR 21 2011

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

**NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA.
THE PHYSICIAN ASSISTANT PROFESSIONAL LIABILITY PLUS INSURANCE PROGRAM
MANUAL RULES**

PHYSICIAN ASSISTANTS

OCCURRENCE PROGRAM

SCHEDULE RATING PLAN

11. **RECORD KEEPING PRACTICES (+/-10%):**
DEGREE TO WHICH INSURED INCORPORATES METHODS TO MAINTAIN QUALITY PATIENT RECORDS, REFERRALS, AND TEST RESULTS.

12. **UTILIZATION OF MONITORING EQUIPMENT, DIAGNOSTIC TESTS OR PROCEDURES (+/-10%):**
DEMONSTRATING THE WILLINGNESS (OR LACK THEREOF) TO EXPEND THE TIME AND CAPITAL TO INCORPORATE THE LATEST ADVANCES IN MEDICAL TREATMENTS AND EQUIPMENT INTO THE PRACTICE. PROVIDING ABOVE OR BELOW AVERAGE PROCEDURES AS DEFINED IN UNDERWRITING GUIDELINES FOR A SPECIALTY, OR FAILURE TO MEET ACCEPTED STANDARDS OF CARE.

13. **EXPENSES LESS THAN STANDARD (UP TO 15% CREDIT):**
IF THE EXPENSES ARE LESS THAN STANDARD, AN ADDITIONAL MODIFICATION MAY BE MADE TO REFLECT THIS REDUCTION.

WITHDRAWN

APR 21 2011

**NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA.
THE PHYSICIAN ASSISTANT PROFESSIONAL LIABILITY PLUS INSURANCE PROGRAM
MANUAL RULES**

PHYSICIANS ASSISTANTS

OCCURRENCE PROGRAM

NEW TO PRACTICE CREDIT

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

THE NEW TO PRACTICE CREDIT WILL NOT BE APPLIED IN COMBINATION WITH PART-TIME CREDITS.

WITHDRAWN

APR 21 2011

**NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA.
THE PHYSICIAN ASSISTANT PROFESSIONAL LIABILITY PLUS INSURANCE PROGRAM
MANUAL RULES**

PHYSICIAN ASSISTANT

OCCURRENCE PROGRAM

SHARED ENTITY VICARIOUS LIABILITY COVERAGE

A SCHEDULED HEALTHCARE PROFESSIONAL ENTITY MAY BE MADE AN ADDITIONAL INSURED ON A HEALTHCARE PROFESSIONAL'S PRIMARY INDIVIDUAL POLICY AT NO ADDITIONAL CHARGE. COVERAGE IS LIMITED TO VICARIOUS LIABILITY BASED SOLELY ON PROFESSIONAL SERVICES RENDERED, OR WHICH SHOULD HAVE BEEN RENDERED BY THE NAMED INSURED PHYSICIAN ASSISTANT.

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.

WITHDRAWN

APR 21 2011

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

**NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA.
THE PHYSICIAN ASSISTANT PROFESSIONAL LIABILITY PLUS INSURANCE PROGRAM
MANUAL RULES**

PHYSICIANS ASSISTANTS

OCCURRENCE PROGRAM

PARTNERSHIP OR CORPORATION COVERAGE

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

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

WITHDRAWN

APR 21 2011

**NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA.
THE PHYSICIAN ASSISTANT PROFESSIONAL LIABILITY PLUS INSURANCE PROGRAM
MANUAL RULES**

**PHYSICIANS ASSISTANTS
STANDARD CLAIMS MADE PROGRAM
AGGREGATE CREDIT RULE**

THE APPLICATION OF ALL APPROVED CREDITS CONTAINED IN THIS RATING MANUAL SHALL NOT EXCEED 50% FOR ANY ONE INSURED.

THIS RULE DOES NOT APPLY TO PART TIME PRACTICE, LEAVE OF ABSENCE OR MILITARY LEAVE OF ABSENCE CREDITS.

WITHDRAWN

APR 21 2011

**NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA.
THE PHYSICIAN ASSISTANT PROFESSIONAL LIABILITY PLUS INSURANCE PROGRAM
MANUAL RULES**

PHYSICIAN ASSISTANTS

STANDARD CLAIMS MADE PROGRAM

LEAVE OF ABSENCE CREDIT RULE

A HEALTHCARE PROVIDER 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.

WITHDRAWN

APR 21 2011

**NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA.
THE PHYSICIAN ASSISTANT PROFESSIONAL LIABILITY PLUS INSURANCE PROGRAM
MANUAL RULES**

PHYSICIANS ASSISTANTS

STANDARD CLAIMS MADE PROGRAM

MILITARY LEAVE OF ABSENCE CREDIT RULE

A HEALTHCARE PROVIDER 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.

WITHDRAWN

APR 21 2011

**NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA.
THE PHYSICIAN ASSISTANT PROFESSIONAL LIABILITY PLUS INSURANCE PROGRAM
MANUAL RULES**

**PHYSICIANS ASSISTANTS
STANDARD CLAIMS MADE PROGRAM
MINIMUM PREMIUM RATING RULE**

ALL POLICIES ARE SUBJECT TO A MINIMUM PREMIUM OF \$50. THE MINIMUM PREMIUM WILL BE RETAINED WHEN THE INSURED REQUESTS CANCELLATION UNLESS THE POLICY IS CANCELLED AS OF THE INCEPTION DATE.

WITHDRAWN

APR 21 2011

**NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA.
THE PHYSICIAN ASSISTANT PROFESSIONAL LIABILITY PLUS INSURANCE PROGRAM
MANUAL RULES**

**PHYSICIAN ASSISTANT
STANDARD CLAIMS MADE PROGRAM
PART TIME PRACTICE RULE**

ANY INSURED WHO PRACTICES ON AVERAGE 24 HOURS OR LESS IN A WEEK OR LESS THAN AN AGGREGATE OF 1,250 HOURS DURING THE TERM OF AN ANNUAL POLICY WILL BE CONSIDERED A PART TIME PRACTITIONER AND WILL BE ELIGIBLE FOR A REDUCTION IN THE OTHERWISE APPLICABLE RATE BASED ON THE FOLLOWING SCHEDULE:

AVERAGE NUMBER OF HOURS PRACTICED PER WEEK	0-24
MAX. AGGREGATE HOURS PER YEAR	1,250
CREDIT	35%

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

WITHDRAWN

APR 21 2011

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

**NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA.
THE PHYSICIAN ASSISTANT PROFESSIONAL LIABILITY PLUS INSURANCE PROGRAM
MANUAL RULES**

**PHYSICIAN ASSISTANT
STANDARD CLAIMS MADE PROGRAM
PART TIME PRACTICE RULE**

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 1,250 HOURS/YEAR OVER THE PREVIOUS FIVE CONSECUTIVE POLICY YEARS WITH THE COMPANY.

WITHDRAWN

APR 21 2011

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

**NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA.
THE PHYSICIAN ASSISTANT PROFESSIONAL LIABILITY PLUS INSURANCE PROGRAM
MANUAL RULES**

PHYSICIAN ASSISTANTS

STANDARD CLAIMS MADE PROGRAM

SCHEDULE RATING PLAN

ALL HEALTHCARE PROFESSIONALS, WHETHER PART OF A GROUP OR NOT, WILL BE ELIGIBLE FOR SCHEDULE RATING.

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

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

1. **HISTORICAL LOSS EXPERIENCE (+/- 15%):**
THE FREQUENCY OR SEVERITY OF CLAIMS FOR THE INSURED(S) IS GREATER/LESS THAN THE EXPECTED EXPERIENCE FOR AN INSURED(S) OF THE SAME CLASSIFICATION/SIZE OR RECOGNITION OF UNUSUAL CIRCUMSTANCES OF CLAIMS IN THE LOSS EXPERIENCE.

2. **CUMULATIVE YEARS OF PATIENT EXPERIENCE (+/-10%):**
THE INSURED(S) DEMONSTRATES A GREATER/LESS THAN STABLE LONGSTANDING PRACTICE AND/OR SIGNIFICANT DEGREE OF EXPERIENCE IN THEIR CURRENT AREA OF MEDICINE.

3. **CLASSIFICATION ANOMALIES (+/-10%):**
CHARACTERISTICS OF A PARTICULAR INSURED THAT DIFFERENTIATE THE INSURED TO BE GREATER/LESS THAN FROM OTHER MEMBERS OF THE SAME CLASS, OR RECOGNITION OF RECENT DEVELOPMENTS WITHIN A CLASSIFICATION OR JURISDICTION THAT ARE ANTICIPATED TO IMPACT FUTURE LOSS EXPERIENCE.

4. **CLAIM ANOMALIES (+/-10%):**
ECONOMIC, SOCIETAL OR JURISDICTIONAL CHANGES OR TRENDS THAT WILL POSITIVELY OR NEGATIVELY INFLUENCE THE FREQUENCY OR SEVERITY OF CLAIMS, OR THE UNUSUAL CIRCUMSTANCES OF A CLAIM(S) WHICH UNDERSTATE/OVERSTATE THE SEVERITY OF THE CLAIM(S).

WITHDRAWN

APR 21 2011

**NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA.
THE PHYSICIAN ASSISTANT PROFESSIONAL LIABILITY PLUS INSURANCE PROGRAM
MANUAL RULES**

PHYSICIAN ASSISTANTS

STANDARD CLAIMS MADE PROGRAM

SCHEDULE RATING PLAN

5. **MANAGEMENT CONTROL PROCEDURES (+/-10%):**
SPECIFIC OPERATIONAL ACTIVITIES (OR LACK OF) UNDERTAKEN BY THE INSURED TO REDUCE THE FREQUENCY AND/OR SEVERITY OF CLAIMS.

6. **NUMBER / TYPE OF PATIENT EXPOSURES (+/-10%):**
SIZE AND/OR DEMOGRAPHICS OF THE PATIENT POPULATION WHICH NEGATIVELY OR POSITIVELY INFLUENCES THE FREQUENCY AND/OR SEVERITY OF CLAIMS.

7. **ORGANIZATIONAL SIZE / STRUCTURE (+/-10%):**
A GROUP'S SIZE, PROCESSES AND/OR ROSTER OF INSUREDS ARE SUCH THAT THE COMPANY WILL INCUR GREATER OR LESSER COSTS IN ASSOCIATION WITH ITS SERVICE TO, OR COVERAGE OF, THE GROUP.

8. **HEALTHCARE STANDARDS, QUALITY AND CLAIMS REVIEW (+/-10%):**
PRESENCE (OR LACK) OF (1) COMMITTEES THAT MEET ON A ROUTINE BASIS TO REVIEW HEALTHCARE PROCEDURES, TREATMENTS, AND PROTOCOLS AND THEN ASSIST IN THE INTEGRATION OF SUCH INTO THE PRACTICE, (2) COMMITTEES THAT MEET TO ASSURE THE QUALITY OF THE HEALTH CARE SERVICES BEING RENDERED AND/OR (3) COMMITTEES TO PROVIDE CONSISTENT REVIEW OF CLAIMS/INCIDENTS THAT HAVE OCCURRED AND TO DEVELOP CORRECTIVE ACTION.

9. **OTHER RISK MANAGEMENT PRACTICES AND PROCEDURES (+/-10%):**
ADDITIONAL ACTIVITIES (OR LACK OF) UNDERTAKEN WITH THE SPECIFIC INTENTION OF REDUCING THE FREQUENCY OR SEVERITY OF CLAIMS.

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

WITHDRAWN

APR 21 2011

**NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA.
THE PHYSICIAN ASSISTANT PROFESSIONAL LIABILITY PLUS INSURANCE PROGRAM
MANUAL RULES**

PHYSICIAN ASSISTANTS

STANDARD CLAIMS MADE PROGRAM

SCHEDULE RATING PLAN

11. **RECORD KEEPING PRACTICES (+/-10%):**
DEGREE TO WHICH INSURED INCORPORATES METHODS TO MAINTAIN QUALITY PATIENT RECORDS, REFERRALS, AND TEST RESULTS.

12. **UTILIZATION OF MONITORING EQUIPMENT, DIAGNOSTIC TESTS OR PROCEDURES (+/-10%):**
DEMONSTRATING THE WILLINGNESS (OR LACK THEREOF) TO EXPEND THE TIME AND CAPITAL TO INCORPORATE THE LATEST ADVANCES IN MEDICAL TREATMENTS AND EQUIPMENT INTO THE PRACTICE, PROVIDING ABOVE OR BELOW AVERAGE PROCEDURES AS DEFINED IN UNDERWRITING GUIDELINES FOR A SPECIALTY, OR FAILURE TO MEET ACCEPTED STANDARDS OF CARE.

13. **EXPENSES LESS THAN STANDARD (UP TO 15% CREDIT):**
IF THE EXPENSES ARE LESS THAN STANDARD, AN ADDITIONAL MODIFICATION MAY BE MADE TO REFLECT THIS REDUCTION.

