

SERFF Tracking Number: PERR-126914861 State: Illinois
Filing Company: OneBeacon Insurance Company State Tracking Number: PERR-126914861
Company Tracking Number: OBIC-MM-AH-IL-10-01R
TOI: 11.1 Med Mal-Occurrence Only Sub-TOI: 11.1032 Professional Nurses
Product Name: Allied Health Medical Malpractice Program
Project Name/Number: OBIC-MM-AH-IL-10-01R/OBIC-MM-AH-IL-10-01R

Filing at a Glance

Company: OneBeacon Insurance Company

Product Name: Allied Health – Medical
Malpractice Program

TOI: 11.1 Med Mal-Occurrence Only

Sub-TOI: 11.1032 Professional Nurses

SERFF Tr Num: PERR-126914861 State: Illinois

SERFF Status: Closed-Filed

State Tr Num: PERR-126914861

Co Tr Num: OBIC-MM-AH-IL-10-
01R

State Status:

Filing Type: Rate/Rule

Reviewer(s): Gayle Neuman

Authors: Neresia Torres, Olga E.
Garcia

Disposition Date: 05/24/2011

Date Submitted: 11/29/2010

Disposition Status: Filed

Effective Date Requested (New): 11/29/2010

Effective Date (New): 11/01/2011

Effective Date Requested (Renewal): On Approval

Effective Date (Renewal):
11/01/2011

General Information

Project Name: OBIC-MM-AH-IL-10-01R

Project Number: OBIC-MM-AH-IL-10-01R

Reference Organization: N/A

Reference Title: N/A

Filing Status Changed: 05/24/2011

State Status Changed:

Created By: Neresia Torres

Corresponding Filing Tracking Number: OBIC-MM-AH-IL-10-01F

Filing Description:

On behalf of OneBeacon Insurance Company (the Company), we are filing to introduce a new independent rates and rules for its new Allied Health – Medical Malpractice program. This program will provide medical malpractice coverage on occurrence basis. Workplace general liability coverage is also available.

Status of Filing in Domicile: Not Filed

Domicile Status Comments:

Reference Number: N/A

Advisory Org. Circular: N/A

Deemer Date:

Submitted By: Ines Piquet

The Company respectfully requests that the filing be implemented for all policies November 29, 2010 which is the earliest possible date according to filing law.

Also included is authorization for Perr&Knight to submit this filing on behalf of the captioned Company. All correspondence related to this filing should be directed to Perr&Knight. The captioned Company has prepared the

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rates, and rules contained in this filing. If there are any requests for additional information related to items prepared by the Company, we will forward the request immediately to the Company. We will submit the Company's response to your attention as soon as we receive it.

We trust you will find this submission acceptable, and as such look forward to your approval. Please do not hesitate to contact us with any questions or comments.

Company and Contact

Filing Contact Information

Neresa Torres, State Filings Project doi@perrknight.com
 Coordinator
 881 Alma Real Drive 888-201-5123 [Phone] 111 [Ext]
 Suite 205 310-230-8529 [FAX]
 Pacific Palisades, CA 90272

Filing Company Information

(This filing was made by a third party - perrandknightactuaryconsultants)

OneBeacon Insurance Company	CoCode: 21970	State of Domicile: Pennsylvania
44 Whippany Road	Group Code: 1129	Company Type:
Morristown, NJ 07962	Group Name:	State ID Number:
(310) 230-9339 ext. [Phone]	FEIN Number: 23-1502700	

Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
OneBeacon Insurance Company	\$0.00		

State Specific

Refer to our checklists prior to submitting filing
 (http://www.idfpr.com/DOI/Prop_Cas_IS3_Checklists/IS3_Checklists.htm): Acknowledged

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Refer to our updated (04/06/2007) SERFF General Instructions prior to submitting filing. They have been updated to clarify what rates and rules are required to be filed as well as what rates and rules are not required to be filed. Also, the "Product Name" is the Filing Title and not the Project Number.: Acknowledged

NO RATES and/or RULES ARE REQUIRED TO BE FILED FOR LINES OF COVERAGE SUCH AS COMMERCIAL AUTO (except taxicabs), BURGLARY AND THEFT, GLASS, FIDELITY, SURETY, COMMERCIAL GENERAL LIABILITY, CROP HAIL, COMMERCIAL PROPERTY, DIRECTORS AND OFFICERS, ERRORS AND OMISSIONS, COMMERCIAL MULTI PERIL just to mention a few. However, a Summary Sheet (RF-3) is required to be filed. Please refer to the State Specific Field below for what rates/rules are required to be filed and to our checklists for specific statutes, regulations, etc. : http://www.idfpr.com/DOI/Prop_Cas_IS3_Checklists/IS3_Checklists.htm: Acknowledged
Medical Malpractice rates/rules may only be submitted in paper.: Comment out dated, now being accepted via SERFF
The only rates and/or rules that are required to be filed are Homeowners, Mobile Homeowners, Dwelling Fire and Allied Lines, Workers' Compensation, Liquor Liability, Private Passenger Automobiles, Taxicabs, Motorcycles and Group Inland Marine Insurance which only applies to insurance involving personal property owned by, being purchased by or pledged as collateral by individuals, and not used in any business, trade or profession per Regulation Part 2302 which says in part, "each company shall file with the Director of Insurance each rate, rule and minimum premium before it is used in the State of Illinois.": Acknowledged

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

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed	Gayle Neuman	05/24/2011	05/24/2011

Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Gayle Neuman	03/31/2011	03/31/2011	Neresa Torres	04/07/2011	04/07/2011
Pending Industry Response	Gayle Neuman	03/22/2011	03/22/2011	Neresa Torres	03/30/2011	03/30/2011
Pending Industry Response	Gayle Neuman	03/08/2011	03/08/2011	Neresa Torres	03/17/2011	03/17/2011

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Effective Date Response	Note To Reviewer	Neresa Torres	05/24/2011	05/24/2011
effective date	Note To Filer	Gayle Neuman	05/