WITHDRAWN

APR 21 2011

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

**NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA.
THE PHYSICIAN ASSISTANT PROFESSIONAL LIABILITY PLUS INSURANCE PROGRAM
MANUAL RULES**

**PHYSICIANS ASSISTANTS
STANDARD CLAIMS MADE PROGRAM
NEW TO PRACTICE CREDIT**

A PRACTITIONER IN THEIR FIRST YEAR OF PRACTICE AFTER GRADUATION WILL RECEIVE A 25% CREDIT APPLIED TO CURRENT FILED RATES.

THE NEW TO PRACTICE CREDIT WILL NOT BE APPLIED IN COMBINATION WITH PART-TIME CREDITS.

WITHDRAWN

APR 21 2011

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

**NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA.
THE PHYSICIAN ASSISTANT PROFESSIONAL LIABILITY PLUS INSURANCE PROGRAM
MANUAL RULES**

PHYSICIAN ASSISTANT

STANDARD CLAIMS MADE PROGRAM

SHARED ENTITY VICARIOUS LIABILITY COVERAGE

A SCHEDULED HEALTHCARE PROFESSIONAL ENTITY MAY BE MADE AN ADDITIONAL INSURED ON A HEALTHCARE PROFESSIONAL'S PRIMARY INDIVIDUAL POLICY AT NO ADDITIONAL CHARGE. COVERAGE IS LIMITED TO VICARIOUS LIABILITY BASED SOLELY ON PROFESSIONAL SERVICES RENDERED, OR WHICH SHOULD HAVE BEEN RENDERED BY THE NAMED INSURED PHYSICIAN ASSISTANT.

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.

WITHDRAWN

APR 21 2011

**NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA.
THE PHYSICIAN ASSISTANT PROFESSIONAL LIABILITY PLUS INSURANCE PROGRAM
MANUAL RULES**

PHYSICIANS ASSISTANTS

STANDARD CLAIMS MADE PROGRAM

PARTNERSHIP OR CORPORATION COVERAGE

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

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

WITHDRAWN

APR 21 2011

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

**NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA.
THE PHYSICIAN ASSISTANT PROFESSIONAL LIABILITY PLUS INSURANCE PROGRAM
MANUAL RULES**

**PHYSICIANS ASSISTANTS
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 AND SCHEDULE RATING MODIFICATIONS.

WITHDRAWN

APR 21 2011

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

**NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA.
THE PHYSICIAN ASSISTANT PROFESSIONAL LIABILITY PLUS INSURANCE PROGRAM
MANUAL RULES**

PHYSICIANS ASSISTANTS

STANDARD CLAIMS MADE PROGRAM

PRIOR ACTS COVERAGE

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

WITHDRAWN

APR 21 2011

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

**NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA.
THE PHYSICIAN ASSISTANT PROFESSIONAL LIABILITY PLUS INSURANCE PROGRAM
MANUAL RULES**

PHYSICIANS ASSISTANTS

STANDARD CLAIMS MADE PROGRAM

SLOT RATING RULE

COVERAGE FOR MULTI-HEALTHCARE PROFESSIONAL GROUPS IS AVAILABLE, AT THE COMPANY'S OPTION, ON A SLOT BASIS RATHER THAN ON AN INDIVIDUAL HEALTHCARE PROFESSIONAL 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'S 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 PART TIME PRACTICE AND RISK MANAGEMENT CANNOT BE USED IN CONJUNCTION WITH THIS RATING RULE.

WITHDRAWN

APR 21 2011

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

**NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA.
THE PHYSICIAN ASSISTANT PROFESSIONAL LIABILITY PLUS INSURANCE PROGRAM
MANUAL RULES**

PHYSICIAN ASSISTANTS

STANDARD CLAIMS MADE PROGRAM

CONVERTIBLE COVERAGE RATING PLAN

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

- 1) PAYMENT TO THE COMPANY OF THE APPLICABLE PREMIUM FOR A MINIMUM OF THREE ANNUAL STANDARD CLAIMS MADE POLICIES.
- 2) ACHIEVE THREE YEARS OF CONTINUOUS CLAIMS MADE COVERAGE UNDER THIS PLAN WITH NO CLAIMS ATTRIBUTED TO THE INSURED.
 - A CLAIM UNDER THIS PLAN SHALL NOT BE CONSTRUED TO INCLUDE INSTANCES OF MISTAKEN IDENTITY, BLANKET DEFENDANT LISTINGS, IMPROPER INCLUSION, OR NON-MERITORIOUS OR FRIVOLOUS CLAIMS.

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

THE APPLICABLE PREMIUM UNDER THIS PLAN SHALL BE EQUAL TO 100% OF THE MANUAL PREMIUM THAT WOULD OTHERWISE BE DERIVED FOR THE INSURED UNDER THE OCCURRENCE PROGRAM. NO OTHER MODIFICATIONS ARE TO APPLY CONCURRENT WITH THIS RULE WITH THE EXCEPTION OF MEMBERSHIP, RISK MANAGEMENT AND SCHEDULE RATING MODIFICATIONS.

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

WITHDRAWN

APR 21 2011

**NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA.
THE PHYSICIAN ASSISTANT PROFESSIONAL LIABILITY PLUS INSURANCE PROGRAM
MANUAL RULES**

**PHYSICIAN ASSISTANT
STANDARD CLAIMS MADE PROGRAM
MOONLIGHTING RATING RULE**

ANY HEALTHCARE PROFESSIONAL WHO REQUESTS COVERAGE FOR MOONLIGHTING ACTIVITIES, WHILE WORKING FULL TIME AT A PRACTICE EXCLUDED BY THE MEDICAL PROTECTIVE COMPANY, AND AVERAGES LESS THAN 500 HOURS DURING THE TERM OF AN ANNUAL POLICY FOR SUCH MOONLIGHTING ACTIVITIES, WILL BE CONSIDERED A MOONLIGHTING PRACTITIONER AND WILL BE ELIGIBLE FOR A REDUCTION IN THE OTHERWISE APPLICABLE RATE BASED ON THE FOLLOWING SCHEDULE.

THE RATE SHALL BE CALCULATED AS 0.325 OF THE APPLICABLE STATE/TERRITORY MATURE CLAIMS MADE CLASS P1 RATE. THE PREMIUM SHALL BE FULLY EARNED AT THE INCEPTION DATE OF THE POLICY.

TO QUALIFY, THE MOONLIGHTING PRACTITIONER MUST BE CLAIM FREE FOR A MINIMUM OF THE PRECEDING FIVE YEARS. PART TIME APPLICANTS OR INSURED ARE NOT ELIGIBLE FOR MOONLIGHTING COVERAGE.

UPON TERMINATION OF THE MOONLIGHTING POLICY, EXCEPT DUE TO NON-PAYMENT OF PREMIUM, THE INSURED MAY REQUEST IN WRITING, WITHIN 60 DAYS OF THE TERMINATION DATE, A REPORTING ENDORSEMENT. THE COMPANY WILL WAIVE ANY PREMIUM THAT WOULD NORMALLY BE DUE FOR SUCH EXTENSION.

THE COMPANY, AT OUR DISCRETION, MAY AUDIT THE PRACTITIONER TO VERIFY COMPLIANCE WITH THE TERMS OF THIS MOONLIGHTING RULE.

WITHDRAWN

APR 21 2011

**NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA.
THE PHYSICIAN ASSISTANT PROFESSIONAL LIABILITY PLUS INSURANCE PROGRAM
MANUAL RULES**

PHYSICIANS ASSISTANTS

OCCURRENCE PROGRAM

DEFERRED PREMIUM PAYMENT PLAN RULE

THE COMPANY WILL 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.

WITHDRAWN

APR 21 2011

**NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA.
THE PHYSICIAN ASSISTANT PROFESSIONAL LIABILITY PLUS INSURANCE PROGRAM
MANUAL RULES**

PHYSICIANS ASSISTANTS

OCCURRENCE PROGRAM

FULL TIME EQUIVALENCY RATING RULE

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

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

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

WITHDRAWN

APR 21 2011

**NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA.
THE PHYSICIAN ASSISTANT PROFESSIONAL LIABILITY PLUS INSURANCE PROGRAM
MANUAL RULES**

PHYSICIANS ASSISTANTS

OCCURRENCE PROGRAM

FULL TIME EQUIVALENCY RATING RULE

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

<u>FTE*</u> <u>PER POLICY</u>	<u>PREMIUM</u> <u>MODIFICATION</u>
1-4	0.0%
5-9	-2.0%
10-14	-5.0%
15-24	-10.0%
25 +	-15.0%

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

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

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

WITHDRAWN

APR 21 2011

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

**NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA.
THE PHYSICIAN ASSISTANT PROFESSIONAL LIABILITY PLUS INSURANCE PROGRAM
MANUAL RULES**

**PHYSICIANS ASSISTANTS
OCCURRENCE PROGRAM
RISK MANAGEMENT CREDIT RULE**

THE INSURED WILL RECEIVE A TEN PERCENT (10%) PREMIUM CREDIT FOR A RISK MANAGEMENT COURSE WHICH HAS A MINIMUM OF 3 CONTINUING MEDICAL EDUCATION UNITS (CME'S) AND IS RISK MANAGEMENT IN CONTENT.

WITHDRAWN

APR 21 2011

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

**NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA.
THE PHYSICIAN ASSISTANT PROFESSIONAL LIABILITY PLUS INSURANCE PROGRAM
MANUAL RULES**

**PHYSICIANS ASSISTANTS
STANDARD CLAIMS MADE PROGRAM
DEFERRED PREMIUM PAYMENT PLAN RULE**

THE COMPANY WILL 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.

WITHDRAWN

APR 21 2011

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

**NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA.
THE PHYSICIAN ASSISTANT PROFESSIONAL LIABILITY PLUS INSURANCE PROGRAM
MANUAL RULES**

PHYSICIANS ASSISTANTS

STANDARD CLAIMS MADE PROGRAM

FULL TIME EQUIVALENCY RATING RULE

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

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

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

WITHDRAWN

APR 21 2011

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

**NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA.
THE PHYSICIAN ASSISTANT PROFESSIONAL LIABILITY PLUS INSURANCE PROGRAM
MANUAL RULES**

PHYSICIANS ASSISTANTS

STANDARD CLAIMS MADE PROGRAM

FULL TIME EQUIVALENCY RATING RULE

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

<u>FTE*</u> <u>PER POLICY</u>	<u>PREMIUM</u> <u>MODIFICATION</u>
1-4	0.0%
5-9	-2.0%
10-14	-5.0%
15-24	-10.0%
25 +	-15.0%

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

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

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

WITHDRAWN

APR 21 2011

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

**NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA.
THE PHYSICIAN ASSISTANT PROFESSIONAL LIABILITY PLUS INSURANCE PROGRAM
MANUAL RULES**

**PHYSICIANS ASSISTANTS
STANDARD CLAIMS MADE PROGRAM
RISK MANAGEMENT CREDIT RULE**

THE INSURED WILL RECEIVE A TEN PERCENT (10%) PREMIUM CREDIT FOR A RISK MANAGEMENT COURSE WHICH HAS A MINIMUM OF 3 CONTINUING MEDICAL EDUCATION UNITS (CME'S) AND IS RISK MANAGEMENT IN CONTENT.

WITHDRAWN

**NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA.
THE PHYSICIAN ASSISTANT PROFESSIONAL LIABILITY PLUS INSURANCE PROGRAM
MANUAL RULES**

PHYSICIANS ASSISTANTS

STANDARD CLAIMS MADE PROGRAM

ACCELERATED EXTENSION CONTRACT RULE

THE COMPANY WILL 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 ONE YEAR AND/OR WILL NOT HAVE ONE YEAR 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, AS OUTLINED IN THE POLICY VIA SECTION XII – OPTIONAL EXTENDED REPORTING PERIOD.
- 4) THE COMPANY APPROVED THE GROUP'S REQUEST FOR THE WAIVER AFTER DETERMINING THE INSURED HAD LESS THAN ONE YEAR OF PRIOR ACTS EXPOSURE.

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

WITHDRAWN

APR 21 2011

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

**NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA.
THE PHYSICIAN ASSISTANT PROFESSIONAL LIABILITY PLUS INSURANCE PROGRAM
MANUAL RULES**

**PHYSICIAN ASSISTANT
OCCURRENCE PROGRAM
MOONLIGHTING RATING RULE**

ANY HEALTHCARE PROFESSIONAL WHO REQUESTS COVERAGE FOR MOONLIGHTING ACTIVITIES, WHILE WORKING FULL TIME AT A PRACTICE EXCLUDED BY THE MEDICAL PROTECTIVE COMPANY, AND AVERAGES LESS THAN 500 HOURS DURING THE TERM OF AN ANNUAL POLICY FOR SUCH MOONLIGHTING ACTIVITIES, WILL BE CONSIDERED A MOONLIGHTING PRACTITIONER AND WILL BE ELIGIBLE FOR A REDUCTION IN THE OTHERWISE APPLICABLE RATE BASED ON THE FOLLOWING SCHEDULE.

THE RATE SHALL BE CALCULATED AS 0.325 OF THE APPLICABLE STATE/TERRITORY OCCURRENCE CLASS P1 RATE. THE PREMIUM SHALL BE FULLY EARNED AT THE INCEPTION DATE OF THE POLICY.

TO QUALIFY, THE MOONLIGHTING PRACTITIONER MUST BE CLAIM FREE FOR A MINIMUM OF THE PRECEDING FIVE YEARS. PART TIME APPLICANTS OR INSUREDS ARE NOT ELIGIBLE FOR MOONLIGHTING COVERAGE.

THE COMPANY, AT OUR DISCRETION, MAY AUDIT THE PRACTITIONER TO VERIFY COMPLIANCE WITH THE TERMS OF THIS MOONLIGHTING RULE.

WITHDRAWN

APR 21 2011

Neuman, Gayle

From: Harry, Myron [Myron.Harry@chartisinsurance.com]
Sent: Wednesday, April 27, 2011 1:20 PM
To: Neuman, Gayle
Subject: RE: National Union Fire Insurance Co of Pittsburgh, PA - Filing #CHS-10-EO-22
Attachments: Cover Letter - Response Rate-Rules 4-27-11.pdf; IL Rate Page 4-2011 (2).pdf; IL Manual Rules (4-11)2.pdf; IL Manual Rules (4-11) redlined.pdf

Ms. Newman,

In response to your comment email dated April 25, 2011, please refer to attachments.

Myron Harry

Analyst
Chartis
State Filings Division

(212) 458-7057 Telephone
(212) 458-7077 Facsimile
<mailto:myron.harry@chartisinsurance.com>

Chartis U.S.
175 Water Street, 17th Floor
New York, NY 10038

Please visit our Website at:
www.chartisinsurance.com

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From: Neuman, Gayle [<mailto:Gayle.Neuman@illinois.gov>]
Sent: Monday, April 25, 2011 3:42 PM
To: Harry, Myron
Subject: RE: National Union Fire Insurance Co of Pittsburgh, PA - Filing #CHS-10-EO-22

Ms. Harry,

Thank you for your April 21, 2011 response.

In the future, if you change or add other pages not addressed in my letter, you are required to advise me of such change in your response. For example, adding pages 2 and 3. It would also be helpful to advise us of the page number change – for example the Deferred Premium rule page changed from 29 to 5.

In the new pages provided, there was no Moonlighting Rating page for occurrence rates. It was the last page (page 38) of the manual when the filing was received.

In regard to the Extended Reporting Period Rating, it must be priced as a factor of one of the following: (1) the last twelve months premium; (2) the premium in effect at policy issuance; or (3) the expiring annual premium. The description of "standard mature claims made rate" is unclear.

I request receipt of your response by May 2, 2011.

Gayle Neuman

Illinois Department of Insurance
(217)524-6497

From: Harry, Myron [<mailto:Myron.Harry@chartisinsurance.com>]
Sent: Thursday, April 21, 2011 9:18 AM
To: Neuman, Gayle
Subject: RE: National Union Fire Insurance Co of Pittsburgh, PA - Filing #CHS-10-EO-22

Ms. Neuman,

In response to your comment email dated April 12, 2011, please refer to attachments.

Myron Harry

Analyst
Chartis
State Filings Division

(212) 458-7057 Telephone
(212) 458-7077 Facsimile
<mailto:myron.harry@chartisinsurance.com>

Chartis U.S.
175 Water Street, 17th Floor
New York, NY 10038

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Myron Harry
Analyst
State Filings Division
212 458 7057 Telephone
212 458 7077 Facsimile

myron.harry@chartisinsurance.com

April 27, 2011

CHARTIS 

Honorable Michael T. McRaith
Director of insurance
Illinois Department of Financial & Professional Regulation
Division of Insurance
320 West Washington Street, 4th Floor
Springfield, Illinois 62767-0001
Attn: Ms. Gayle Neuman

**RE: NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA.
NAIC #012-19445 FEIN #25-0687550**

**Physician Assistant Professional Liability Plus Insurance Program
Our Filing Number: CHS-10-EO-22**

Dear Ms. Newman:

In response to your comment email dated April 25, 2011, we offer the following:

1. We acknowledged your comment regarding changes to documents.
2. In regard to the Moonlighting Rating Rule, please be advised that we have decided to offer Moonlighting Coverage only for our Claims Made Policies.
3. Regarding the Extended Reporting Period (ERP) Rating, we have decided to price the ERP as a factor of the expiring annual premium. Please see revised Rate Page and the ERP Rating Rule on page 31 of the Illinois Manual Rules.

Please let us know if we can be of any further assistance.

Sincerely,

Myron Harry

Myron Harry

**NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA
THE PHYSICIAN ASSISTANT PROFESSIONAL LIABILITY PLUS INSURANCE PROGRAM
MANUAL RULES
ILLINOIS**

**PHYSICIAN ASSISTANT
STANDARD CLAIMS MADE PROGRAM
EXTENDED REPORTING PERIOD (ERP) RATING**

THE PREMIUM FOR THE ERP ENDORSEMENT SHALL BE DETERMINED BY APPLYING THE ERP RATING FACTORS CONTAINED IN THE RATE PAGE AND LISTED BELOW TO THE APPLICABLE STANDARD MATURE CLAIMS MADE RATE BASED ON EXPIRING ANNUAL PREMIUM, SUBJECT TO EXPIRING PART-TIME AND SCHEDULE RATING MODIFICATIONS.

EXTENDED REPORTING PERIOD RATING FACTORS

YEARS RETROACTIVE DATE PRECEDES EXPIRATION DATE	FACTOR
LESS THAN 1	.730
1	1.160
2	1.400
UNLIMITED	1.750

**NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA
THE PHYSICIAN ASSISTANT PROFESSIONAL LIABILITY PLUS INSURANCE PROGRAM
MANUAL RULES
ILLINOIS**

**PHYSICIAN ASSISTANT
STANDARD CLAIMS MADE PROGRAM
EXTENDED REPORTING PERIOD (ERP) RATING**

THE PREMIUM FOR THE ERP ENDORSEMENT SHALL BE DETERMINED BY APPLYING THE ERP RATING FACTORS CONTAINED IN THE RATE PAGE AND LISTED BELOW TO THE APPLICABLE STANDARD MATURE CLAIMS MADE RATE, SUBJECT TO EXPIRING PART-TIME AND SCHEDULE RATING MODIFICATIONS.

EXTENDED REPORTING PERIOD RATING FACTORS

YEARS RETROACTIVE DATE PRECEDES EXPIRATION DATE	FACTOR
LESS THAN 1	.730
1	1.160
2	1.400
UNLIMITED	1.750

**NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA
THE PHYSICIAN ASSISTANT PROFESSIONAL LIABILITY PLUS INSURANCE PROGRAM
MANUAL RULES
ILLINOIS**

**PHYSICIAN ASSISTANT
OCCURRENCE PROGRAM**

PROFESSIONAL SERVICES CLASS CODES (A, B, C, D)

THE PHYSICIAN ASSISTANT PROFESSIONAL SERVICES CLASS CODES ARE DEFINED AS FOLLOWS:

CLASS CODE	DEFINITION
A	Physician Assistant who performs tasks ordinarily reserved for a physician and who works under the direction and supervision of a qualified licensed physician to assist in the diagnostic management of patients
B	Physician Assistant who is involved in any of the following: 1) assisting in surgery – any exposure to an operating room other than for observation with General/Family Practitioner or General Surgeon; 2) any exposure to trauma/emergency room procedures or responsibilities thereof (10 hours or less a week); 3) obstetrics exposure limited to prenatal or postnatal care; and 4) assisting in anesthesiology
C	Physician Assistant who is involved in any of the following: 1) assisting in surgery –any exposure to an operating room other than observation with Orthopedic Surgeon, OB/GYN Surgeon, Cardiovascular Surgeon, Thoracic Surgeon, Neurosurgeon and/or Plastic Surgeon; 2) any exposure to trauma/emergency room procedures or responsibilities thereof (more than 10 hours a week); 3) exposure to obstetrics including delivery room responsibilities; and 4) exposure to cardiac catheterization lab
D	Physician Assistant Students currently enrolled and attending an accredited physician assistant program

**NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA
THE PHYSICIAN ASSISTANT PROFESSIONAL LIABILITY PLUS INSURANCE PROGRAM
MANUAL RULES
ILLINOIS**

**PHYSICIAN ASSISTANT
OCCURRENCE PROGRAM**

DEFENSE COSTS, AND OTHER EXPENSES RULE

THE FOLLOWING **DEFENSE COSTS** AND OTHER EXPENSES ARE AUTOMATICALLY INCLUDED IN THE PRODUCT AND INCORPORATED IN THE RATE:

<u>Defense Costs, and Other Expenses</u>	<u>(Each event, if applicable)</u>	<u>(Aggregate for Policy Period)</u>
B. Loss of Earnings for Defense Assist	\$2,500 per day	\$ 10,000
C. HIPAA Defense Only Coverage	\$N/A	\$ 25,000
D. Administrative Hearings Defense Costs	\$N/A	\$ 25,000
E. Biomedical Waste Defense Costs	\$N/A	\$ 25,000
F. Assault Upon You Personal Expenses	\$N/A	\$ 25,000
G. First Aid Personal Expenses	\$N/A	\$ 5,000
H. Medical Payments to Others	\$2,500 per patient medical incident or patient occurrence	\$100,000
I. Deposition Fees When Not Named Party	\$N/A	\$ 2,500

**NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA
THE PHYSICIAN ASSISTANT PROFESSIONAL LIABILITY PLUS INSURANCE PROGRAM
MANUAL RULES
ILLINOIS**

**PHYSICIAN ASSISTANT
OCCURRENCE PROGRAM
STUDENT/RESIDENT RATING RULE**

RESTRICTED COVERAGE IS AVAILABLE FOR PHYSICIAN ASSISTANT STUDENTS AND RESIDENTS AT THE RATE OF \$180/YEAR. THE POLICY WILL BE PROVIDED ON THE OCCURRENCE FORM ONLY.

NO OTHER CREDITS OR DEBITS SHALL APPLY.

**NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA
THE PHYSICIAN ASSISTANT PROFESSIONAL LIABILITY PLUS INSURANCE PROGRAM
MANUAL RULES
ILLINOIS**

**PHYSICIAN ASSISTANT
OCCURRENCE PROGRAM
AGGREGATE CREDIT RULE**

THE APPLICATION OF ALL APPROVED CREDITS CONTAINED IN THIS RATING MANUAL SHALL NOT EXCEED 50% FOR ANY ONE INSURED.

THE RULE DOES NOT APPLY TO PART TIME PRACTICE, LEAVE OF ABSENCE OR MILITARY LEAVE OF ABSENCE CREDITS.

**NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA
THE PHYSICIAN ASSISTANT PROFESSIONAL LIABILITY PLUS INSURANCE PROGRAM
MANUAL RULES
ILLINOIS**

**PHYSICIAN ASSISTANT
OCCURRENCE PROGRAM**

DEFERRED PREMIUM PAYMENT PLAN RULE

THE COMPANY WILL OFFER THE INSURED THE FOLLOWING PREMIUM PAYMENT OPTIONS.

ANNUAL PREMIUM LESS THAN OR EQUAL TO \$80,000*

1 ST	50%
2 ND	25%
3 RD	25%

ANNUAL PREMIUM GREATER THAN OR EQUAL TO \$80,000*

1 ST	30%
2 ND	25%
3 RD	20%
4 TH	15%
FINAL	10%

*IN INTERVALS OF LESS THAN 2 MONTHS

*NO FEES WILL APPLY

*FINANCE CHARGE IS LESSER OF \$25 PER INSTALLMENT OR 1% OF THE TOTAL PREMIUM

THE INSURED MAY PAY BALANCE IN FULL AT ANYTIME, WITH NO PENALTY. ADDITIONAL PREMIUM (FROM ADJUSTMENT) SHALL BE SPREAD OVER REMAINING INSTALLMENTS OR MAY BE BILLED SEPARATELY.

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LEAVE OF ABSENCE CREDIT RULE

A HEALTHCARE PROVIDER 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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MILITARY LEAVE OF ABSENCE CREDIT RULE

A HEALTHCARE PROVIDER 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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MINIMUM PREMIUM RATING RULE**

ALL POLICIES ARE SUBJECT TO MINIMUM PREMIUM OF \$50. THE MINIMUM PREMIUM WILL BE RETAINED WHEN THE INSURED REQUESTS CANCELLATION UNLESS THE POLICY IS CANCELLED AS OF THE INCEPTION DATE.

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PART TIME PRACTICE RULE**

ANY INSURED WHO PRACTICES AN AVERAGE 24 HOURS OR LESS IN A WEEK OR LESS THAN AN AGGREGATE OF 1,250 HOURS DURING THE TERM OF AN ANNUAL POLICY WILL BE CONSIDERED A PART TIME PRACTITIONER AND WILL BE ELIGIBLE FOR A REDUCTION IN THE OTHERWISE APPLICABLE RATE BASED ON THE FOLLOWING SCHEDULE:

AVERAGE NUMBER OF HOURS PRACTICED PER WEEK	0-24
MAX. AGGREGATE HOURS PER YEAR	1,250
CREDIT	35%

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

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ALL HEALTHCARE PROFESSIONALS, WHETHER PART OF A GROUP OR NOT, WILL BE ELIGIBLE FOR SCHEDULE RATING.

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 ARE SUBJECT TO PERIODIC REVIEW.

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

1. HISTORICAL LOSS EXPERIENCE (+/-15%):
THE FREQUENCY OR SEVERITY OF CLAIMS FOR THE INSURED(S) IS GREATER/LESS THAN THE EXPECTED EXPERIENCE FOR AN INSURED(S) OF THE SAME CLASSIFICATION/SIZE OR RECOGNITION OF UNUSUAL CIRCUMSTANCES OF CLAIMS IN THE LOSS EXPERIENCE.
2. CUMULATIVE YEARS OF PATIENT EXPERIENCE (+/-15%):
THE INSURED(S) DEMONSTRATES A GREATER/LESS THAN STABLE LONGSTANDING PRACTICE AND/OR SIGNIFICANT DEGREE OF EXPERIENCE IN THEIR CURRENT AREA OF MEDICINE.
3. CLASSIFICATION ANOMALIES (+/-10%):
CHARACTERISTICS OF A PARTICULAR INSURED THAT DIFFERENTIATE THE INSURED TO BE GREATER/LESS THAN FROM OTHER MEMBERS OF THE SAME CLASS, OR RECOGNITION OF RECENT DEVELOPMENTS WITHIN A CLASSIFICATION OR JURISDICTION THAT ARE ANTICIPATED TO IMPACT FUTURE LOSS EXPERIENCE.
4. CLAIM ANOMALIES (+/-10%):
ECONOMIC, SOCIETAL OR JURISDICTIONAL CHANGES OR TRENDS THAT WILL POSITIVELY OR NEGATIVELY INFLUENCE THE FREQUENCY OR SEVERITY OF CLAIMS, OR THE UNUSUAL CIRCUMSTANCES OF A CLAIM(S) WHICH UNDERSTATE/OVERSTATE THE SEVERITY OF THE CLAIM(S).

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5. MANAGEMENT CONTROL PROCEDURES (+/-10%):
SPECIFIC OPERATIONAL ACTIVITIES (OR LACK OF) UNDERTAKEN BY THE INSURED TO REDUCE THE FREQUENCY AND/OR SEVERITY OF CLAIMS.

6. NUMBER/TYPE OF PATIENT EXPOSURES (+/-10%):
SIZE AND/OR DEMOGRAPHICS OF THE PATIENT POPULATION WHICH NEGATIVELY OR POSITIVELY INFLUENCES THE FREQUENCY AND/OR SEVERITY OF CLAIMS.

7. ORGANIZATIONAL SIZE/STRUCTURE (+/-10%):
A GROUP'S SIZE, PROCESSES AND/OR ROSTER OF INSUREDS ARE SUCH THAT THE COMPANY WILL INCUR GREATER OR LESSER COSTS IN ASSOCIATION WITH ITS SERVICE TO, OR COVERAGE OF, THE GROUP.

8. HEALTHCARE STANDARDS, QUALITY AND CLAIMS REVIEW (+/-10%):
PRESENCE (OR LACK) OF (1) COMMITTEES THAT MEET ON ROUTINE BASIS TO REVIEW HEALTHCARE PROCEDURES, TREATMENTS, AND PROTOCOLS AND THEN ASSIST IN THE INTEGRATION OF SUCH INTO THE PRACTICE, (2) COMMITTEES THAT MEET TO ASSURE THE QUALITY OF THE HEALTH CARE SERVICES BEING RENDERED AND/OR (3) COMMITTEES TO PROVIDE CONSISTENT REVIEW OF CLAIMS/INCIDENTS THAT HAVE OCCURRED AND TO DEVELOP CORRECTIVE ACTION.

- ~~9. OTHER RISK MANAGEMENT PRACTICES AND PROCEDURES (+/- 10%):
ADDITIONAL ACTIVITIES (OR LACK OF) UNDERTAKEN WITH THE SPECIFIC INTENTION OF REDUCING THE FREQUENCY OR SEVERITY OF CLAIMS.~~

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

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10. RECORD KEEPING PRACTICES (+/-10%):

DEGREE TO WHICH INSURED INCORPORATES METHODS TO MAINTAIN QUALITY PATIENT RECORDS, REFERRALS, AND TEST RESULTS.

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11. UTILIZATION OF MONITORING EQUIPMENT, DIAGNOSTIC TESTS OR PROCEDURES

(+/-10%):

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

~~13. EXPENSES LESS THAN STANDARD (UP TO 15% CREDIT):~~

~~IF THE EXPENSES ARE LESS THAN STANDARD, AN ADDITIONAL MODIFICATION MAY BE MADE TO REFLECT THIS REDUCTION.~~

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NEW TO PRACTICE CREDIT**

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

THE NEW TO PRACTICE CREDIT WILL NOT BE APPLIED IN COMBINATION WITH PART-TIME CREDITS.

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SHARED ENTITY VICARIOUS LIABILITY COVERAGE

A SCHEDULED HEALTHCARE PROFESSIONAL ENTITY MAY BE MADE AN ADDITIONAL INSURED ON A HEALTHCARE PROFESSIONAL'S PRIMARY INDIVIDUAL POLICY AT NO ADDITIONAL CHARGE. COVERAGE IS LIMITED TO VICARIOUS LIABILITY BASED SOLELY ON PROFESSIONAL SERVICES RENDERED, OR WHICH SHOULD HAVE BEEN RENDERED BY THE NAMED INSURED PHYSICIAN ASSISTANT.

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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PARTNERSHIP OR CORPORATION COVERAGE

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

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

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**PHYSICIAN ASSISTANT
CLAIMS MADE PROGRAM**

PROFESSIONAL SERVICES CLASS CODES (A, B, C)

THE PHYSICIAN ASSISTANT PROFESSIONAL SERVICES CLASS CODES ARE DEFINED AS FOLLOWS:

CLASS CODE	DEFINITION
A	Physician Assistant who performs tasks ordinarily reserved for a physician and who works under the direction and supervision of a qualified licensed physician to assist in the diagnostic management of patients
B	Physician Assistant who is involved in any of the following: 1) assisting in surgery – any exposure to an operating room other than for observation with General/Family Practitioner or General Surgeon; 2) any exposure to trauma/emergency room procedures or responsibilities thereof (10 hours or less a week); 3) obstetrics exposure limited to prenatal or postnatal care; and 4) assisting in anesthesiology
C	Physician Assistant who is involved in any of the following: 1) assisting in surgery –any exposure to an operating room other than observation with Orthopedic Surgeon, OB/GYN Surgeon, Cardiovascular Surgeon, Thoracic Surgeon, Neurosurgeon and/or Plastic Surgeon;

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	2) any exposure to trauma/emergency room procedures or responsibilities thereof (more than 10 hours a week); 3) exposure to obstetrics including delivery room responsibilities; and 4) exposure to cardiac catheterization lab

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CLAIMS MADE PROGRAM**

DEFENSE COSTS, AND OTHER EXPENSES RULE

THE FOLLOWING **DEFENSE COSTS** AND OTHER EXPENSES ARE AUTOMATICALLY INCLUDED IN THE PRODUCT:

<u>Defense Costs, and Other Expenses</u>	<u>(Each event, if applicable)</u>	<u>(Aggregate for Policy Period)</u>
B. Loss of Earnings for Defense Assist	\$2,500 per day	\$ 10,000
C. HIPAA Defense Only Coverage	\$N/A	\$ 25,000
D. Administrative Hearings Defense Costs	\$N/A	\$ 25,000
E. Biomedical Waste Defense Costs	\$N/A	\$ 25,000
F. Assault Upon You Personal Expenses	\$N/A	\$ 25,000
G. First Aid Personal Expenses	\$N/A	\$ 5,000
H. Medical Payments to Others	\$2,500 per patient medical incident or patient occurrence	\$100,000
I. Deposition Fees When Not Named Party	\$N/A	\$ 2,500

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**PHYSICIAN ASSISTANT
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AGGREGATE CREDIT RULE**

THE APPLICATION OF ALL APPROVED CREDITS CONTAINED IN THIS RATING MANUAL SHALL NOT EXCEED 50% FOR ANY ONE INSURED.

THIS RULE DOES NOT APPLY TO PART TIME PRACTICE, LEAVE OF ABSENCE OR MILITARY LEAVE OF ABSENCE CREDITS.

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DEFERRED PREMIUM PAYMENT PLAN RULE**

THE COMPANY WILL OFFER THE INSURED THE FOLLOWING PREMIUM PAYMENT OPTIONS.

ANNUAL PREMIUM LESS THAN OR EQUAL TO \$80,000*

1 ST	50%
2 ND	25%
3 RD	25%

ANNUAL PREMIUM GREATER THAN OR EQUAL TO \$80,000*

1 ST	30%
2 ND	25%
3 RD	20%
4 TH	15%
FINAL	10%

*IN INTERVALS OF LESS THAN 2 MONTHS

*NO FEES WILL APPLY

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***FINANCE CHARGE IS LESSER OF \$25 PER INSTALLMENT OR 1% OF THE TOTAL PREMIUM**

THE INSURED MAY PAY BALANCE IN FULL AT ANYTIME, WITH NO PENALTY. ADDITIONAL PREMIUM (FROM ADJUSTMENT) SHALL BE SPREAD OVER REMAINING INSTALLMENTS OR MAY BE BILLED SEPARATELY.

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LEAVE OF ABSENCE CREDIT RULE**

A HEALTHCARE PROVIDER 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.

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- 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 INSURED 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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MILITARY LEAVE OF ABSENCE CREDIT RULE**

A HEALTHCARE PROVIDER 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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MINIMUM PREMIUM RATING RULE**

ALL POLICIES ARE SUBJECT TO A MINIMUM PREMIUM OF \$50. THE MINIMUM PREMIUM WILL BE RETAINED WHEN THE INSURED REQUESTS CANCELLATION UNLESS THE POLICY IS CANCELLED AS OF THE INCEPTION DATE.

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PART TIME PRACTICE RULE**

ANY INSURED WHO PRACTICES ON AVERAGE 24 HOURS OR LESS IN A WEEK OR LESS THAN AN AGGREGATE OF 1,250 HOURS DURING THE TERM OF AN ANNUAL POLICY WILL BE CONSIDERED A PART TIME PRACTITIONER AND WILL BE ELIGIBLE FOR A REDUCTION IN THE OTHERWISE APPLICABLE RATE BASED ON THE FOLLOWING SCHEDULE:

AVERAGE NUMBER OF HOURS PRACTICED PER WEEK	0-24
MAXIMUM AGGREGATE HOURS PER YEAR	1,250
CREDIT	35%

NO OTHER CREDITS OR DISCOUNTS ARE TO APPLY CONCURRENT WITH THIS RULE EXCEPT RISK MANAGEMENT CREDIT OR SCHEDULE RATING.

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PART TIME PRACTICE RULE**

THE PART TIME PRACTICE CREDIT WILL NOT BE APPLIED TO THE EXTENDED REPORTING PERIOD RATING UNLESS THE PART TIME PRACTICE DID NOT EXCEED AN AVERAGE OF 1,250 HOURS/YEAR OVER THE PREVIOUS FIVE CONSECUTIVE POLICY YEARS WITH THE COMPANY.

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SCHEDULE RATING PLAN**

ALL HEALTHCARE PROFESSIONALS, WHETHER PART OF A GROUP OR NOT, WILL BE ELIGIBLE FOR SCHEDULE RATING.

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 ARE SUBJECT TO PERIODIC REVIEW.

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

1. HISTORICAL LOSS EXPERIENCE (+/-15%):
THE FREQUENCY OR SEVERITY OF CLAIMS FOR THE INSURED(S) IS GREATER/LESS THAN THE EXPECTED EXPERIENCE FOR AN INSURED(S) OF THE SAME CLASSIFICATION/SIZE OR RECOGNITION OF UNUSUAL CIRCUMSTANCES OF CLAIMS IN THE LOSS EXPERIENCE.
2. CUMULATIVE YEARS OF PATIENT EXPERIENCE (+/-15%):

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

3. CLASSIFICATION ANOMALIES (+/-10%):

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

4. CLAIM ANOMALIES (+/-10%):

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

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5. MANAGEMENT CONTROL PROCEDURES (+/-10%):

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

6. NUMBER/TYPE OF PATIENT EXPOSURES (+/-10%):

SIZE AND/OR DEMOGRAPHICS OF THE PATIENT POPULATION WHICH NEGATIVELY OR POSITIVELY INFLUENCES THE FREQUENCY AND/OR SEVERITY OF CLAIMS.

7. ORGANIZATIONAL SIZE/STRUCTURE (+/-10%):

A GROUP'S SIZE, PROCESSES AND/OR ROSTER OF INSUREDS ARE SUCH THAT THE COMPANY WILL INCUR GREATER OR LESSER COSTS IN ASSOCIATION WITH ITS SERVICE TO, OR COVERAGE OF, THE GROUP.

8. HEALTHCARE STANDARDS, QUALITY AND CLAIMS REVIEW (+/-10%):

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PRESENCE (OR LACK) OF (1) COMMITTEES THAT MEET ON A ROUTINE BASIS TO REVIEW HEALTHCARE PROCEDURES, TREATMENTS, AND PROTOCOLS AND THEN ASSIST IN THE INTEGRATION OF SUCH INTO THE PRACTICE, (2) COMMITTEES THAT MEET TO ASSURE THE QUALITY OF THE HEALTH CARE SERVICES BEING RENDERED AND/OR (3) COMMITTEES TO PROVIDE CONSISTENT REVIEW OF CLAIMS/INCIDENTS THAT HAVE OCCURRED AND TO DEVELOP CORRECTIVE ACTION.

~~9. OTHER RISK MANAGEMENT PRACTICES AND PROCEDURES (+/- 10%):~~

~~ADDITIONAL ACTIVITIES (OR LACK OF) UNDERTAKEN WITH THE SPECIFIC INTENTION OF REDUCING THE FREQUENCY OR SEVERITY OF CLAIMS.~~

9. TRAINING, ACCREDITATION AND CREDENTIALING (+/-10%):

THE INSURED(S) EXHIBITS GREATER/LESS THAN NORMAL PARTICIPATION AND SUPPORT OF SUCH ACTIVITIES.

10. RECORD KEEPING PRACTICES (+/-10%):

DEGREE TO WHICH INSURED INCORPORATES METHODS TO MAINTAIN QUALITY PATIENT RECORDS, REFERRALS, AND TEST RESULTS.

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SCHEDULE RATING PLAN**

~~11. RECORD KEEPING PRACTICES (+/- 10%):~~

~~DEGREE TO WHICH INSURED INCORPORATES METHODS TO MAINTAIN QUALITY PATIENT RECORDS, REFERRALS, AND TEST RESULTS.~~

11. UTILIZATION OF MONITORING EQUIPMENT, DIAGNOSTIC TESTS OR PROCEDURES (+/-10%):

DEMONSTRATING THE WILLINGNESS (OR LACK THEROF) TO EXPEND THE TIME AND CAPITAL TO INCORPORATE THE LATEST ADVANCES IN MEDICAL TREATMENTS AND EQUIPMENT INTO THE PRACTICE, PROVIDING ABOVE OR

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BELOW AVERAGE PROCEDURES AS DEFINED IN UNDERWRITING GUIDELINES FOR
A SPECIALTY, OR FAILURE TO MEET ACCEPTED STANDARDS OF CARE.

~~13. EXPENSES LESS THAN STANDARD (UP TO 15% CREDIT):~~

~~IF THE EXPENSES ARE LESS THAN STANDARD, AN ADDITIONAL MODIFICATION
MAY BE MADE TO REFLECT THIS REDUCTION.~~

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STANDARD CLAIMS MADE PROGRAM
NEW TO PRACTICE CREDIT**

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

THE NEW TO PRACTICE CREDIT WILL NOT BE APPLIED IN COMBINATION WITH PART-TIME CREDITS.

**PHYSICIAN ASSISTANT
STANDARD CLAIMS MADE PROGRAM
SHARED ENTITY VICARIOUS LIABILITY COVERAGE**

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A SCHEDULED HEALTHCARE PROFESSIONAL ENTITY MAY BE MADE AN ADDITIONAL INSURED ON A HEALTHCARE PROFESSIONAL'S PRIMARY INDIVIDUAL POLICY AT NO ADDITIONAL CHARGE. COVERAGE IS LIMITED TO VICARIOUS LIABILITY BASED SOLELY ON PROFESSIONAL SERVICES RENDERED, OR WHICH SHOULD HAVE BEEN RENDERED BY THE NAMED INSURED PHYSICIAN ASSISTANT.

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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STANDARD CLAIMS MADE PROGRAM
PARTNERSHIP OR CORPORATION COVERAGE**

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

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

**PHYSICIAN ASSISTANT
STANDARD CLAIMS MADE PROGRAM
EXTENDED REPORTING PERIOD (ERP) RATING**

**NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA
THE PHYSICIAN ASSISTANT PROFESSIONAL LIABILITY PLUS INSURANCE PROGRAM
MANUAL RULES
ILLINOIS**

THE PREMIUM FOR THE ERP ENDORSEMENT SHALL BE DETERMINED BY APPLYING THE ERP RATING FACTORS CONTAINED IN THE RATE PAGE AND LISTED BELOW TO THE APPLICABLE STANDARD MATURE CLAIMS MADE RATE BASED ON EXPIRING ANNUAL PREMIUM, SUBJECT TO EXPIRING PART-TIME AND SCHEDULE RATING MODIFICATIONS.

EXTENDED REPORTING PERIOD RATING FACTORS

YEARS RETROACTIVE DATE PRECEDES EXPIRATION DATE	FACTOR
LESS THAN 1	.730
1	1.160
2	1.400
UNLIMITED	1.750

**PHYSICIAN ASSISTANT
STANDARD CLAIMS MADE PROGRAM
PRIOR ACTS COVERAGE**

**NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA
THE PHYSICIAN ASSISTANT PROFESSIONAL LIABILITY PLUS INSURANCE PROGRAM
MANUAL RULES
ILLINOIS**

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

**PHYSICIAN ASSISTANT
STANDARD CLAIMS MADE PROGRAM
SLOT RATING RULE**

**NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA
THE PHYSICIAN ASSISTANT PROFESSIONAL LIABILITY PLUS INSURANCE PROGRAM
MANUAL RULES
ILLINOIS**

COVERAGE FOR MULTI-HEALTHCARE PROFESSIONAL GROUPS IS AVAILABLE, AT THE COMPANY'S OPTION, ON A SLOT BASIS RATHER THAN ON AN INDIVIDUAL HEALTHCARE PROFESSIONAL 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.

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. ERP COVERAGE MAY BE PURCHASED FOR THE SLOT BASED ON THE APPLICABLE RETROACTIVE DATE, CLASSIFICATION AND LIMITS.

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

**PHYSICIAN ASSISTANT
STANDARD CLAIMS MADE PROGRAM
CONVERTIBLE COVERAGE RATING PLAN**

**NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA
THE PHYSICIAN ASSISTANT PROFESSIONAL LIABILITY PLUS INSURANCE PROGRAM
MANUAL RULES
ILLINOIS**

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

- 1) PAYMENT TO THE COMPANY OF THE APPLICABLE PREMIUM FOR A MINIMUM OF THREE ANNUAL STANDARD CLAIMS MADE POLICIES.
- 2) ACHIEVE THREE YEARS OF CONTINUOUS CLAIMS MADE COVERAGE UNDER THIS PLAN WITH NO CLAIMS ATTRIBUTED TO THE INSURED.
 - A CLAIM UNDER THIS PLAN SHALL NOT BE CONSTRUED TO INCLUDE INSTANCES OF MISTAKEN IDENTITY, BLANKET DEFENDANT LISTINGS, IMPROPER INCLUSION, OR NON-MERITORIOUS OR FRIVOLOUS CLAIMS.

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

THE APPLICABLE PREMIUM UNDER THIS PLAN SHALL BE EQUAL TO 100% OF THE MANUAL PREMIUM THAT WOULD OTHERWISE BE DERIVED FROM THE INSURED UNDER THE OCCURRENCE PROGRAM. NO OTHER MODIFICATIONS ARE TO APPLY CONCURRENT WITH THIS RULE WITH THE EXCEPTION OF RISK MANAGEMENT AND SCHEDULE RATING MODIFICATIONS.

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

**PHYSICIAN ASSISTANT
STANDARD CLAIMS MADE PROGRAM
MOONLIGHTING RATING RULE**

**NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA
THE PHYSICIAN ASSISTANT PROFESSIONAL LIABILITY PLUS INSURANCE PROGRAM
MANUAL RULES
ILLINOIS**

ANY HEALTHCARE PROFESSIONAL WHO REQUESTS COVERAGE FOR MOONLIGHTING ACTIVITIES, WHILE WORKING FULL TIME AT A PRACTICE EXCLUDED BY THE COMPANY, AND AVERAGE LESS THAN 500 HOURS DURING THE TERM OF AN ANNUAL POLICY FOR SUCH MOONLIGHTING ACTIVITIES, WILL BE CONSIDERED A MOONLIGHTING PRACTITIONER AND WILL BE ELIGIBLE FOR A REDUCTION IN THE OTHERWISE APPLICABLE RATE BASED ON THE FOLLOWING SCHEDULE.

THE RATE SHALL BE CALCULATED AS 0.325 OF THE APPLICABLE STATE/TERRITORY MATURE CLAIMS MADE CLASS (A) RATE. IF THE POLICY IS CANCELED BY THE INSURED, THE PORTION OF PREMIUM RETAINED BY THE COMPANY SHALL BE COMPUTED AS FOLLOWS: NUMBER OF HOURS WORKED AS A MOONLIGHTER / 500.

TO QUALIFY, THE MOONLIGHTING PRACTITIONER MUST BE CLAIM FREE FOR A MINIMUM OF THE PRECEDING FIVE YEARS. PART TIME APPLICANTS OR INSUREDS ARE NOT ELIGIBLE FOR MOONLIGHTING COVERAGE.

UPON TERMINATION OF THE MOONLIGHTING POLICY THE INSURED MAY REQUEST IN WRITING, WITHIN 60 DAYS OF THE TERMINATION DATE, AN EXTENDED REPORTING PERIOD ENDORSEMENT. THE COMPANY WILL WAIVE ANY PREMIUM THAT WOULD NORMALLY BE DUE FOR SUCH EXTENSION.

THE COMPANY, AT OUR DISCRETION, MAY AUDIT THE PRACTITIONER TO VERIFY COMPLIANCE WITH THE TERMS OF THE MOONLIGHTING RULE.

**PHYSICIAN ASSISTANT
OCCURRENCE PROGRAM**

**NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA
THE PHYSICIAN ASSISTANT PROFESSIONAL LIABILITY PLUS INSURANCE PROGRAM
MANUAL RULES
ILLINOIS**

FULL TIME EQUIVALENCY RATING RULE

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

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

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

**PHYSICIAN ASSISTANT
OCCURRENCE PROGRAM**

**NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA
THE PHYSICIAN ASSISTANT PROFESSIONAL LIABILITY PLUS INSURANCE PROGRAM
MANUAL RULES
ILLINOIS**

FULL TIME EQUIVALENCY RATING RULE

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

<u>FTE* PER POLICY</u>	<u>PREMIUM MODIFICATION</u>
1-4	0.0%
5-9	-2.0%
10-14	-5.0%
15-24	-10.0%
25+	-15.0%

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

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

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

**PHYSICIAN ASSISTANT
OCCURRENCE PROGRAM**

**NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA
THE PHYSICIAN ASSISTANT PROFESSIONAL LIABILITY PLUS INSURANCE PROGRAM
MANUAL RULES
ILLINOIS**

RISK MANAGEMENT CREDIT RULE

THE INSURED WILL RECEIVE A TEN PERCENT (10%) PREMIUM CREDIT FOR A RISK MANAGEMENT COURSE WHICH HAS A MINIMUM OF 3 CONTINUING MEDICAL EDUCATION UNITS (CME'S) AND IS RISK MANAGEMENT FOCUSED.

PHYSICIAN ASSISTANT

STANDARD CLAIMS MADE PROGRAM

FULL TIME EQUIVALENCY RATING RULE

**NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA
THE PHYSICIAN ASSISTANT PROFESSIONAL LIABILITY PLUS INSURANCE PROGRAM
MANUAL RULES
ILLINOIS**

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

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

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

**PHYSICIAN ASSISTANT
STANDARD CLAIMS MADE PROGRAM**

**NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA
THE PHYSICIAN ASSISTANT PROFESSIONAL LIABILITY PLUS INSURANCE PROGRAM
MANUAL RULES
ILLINOIS**

FULL TIME EQUIVALENCY RATING RULE

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

<u>FTE* PER POLICY</u>	<u>PREMIUM MODIFICATION</u>
1-5	0.0%
5-9	-2.0%
10-14	-5.0%
15-24	-10.0%
25+	-15.0%

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

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

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

**PHYSICIAN ASSISTANT
STANDARD CLAIMS MADE PROGRAM**

**NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA
THE PHYSICIAN ASSISTANT PROFESSIONAL LIABILITY PLUS INSURANCE PROGRAM
MANUAL RULES
ILLINOIS**

RISK MANAGEMENT CREDIT RULE

THE INSURED WILL RECEIVE A TEN PERCENT (10%) PREMIUM CREDIT FOR A RISK MANAGEMENT COURSE WHICH HAS A MINIMUM OF 3 CONTINUING MEDICAL EDUCATION UNITS (CME'S) AND IS RISK MANAGEMENT FOCUSED.

**PHYSICIAN ASSISTANT
STANDARD CLAIMS MADE PROGRAM**

**NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA
THE PHYSICIAN ASSISTANT PROFESSIONAL LIABILITY PLUS INSURANCE PROGRAM
MANUAL RULES
ILLINOIS**

ACCELERATED ERP RULE

THE COMPANY WILL 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 ONE YEAR AND/OR WILL NOT HAVE ONE YEAR 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 ERP, AS OUTLINED IN THE POLICY VIA PROVISION U. OPTIONAL EXTENDED REPORTING PERIOD OF SECTION VI. CONDITIONS.
- 4) THE COMPANY APPROVED THE GROUP'S REQUEST FOR THE WAIVER AFTER DETERMINING THE INSURED HAD LESS THAN ONE YEAR OF PRIOR ACTS EXPOSURE.

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

**NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA
THE PHYSICIAN ASSISTANT PROFESSIONAL LIABILITY PLUS INSURANCE PROGRAM
MANUAL RULES
ILLINOIS**

**PHYSICIAN ASSISTANT
OCCURRENCE PROGRAM**

PROFESSIONAL SERVICES CLASS CODES (A, B, C, D)

THE PHYSICIAN ASSISTANT PROFESSIONAL SERVICES CLASS CODES ARE DEFINED AS FOLLOWS:

CLASS CODE	DEFINITION
A	Physician Assistant who performs tasks ordinarily reserved for a physician and who works under the direction and supervision of a qualified licensed physician to assist in the diagnostic management of patients
B	Physician Assistant who is involved in any of the following: 1) assisting in surgery – any exposure to an operating room other than for observation with General/Family Practitioner or General Surgeon; 2) any exposure to trauma/emergency room procedures or responsibilities thereof (10 hours or less a week); 3) obstetrics exposure limited to prenatal or postnatal care; and 4) assisting in anesthesiology
C	Physician Assistant who is involved in any of the following: 1) assisting in surgery –any exposure to an operating room other than observation with Orthopedic Surgeon, OB/GYN Surgeon, Cardiovascular Surgeon, Thoracic Surgeon, Neurosurgeon and/or Plastic Surgeon; 2) any exposure to trauma/emergency room procedures or responsibilities thereof (more than 10 hours a week); 3) exposure to obstetrics including delivery room responsibilities; and 4) exposure to cardiac catheterization lab
D	Physician Assistant Students currently enrolled and attending an accredited physician assistant program

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**NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA
THE PHYSICIAN ASSISTANT PROFESSIONAL LIABILITY PLUS INSURANCE PROGRAM
MANUAL RULES
ILLINOIS**

**PHYSICIAN ASSISTANT
OCCURRENCE PROGRAM**

DEFENSE COSTS, AND OTHER EXPENSES RULE

THE FOLLOWING **DEFENSE COSTS** AND OTHER EXPENSES ARE AUTOMATICALLY INCLUDED IN THE PRODUCT AND INCORPORATED IN THE RATE:

<u>Defense Costs, and Other Expenses</u>	<u>(Each event, if applicable)</u>	<u>(Aggregate for Policy Period)</u>
B. Loss of Earnings for Defense Assist	\$2,500 per day	\$ 10,000
C. HIPAA Defense Only Coverage	\$N/A	\$ 25,000
D. Administrative Hearings Defense Costs	\$N/A	\$ 25,000
E. Biomedical Waste Defense Costs	\$N/A	\$ 25,000
F. Assault Upon You Personal Expenses	\$N/A	\$ 25,000
G. First Aid Personal Expenses	\$N/A	\$ 5,000
H. Medical Payments to Others	\$2,500 per patient medical incident or patient occurrence	\$100,000
I. Deposition Fees When Not Named Party	\$N/A	\$ 2,500

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**NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA
THE PHYSICIAN ASSISTANT PROFESSIONAL LIABILITY PLUS INSURANCE PROGRAM
MANUAL RULES
ILLINOIS**

**PHYSICIAN ASSISTANT
OCCURRENCE PROGRAM
STUDENT/RESIDENT RATING RULE**

RESTRICTED COVERAGE IS AVAILABLE FOR PHYSICIAN ASSISTANT STUDENTS AND RESIDENTS AT THE RATE OF \$180/YEAR. THE POLICY WILL BE PROVIDED ON THE OCCURRENCE FORM ONLY.

NO OTHER CREDITS OR DEBITS SHALL APPLY.

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**NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA
THE PHYSICIAN ASSISTANT PROFESSIONAL LIABILITY PLUS INSURANCE PROGRAM
MANUAL RULES
ILLINOIS**

**PHYSICIAN ASSISTANT
OCCURRENCE PROGRAM
AGGREGATE CREDIT RULE**

THE APPLICATION OF ALL APPROVED CREDITS CONTAINED IN THIS RATING MANUAL SHALL NOT EXCEED 50% FOR ANY ONE INSURED.

THE RULE DOES NOT APPLY TO PART TIME PRACTICE, LEAVE OF ABSENCE OR MILITARY LEAVE OF ABSENCE CREDITS.

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**NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA
THE PHYSICIAN ASSISTANT PROFESSIONAL LIABILITY PLUS INSURANCE PROGRAM
MANUAL RULES
ILLINOIS**

**PHYSICIAN ASSISTANT
OCCURRENCE PROGRAM**

DEFERRED PREMIUM PAYMENT PLAN RULE

THE COMPANY WILL OFFER THE INSURED THE FOLLOWING PREMIUM PAYMENT OPTIONS.

ANNUAL PREMIUM LESS THAN OR EQUAL TO \$80,000*

1 ST	50%
2 ND	25%
3 RD	25%

ANNUAL PREMIUM GREATER THAN OR EQUAL TO \$80,000*

1 ST	30%
2 ND	25%
3 RD	20%
4 TH	15%
FINAL	10%

*IN INTERVALS OF LESS THAN 2 MONTHS

*NO FEES WILL APPLY

*FINANCE CHARGE IS LESSER OF \$25 PER INSTALLMENT OR 1% OF THE TOTAL PREMIUM

THE INSURED MAY PAY BALANCE IN FULL AT ANYTIME, WITH NO PENALTY. ADDITIONAL PREMIUM (FROM ADJUSTMENT) SHALL BE SPREAD OVER REMAINING INSTALLMENTS OR MAY BE BILLED SEPARATELY.

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**NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA
THE PHYSICIAN ASSISTANT PROFESSIONAL LIABILITY PLUS INSURANCE PROGRAM
MANUAL RULES
ILLINOIS**

**PHYSICIAN ASSISTANT
OCCURRENCE PROGRAM**

LEAVE OF ABSENCE CREDIT RULE

A HEALTHCARE PROVIDER 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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**NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA
THE PHYSICIAN ASSISTANT PROFESSIONAL LIABILITY PLUS INSURANCE PROGRAM
MANUAL RULES
ILLINOIS**

**PHYSICIAN ASSISTANT
OCCURRENCE PROGRAM**

MILITARY LEAVE OF ABSENCE CREDIT RULE

A HEALTHCARE PROVIDER 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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**NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA
THE PHYSICIAN ASSISTANT PROFESSIONAL LIABILITY PLUS INSURANCE PROGRAM
MANUAL RULES
ILLINOIS**

**PHYSICIAN ASSISTANT
OCCURRENCE PROGRAM
MINIMUM PREMIUM RATING RULE**

ALL POLICIES ARE SUBJECT TO MINIMUM PREMIUM OF \$50. THE MINIMUM PREMIUM WILL BE RETAINED WHEN THE INSURED REQUESTS CANCELLATION UNLESS THE POLICY IS CANCELLED AS OF THE INCEPTION DATE.

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**NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA
THE PHYSICIAN ASSISTANT PROFESSIONAL LIABILITY PLUS INSURANCE PROGRAM
MANUAL RULES
ILLINOIS**

**PHYSICIAN ASSISTANT
OCCURRENCE PROGRAM
PART TIME PRACTICE RULE**

ANY INSURED WHO PRACTICES AN AVERAGE 24 HOURS OR LESS IN A WEEK OR LESS THAN AN AGGREGATE OF 1,250 HOURS DURING THE TERM OF AN ANNUAL POLICY WILL BE CONSIDERED A PART TIME PRACTITIONER AND WILL BE ELIGIBLE FOR A REDUCTION IN THE OTHERWISE APPLICABLE RATE BASED ON THE FOLLOWING SCHEDULE:

AVERAGE NUMBER OF HOURS PRACTICED PER WEEK	0-24
MAX. AGGREGATE HOURS PER YEAR	1,250
CREDIT	35%

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

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STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

**NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA
THE PHYSICIAN ASSISTANT PROFESSIONAL LIABILITY PLUS INSURANCE PROGRAM
MANUAL RULES
ILLINOIS**

**PHYSICIAN ASSISTANT
OCCURRENCE PROGRAM
SCHEDULE RATING PLAN**

ALL HEALTHCARE PROFESSIONALS, WHETHER PART OF A GROUP OR NOT, WILL BE ELIGIBLE FOR SCHEDULE RATING.

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 ARE SUBJECT TO PERIODIC REVIEW.

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

1. HISTORICAL LOSS EXPERIENCE (+/-15%):

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

2. CUMULATIVE YEARS OF PATIENT EXPERIENCE (+/-15%):

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

3. CLASSIFICATION ANOMALIES (+/-10%):

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

4. CLAIM ANOMALIES (+/-10%):

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

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AUG 23 2011

**NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA
THE PHYSICIAN ASSISTANT PROFESSIONAL LIABILITY PLUS INSURANCE PROGRAM
MANUAL RULES
ILLINOIS**

**PHYSICIAN ASSISTANT
OCCURRENCE PROGRAM
SCHEDULE RATING PLAN**

5. MANAGEMENT CONTROL PROCEDURES (+/-10%):
SPECIFIC OPERATIONAL ACTIVITIES (OR LACK OF) UNDERTAKEN BY THE INSURED TO REDUCE THE FREQUENCY AND/OR SEVERITY OF CLAIMS.

6. NUMBER/TYPE OF PATIENT EXPOSURES (+/-10%):
SIZE AND/OR DEMOGRAPHICS OF THE PATIENT POPULATION WHICH NEGATIVELY OR POSITIVELY INFLUENCES THE FREQUENCY AND/OR SEVERITY OF CLAIMS.

7. ORGANIZATIONAL SIZE/STRUCTURE (+/-10%):
A GROUP'S SIZE, PROCESSES AND/OR ROSTER OF INSUREDS ARE SUCH THAT THE COMPANY WILL INCUR GREATER OR LESSER COSTS IN ASSOCIATION WITH ITS SERVICE TO, OR COVERAGE OF, THE GROUP.

8. HEALTHCARE STANDARDS, QUALITY AND CLAIMS REVIEW (+/-10%):
PRESENCE (OR LACK) OF (1) COMMITTEES THAT MEET ON ROUTINE BASIS TO REVIEW HEALTHCARE PROCEDURES, TREATMENTS, AND PROTOCOLS AND THEN ASSIST IN THE INTEGRATION OF SUCH INTO THE PRACTICE, (2) COMMITTEES THAT MEET TO ASSURE THE QUALITY OF THE HEALTH CARE SERVICES BEING RENDERED AND/OR (3) COMMITTEES TO PROVIDE CONSISTENT REVIEW OF CLAIMS/INCIDENTS THAT HAVE OCCURRED AND TO DEVELOP CORRECTIVE ACTION.

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

10. RECORD KEEPING PRACTICES (+/-10%):
DEGREE TO WHICH INSURED INCORPORATES METHODS TO MAINTAIN QUALITY PATIENT RECORDS, REFERRALS, AND TEST RESULTS.

FILED

AUG 23 2011

**NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA
THE PHYSICIAN ASSISTANT PROFESSIONAL LIABILITY PLUS INSURANCE PROGRAM
MANUAL RULES
ILLINOIS**

**PHYSICIAN ASSISTANT
OCCURRENCE PROGRAM
SCHEDULE RATING PLAN**

11. UTILIZATION OF MONITORING EQUIPMENT, DIAGNOSTIC TESTS OR PROCEDURES

(+/-10%):

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

FILED

AUG 23 2011

**NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA
THE PHYSICIAN ASSISTANT PROFESSIONAL LIABILITY PLUS INSURANCE PROGRAM
MANUAL RULES
ILLINOIS**

**PHYSICIAN ASSISTANT
OCCURRENCE PROGRAM
NEW TO PRACTICE CREDIT**

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

THE NEW TO PRACTICE CREDIT WILL NOT BE APPLIED IN COMBINATION WITH PART-TIME CREDITS.

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AUG 23 2011

**NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA
THE PHYSICIAN ASSISTANT PROFESSIONAL LIABILITY PLUS INSURANCE PROGRAM
MANUAL RULES
ILLINOIS**

**PHYSICIAN ASSISTANT
OCCURRENCE PROGRAM
SHARED ENTITY VICARIOUS LIABILITY COVERAGE**

A SCHEDULED HEALTHCARE PROFESSIONAL ENTITY MAY BE MADE AN ADDITIONAL INSURED ON A HEALTHCARE PROFESSIONAL'S PRIMARY INDIVIDUAL POLICY AT NO ADDITIONAL CHARGE. COVERAGE IS LIMITED TO VICARIOUS LIABILITY BASED SOLELY ON PROFESSIONAL SERVICES RENDERED, OR WHICH SHOULD HAVE BEEN RENDERED BY THE NAMED INSURED PHYSICIAN ASSISTANT.

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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**NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA
THE PHYSICIAN ASSISTANT PROFESSIONAL LIABILITY PLUS INSURANCE PROGRAM
MANUAL RULES
ILLINOIS**

**PHYSICIAN ASSISTANT
OCCURRENCE PROGRAM**

PARTNERSHIP OR CORPORATION COVERAGE

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

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

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AUG 23 2011

**NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA
THE PHYSICIAN ASSISTANT PROFESSIONAL LIABILITY PLUS INSURANCE PROGRAM
MANUAL RULES
ILLINOIS**

**PHYSICIAN ASSISTANT
CLAIMS MADE PROGRAM**

PROFESSIONAL SERVICES CLASS CODES (A, B, C)

THE PHYSICIAN ASSISTANT PROFESSIONAL SERVICES CLASS CODES ARE DEFINED AS FOLLOWS:

CLASS CODE	DEFINITION
A	Physician Assistant who performs tasks ordinarily reserved for a physician and who works under the direction and supervision of a qualified licensed physician to assist in the diagnostic management of patients
B	Physician Assistant who is involved in any of the following: 1) assisting in surgery – any exposure to an operating room other than for observation with General/Family Practitioner or General Surgeon; 2) any exposure to trauma/emergency room procedures or responsibilities thereof (10 hours or less a week); 3) obstetrics exposure limited to prenatal or postnatal care; and 4) assisting in anesthesiology
C	Physician Assistant who is involved in any of the following: 1) assisting in surgery –any exposure to an operating room other than observation with Orthopedic Surgeon, OB/GYN Surgeon, Cardiovascular Surgeon, Thoracic Surgeon, Neurosurgeon and/or Plastic Surgeon; 2) any exposure to trauma/emergency room procedures or responsibilities thereof (more than 10 hours a week); 3) exposure to obstetrics including delivery room responsibilities; and 4) exposure to cardiac catheterization lab

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STATE OF ILLINOIS
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SPRINGFIELD, ILLINOIS

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THE PHYSICIAN ASSISTANT PROFESSIONAL LIABILITY PLUS INSURANCE PROGRAM
MANUAL RULES
ILLINOIS**

**PHYSICIAN ASSISTANT
CLAIMS MADE PROGRAM**

DEFENSE COSTS, AND OTHER EXPENSES RULE

THE FOLLOWING **DEFENSE COSTS** AND OTHER EXPENSES ARE AUTOMATICALLY INCLUDED IN THE PRODUCT:

<u>Defense Costs, and Other Expenses</u>	<u>(Each event, if applicable)</u>	<u>(Aggregate for Policy Period)</u>
B. Loss of Earnings for Defense Assist	\$2,500 per day	\$ 10,000
C. HIPAA Defense Only Coverage	\$N/A	\$ 25,000
D. Administrative Hearings Defense Costs	\$N/A	\$ 25,000
E. Biomedical Waste Defense Costs	\$N/A	\$ 25,000
F. Assault Upon You Personal Expenses	\$N/A	\$ 25,000
G. First Aid Personal Expenses	\$N/A	\$ 5,000
H. Medical Payments to Others	\$2,500 per patient medical incident or patient occurrence	\$100,000
I. Deposition Fees When Not Named Party	\$N/A	\$ 2,500

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**NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA
THE PHYSICIAN ASSISTANT PROFESSIONAL LIABILITY PLUS INSURANCE PROGRAM
MANUAL RULES
ILLINOIS**

**PHYSICIAN ASSISTANT
STANDARD CLAIMS MADE PROGRAM
AGGREGATE CREDIT RULE**

THE APPLICATION OF ALL APPROVED CREDITS CONTAINED IN THIS RATING MANUAL SHALL NOT EXCEED 50% FOR ANY ONE INSURED.

THIS RULE DOES NOT APPLY TO PART TIME PRACTICE, LEAVE OF ABSENCE OR MILITARY LEAVE OF ABSENCE CREDITS.

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STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

**NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA
THE PHYSICIAN ASSISTANT PROFESSIONAL LIABILITY PLUS INSURANCE PROGRAM
MANUAL RULES
ILLINOIS**

**PHYSICIAN ASSISTANT
STANDARD CLAIMS MADE PROGRAM
DEFERRED PREMIUM PAYMENT PLAN RULE**

THE COMPANY WILL OFFER THE INSURED THE FOLLOWING PREMIUM PAYMENT OPTIONS.

ANNUAL PREMIUM LESS THAN OR EQUAL TO \$80,000*

1 ST	50%
2 ND	25%
3 RD	25%

ANNUAL PREMIUM GREATER THAN OR EQUAL TO \$80,000*

1 ST	30%
2 ND	25%
3 RD	20%
4 TH	15%
FINAL	10%

*IN INTERVALS OF LESS THAN 2 MONTHS

*NO FEES WILL APPLY

*FINANCE CHARGE IS LESSER OF \$25 PER INSTALLMENT OR 1% OF THE TOTAL PREMIUM

THE INSURED MAY PAY BALANCE IN FULL AT ANYTIME, WITH NO PENALTY. ADDITIONAL PREMIUM (FROM ADJUSTMENT) SHALL BE SPREAD OVER REMAINING INSTALLMENTS OR MAY BE BILLED SEPARATELY.

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**NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA
THE PHYSICIAN ASSISTANT PROFESSIONAL LIABILITY PLUS INSURANCE PROGRAM
MANUAL RULES
ILLINOIS**

**PHYSICIAN ASSISTANT
STANDARD CLAIMS MADE PROGRAM
LEAVE OF ABSENCE CREDIT RULE**

A HEALTHCARE PROVIDER 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 INSURED LEAVE OF ABSENCE FOR VACATION PURPOSES. THE MINIMUM PREMIUM RATING RULE APPLIES TO INSUREDS ELIGIBLE FOR THE LEAVE OF ABSENCE CREDIT.

FILED

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**NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA
THE PHYSICIAN ASSISTANT PROFESSIONAL LIABILITY PLUS INSURANCE PROGRAM
MANUAL RULES
ILLINOIS**

**PHYSICIAN ASSISTANT
STANDARD CLAIMS MADE PROGRAM
MILITARY LEAVE OF ABSENCE CREDIT RULE**

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

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

FILED

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**NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA
THE PHYSICIAN ASSISTANT PROFESSIONAL LIABILITY PLUS INSURANCE PROGRAM
MANUAL RULES
ILLINOIS**

**PHYSICIAN ASSISTANT
STANDARD CLAIMS MADE PROGRAM
MINIMUM PREMIUM RATING RULE**

ALL POLICIES ARE SUBJECT TO A MINIMUM PREMIUM OF \$50. THE MINIMUM PREMIUM WILL BE RETAINED WHEN THE INSURED REQUESTS CANCELLATION UNLESS THE POLICY IS CANCELLED AS OF THE INCEPTION DATE.

FILED

AUG 23 2011

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

**NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA
THE PHYSICIAN ASSISTANT PROFESSIONAL LIABILITY PLUS INSURANCE PROGRAM
MANUAL RULES
ILLINOIS**

**PHYSICIAN ASSISTANT
STANDARD CLAIMS MADE PROGRAM
PART TIME PRACTICE RULE**

ANY INSURED WHO PRACTICES ON AVERAGE 24 HOURS OR LESS IN A WEEK OR LESS THAN AN AGGREGATE OF 1,250 HOURS DURING THE TERM OF AN ANNUAL POLICY WILL BE CONSIDERED A PART TIME PRACTITIONER AND WILL BE ELIGIBLE FOR A REDUCTION IN THE OTHERWISE APPLICABLE RATE BASED ON THE FOLLOWING SCHEDULE:

AVERAGE NUMBER OF HOURS PRACTICED PER WEEK	0-24
MAXIMUM AGGREGATE HOURS PER YEAR	1,250
CREDIT	35%

NO OTHER CREDITS OR DISCOUNTS ARE TO APPLY CONCURRENT WITH THIS RULE EXCEPT RISK MANAGEMENT CREDIT OR SCHEDULE RATING.

FILED

AUG 23 2011

**NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA
THE PHYSICIAN ASSISTANT PROFESSIONAL LIABILITY PLUS INSURANCE PROGRAM
MANUAL RULES
ILLINOIS**

**PHYSICIAN ASSISTANT
STANDARD CLAIMS MADE PROGRAM
PART TIME PRACTICE RULE**

THE PART TIME PRACTICE CREDIT WILL NOT BE APPLIED TO THE EXTENDED REPORTING PERIOD RATING UNLESS THE PART TIME PRACTICE DID NOT EXCEED AN AVERAGE OF 1,250 HOURS/YEAR OVER THE PREVIOUS FIVE CONSECUTIVE POLICY YEARS WITH THE COMPANY.

FILED

AUG 23 2011

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

**NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA
THE PHYSICIAN ASSISTANT PROFESSIONAL LIABILITY PLUS INSURANCE PROGRAM
MANUAL RULES
ILLINOIS**

**PHYSICIAN ASSISTANT
STANDARD CLAIMS MADE PROGRAM
SCHEDULE RATING PLAN**

ALL HEALTHCARE PROFESSIONALS, WHETHER PART OF A GROUP OR NOT, WILL BE ELIGIBLE FOR SCHEDULE RATING.

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 ARE SUBJECT TO PERIODIC REVIEW.

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

1. HISTORICAL LOSS EXPERIENCE (+/-15%):

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

2. CUMULATIVE YEARS OF PATIENT EXPERIENCE (+/-15%):

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

3. CLASSIFICATION ANOMALIES (+/-10%):

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

4. CLAIM ANOMALIES (+/-10%):

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

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**NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA
THE PHYSICIAN ASSISTANT PROFESSIONAL LIABILITY PLUS INSURANCE PROGRAM
MANUAL RULES
ILLINOIS**

**PHYSICIAN ASSISTANT
STANDARD CLAIMS MADE PROGRAM
SCHEDULE RATING PLAN**

5. MANAGEMENT CONTROL PROCEDURES (+/-10%):
SPECIFIC OPERATIONAL ACTIVITIES (OR LACK OF) UNDERTAKEN BY THE INSURED TO REDUCE THE FREQUENCY AND/OR SEVERITY OF CLAIMS.

6. NUMBER/TYPE OF PATIENT EXPOSURES (+/-10%):
SIZE AND/OR DEMOGRAPHICS OF THE PATIENT POPULATION WHICH NEGATIVELY OR POSITIVELY INFLUENCES THE FREQUENCY AND/OR SEVERITY OF CLAIMS.

7. ORGANIZATIONAL SIZE/STRUCTURE (+/-10%):
A GROUP'S SIZE, PROCESSES AND/OR ROSTER OF INSUREDS ARE SUCH THAT THE COMPANY WILL INCUR GREATER OR LESSER COSTS IN ASSOCIATION WITH ITS SERVICE TO, OR COVERAGE OF, THE GROUP.

8. HEALTHCARE STANDARDS, QUALITY AND CLAIMS REVIEW (+/-10%):
PRESENCE (OR LACK) OF (1) COMMITTEES THAT MEET ON A ROUTINE BASIS TO REVIEW HEALTHCARE PROCEDURES, TREATMENTS, AND PROTOCOLS AND THEN ASSIST IN THE INTEGRATION OF SUCH INTO THE PRACTICE, (2) COMMITTEES THAT MEET TO ASSURE THE QUALITY OF THE HEALTH CARE SERVICES BEING RENDERED AND/OR (3) COMMITTEES TO PROVIDE CONSISTENT REVIEW OF CLAIMS/INCIDENTS THAT HAVE OCCURRED AND TO DEVELOP CORRECTIVE ACTION.

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

10. RECORD KEEPING PRACTICES (+/-10%):
DEGREE TO WHICH INSURED INCORPORATES METHODS TO MAINTAIN QUALITY PATIENT RECORDS, REFERRALS, AND TEST RESULTS.

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**NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA
THE PHYSICIAN ASSISTANT PROFESSIONAL LIABILITY PLUS INSURANCE PROGRAM
MANUAL RULES
ILLINOIS**

**PHYSICIAN ASSISTANT
STANDARD CLAIMS MADE PROGRAM
SCHEDULE RATING PLAN**

11. UTILIZATION OF MONITORING EQUIPMENT, DIAGNOSTIC TESTS OR PROCEDURES (+/-10%):
DEMONSTRATING THE WILLINGNESS (OR LACK THEROF) TO EXPEND THE TIME AND CAPITAL TO INCORPORATE THE LATEST ADVANCES IN MEDICAL TREATMENTS AND EQUIPMENT INTO THE PRACTICE, PROVIDING ABOVE OR BELOW AVERAGE PROCEDURES AS DEFINED IN UNDERWRITING GUIDELINES FOR A SPECIALTY, OR FAILURE TO MEET ACCEPTED STANDARDS OF CARE.

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**NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA
THE PHYSICIAN ASSISTANT PROFESSIONAL LIABILITY PLUS INSURANCE PROGRAM
MANUAL RULES
ILLINOIS**

**PHYSICIAN ASSISTANT
STANDARD CLAIMS MADE PROGRAM
NEW TO PRACTICE CREDIT**

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

THE NEW TO PRACTICE CREDIT WILL NOT BE APPLIED IN COMBINATION WITH PART-TIME CREDITS.

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AUG 23 2011

**NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA
THE PHYSICIAN ASSISTANT PROFESSIONAL LIABILITY PLUS INSURANCE PROGRAM
MANUAL RULES
ILLINOIS**

**PHYSICIAN ASSISTANT
STANDARD CLAIMS MADE PROGRAM
SHARED ENTITY VICARIOUS LIABILITY COVERAGE**

A SCHEDULED HEALTHCARE PROFESSIONAL ENTITY MAY BE MADE AN ADDITIONAL INSURED ON A HEALTHCARE PROFESSIONAL'S PRIMARY INDIVIDUAL POLICY AT NO ADDITIONAL CHARGE. COVERAGE IS LIMITED TO VICARIOUS LIABILITY BASED SOLELY ON PROFESSIONAL SERVICES RENDERED, OR WHICH SHOULD HAVE BEEN RENDERED BY THE NAMED INSURED PHYSICIAN ASSISTANT.

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

FILED

AUG 23 2011

**NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA
THE PHYSICIAN ASSISTANT PROFESSIONAL LIABILITY PLUS INSURANCE PROGRAM
MANUAL RULES
ILLINOIS**

**PHYSICIAN ASSISTANT
STANDARD CLAIMS MADE PROGRAM
PARTNERSHIP OR CORPORATION COVERAGE**

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

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

FILED

AUG 23 2011

**NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA
THE PHYSICIAN ASSISTANT PROFESSIONAL LIABILITY PLUS INSURANCE PROGRAM
MANUAL RULES
ILLINOIS**

**PHYSICIAN ASSISTANT
STANDARD CLAIMS MADE PROGRAM
EXTENDED REPORTING PERIOD (ERP) RATING**

THE PREMIUM FOR THE ERP ENDORSEMENT SHALL BE DETERMINED BY APPLYING THE ERP RATING FACTORS CONTAINED IN THE RATE PAGE AND LISTED BELOW TO THE APPLICABLE STANDARD MATURE CLAIMS MADE RATE BASED ON EXPIRING ANNUAL PREMIUM, SUBJECT TO EXPIRING PART-TIME AND SCHEDULE RATING MODIFICATIONS.

EXTENDED REPORTING PERIOD RATING FACTORS

YEARS RETROACTIVE DATE PRECEDES EXPIRATION DATE	FACTOR
LESS THAN 1	.730
1	1.160
2	1.400
UNLIMITED	1.750

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THE PHYSICIAN ASSISTANT PROFESSIONAL LIABILITY PLUS INSURANCE PROGRAM
MANUAL RULES
ILLINOIS**

**PHYSICIAN ASSISTANT
STANDARD CLAIMS MADE PROGRAM**

PRIOR ACTS COVERAGE

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

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AUG 23 2011

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

**NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA
THE PHYSICIAN ASSISTANT PROFESSIONAL LIABILITY PLUS INSURANCE PROGRAM
MANUAL RULES
ILLINOIS**

**PHYSICIAN ASSISTANT
STANDARD CLAIMS MADE PROGRAM
SLOT RATING RULE**

COVERAGE FOR MULTI-HEALTHCARE PROFESSIONAL GROUPS IS AVAILABLE, AT THE COMPANY'S OPTION, ON A SLOT BASIS RATHER THAN ON AN INDIVIDUAL HEALTHCARE PROFESSIONAL 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.

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. ERP COVERAGE MAY BE PURCHASED FOR THE SLOT BASED ON THE APPLICABLE RETROACTIVE DATE, CLASSIFICATION AND LIMITS.

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

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**NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA
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MANUAL RULES
ILLINOIS**

**PHYSICIAN ASSISTANT
STANDARD CLAIMS MADE PROGRAM
CONVERTIBLE COVERAGE RATING PLAN**

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

- 1) PAYMENT TO THE COMPANY OF THE APPLICABLE PREMIUM FOR A MINIMUM OF THREE ANNUAL STANDARD CLAIMS MADE POLICIES.
- 2) ACHIEVE THREE YEARS OF CONTINUOUS CLAIMS MADE COVERAGE UNDER THIS PLAN WITH NO CLAIMS ATTRIBUTED TO THE INSURED.
 - A CLAIM UNDER THIS PLAN SHALL NOT BE CONSTRUED TO INCLUDE INSTANCES OF MISTAKEN IDENTITY, BLANKET DEFENDANT LISTINGS, IMPROPER INCLUSION, OR NON-MERITORIOUS OR FRIVOLOUS CLAIMS.

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

THE APPLICABLE PREMIUM UNDER THIS PLAN SHALL BE EQUAL TO 100% OF THE MANUAL PREMIUM THAT WOULD OTHERWISE BE DERIVED FROM THE INSURED UNDER THE OCCURRENCE PROGRAM. NO OTHER MODIFICATIONS ARE TO APPLY CONCURRENT WITH THIS RULE WITH THE EXCEPTION OF RISK MANAGEMENT AND SCHEDULE RATING MODIFICATIONS.

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

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THE PHYSICIAN ASSISTANT PROFESSIONAL LIABILITY PLUS INSURANCE PROGRAM
MANUAL RULES
ILLINOIS**

**PHYSICIAN ASSISTANT
STANDARD CLAIMS MADE PROGRAM
MOONLIGHTING RATING RULE**

ANY HEALTHCARE PROFESSIONAL WHO REQUESTS COVERAGE FOR MOONLIGHTING ACTIVITIES, WHILE WORKING FULL TIME AT A PRACTICE EXCLUDED BY THE COMPANY, AND AVERAGE LESS THAN 500 HOURS DURING THE TERM OF AN ANNUAL POLICY FOR SUCH MOONLIGHTING ACTIVITIES, WILL BE CONSIDERED A MOONLIGHTING PRACTITIONER AND WILL BE ELIGIBLE FOR A REDUCTION IN THE OTHERWISE APPLICABLE RATE BASED ON THE FOLLOWING SCHEDULE.

THE RATE SHALL BE CALCULATED AS 0.325 OF THE APPLICABLE STATE/TERRITORY MATURE CLAIMS MADE CLASS (A) RATE. IF THE POLICY IS CANCELED BY THE INSURED, THE PORTION OF PREMIUM RETAINED BY THE COMPANY SHALL BE COMPUTED AS FOLLOWS: NUMBER OF HOURS WORKED AS A MOONLIGHTER / 500.

TO QUALIFY, THE MOONLIGHTING PRACTITIONER MUST BE CLAIM FREE FOR A MINIMUM OF THE PRECEDING FIVE YEARS. PART TIME APPLICANTS OR INSUREDS ARE NOT ELIGIBLE FOR MOONLIGHTING COVERAGE.

UPON TERMINATION OF THE MOONLIGHTING POLICY THE INSURED MAY REQUEST IN WRITING, WITHIN 60 DAYS OF THE TERMINATION DATE, AN EXTENDED REPORTING PERIOD ENDORSEMENT. THE COMPANY WILL WAIVE ANY PREMIUM THAT WOULD NORMALLY BE DUE FOR SUCH EXTENSION.

THE COMPANY, AT OUR DISCRETION, MAY AUDIT THE PRACTITIONER TO VERIFY COMPLIANCE WITH THE TERMS OF THE MOONLIGHTING RULE.

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AUG 23 2011

**NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA
THE PHYSICIAN ASSISTANT PROFESSIONAL LIABILITY PLUS INSURANCE PROGRAM
MANUAL RULES
ILLINOIS**

**PHYSICIAN ASSISTANT
OCCURRENCE PROGRAM
FULL TIME EQUIVALENCY RATING RULE**

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

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

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

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AUG 23 2011

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

**NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA
THE PHYSICIAN ASSISTANT PROFESSIONAL LIABILITY PLUS INSURANCE PROGRAM
MANUAL RULES
ILLINOIS**

**PHYSICIAN ASSISTANT
OCCURRENCE PROGRAM**

FULL TIME EQUIVALENCY RATING RULE

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

<u>FTE* PER POLICY</u>	<u>PREMIUM MODIFICATION</u>
1-4	0.0%
5-9	-2.0%
10-14	-5.0%
15-24	-10.0%
25+	-15.0%

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

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

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

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MANUAL RULES
ILLINOIS**

**PHYSICIAN ASSISTANT
OCCURRENCE PROGRAM
RISK MANAGEMENT CREDIT RULE**

THE INSURED WILL RECEIVE A TEN PERCENT (10%) PREMIUM CREDIT FOR A RISK MANAGEMENT COURSE WHICH HAS A MINIMUM OF 3 CONTINUING MEDICAL EDUCATION UNITS (CME'S) AND IS RISK MANAGEMENT FOCUSED.

FILED

AUG 23 2011

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

**NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA
THE PHYSICIAN ASSISTANT PROFESSIONAL LIABILITY PLUS INSURANCE PROGRAM
MANUAL RULES
ILLINOIS**

**PHYSICIAN ASSISTANT
STANDARD CLAIMS MADE PROGRAM
FULL TIME EQUIVALENCY RATING RULE**

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

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

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

FILED

AUG 23 2011

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

**NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA
THE PHYSICIAN ASSISTANT PROFESSIONAL LIABILITY PLUS INSURANCE PROGRAM
MANUAL RULES
ILLINOIS**

**PHYSICIAN ASSISTANT
STANDARD CLAIMS MADE PROGRAM
FULL TIME EQUIVALENCY RATING RULE**

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

<u>FTE* PER POLICY</u>	<u>PREMIUM MODIFICATION</u>
1-5	0.0%
5-9	-2.0%
10-14	-5.0%
15-24	-10.0%
25+	-15.0%

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

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

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

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AUG 23 2011

**NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA
THE PHYSICIAN ASSISTANT PROFESSIONAL LIABILITY PLUS INSURANCE PROGRAM
MANUAL RULES
ILLINOIS**

**PHYSICIAN ASSISTANT
STANDARD CLAIMS MADE PROGRAM
RISK MANAGEMENT CREDIT RULE**

THE INSURED WILL RECEIVE A TEN PERCENT (10%) PREMIUM CREDIT FOR A RISK MANAGEMENT COURSE WHICH HAS A MINIMUM OF 3 CONTINUING MEDICAL EDUCATION UNITS (CME'S) AND IS RISK MANAGEMENT FOCUSED.

FILED

AUG 23 2011

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

**NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA
THE PHYSICIAN ASSISTANT PROFESSIONAL LIABILITY PLUS INSURANCE PROGRAM
MANUAL RULES
ILLINOIS**

**PHYSICIAN ASSISTANT
STANDARD CLAIMS MADE PROGRAM
ACCELERATED ERP RULE**

THE COMPANY WILL 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 ONE YEAR AND/OR WILL NOT HAVE ONE YEAR 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 ERP, AS OUTLINED IN THE POLICY VIA PROVISION U. OPTIONAL EXTENDED REPORTING PERIOD OF SECTION VI. CONDITIONS.
- 4) THE COMPANY APPROVED THE GROUP'S REQUEST FOR THE WAIVER AFTER DETERMINING THE INSURED HAD LESS THAN ONE YEAR OF PRIOR ACTS EXPOSURE.

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

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AUG 23 2011

NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA.
 THE PHYSICIAN ASSISTANT PROFESSIONAL LIABILITY PLUS INSURANCE PROGRAM

ILLINOIS

I. Base rate for \$100,000/\$300,000 Occurrence Coverage

	FACTOR	
Class A (Area 1: Cook County)	increased 1.20025	\$2,613
Class A (Area 2: Remainder of State)		\$2,177
Class B (Area 1: Cook County)	increased 1.20025	\$3,266
Class B (Area 2: Remainder of State)		\$2,721
Class C (Area 1: Cook County)	increased 1.20025	\$3,920
Class C (Area 2: Remainder of State)		\$3,266

Base rate for \$1,000,000/\$6,000,000 Occurrence Coverage

Class D Student (Area 1: Cook County)	\$180
Class D Student (Area 2: Remainder of State)	\$180

II. Increased Limit Factors

\$100,000/\$300,000	1.000
\$200,000/\$600,000	1.350
\$250,000/\$750,000	1.450
\$500,000/\$1,000,000	1.705
\$1,000,000/\$6,000,000	2.100

III. Claims-made Conversion Factors (% of occurrence premium)

<u>Years Since Retroactive Date:</u>	
Less Than 1 Year	0.365
1 Year	0.692
2 Years	0.891
Mature	0.909

IV. Extended Reporting Period Factors

<u>% of Mature Claims-Made Premium Based on Expiring Annual Premium:</u>	
Less Than 1 Year	0.730
1 Year	1.160
2 Years	1.400
Unlimited	1.750

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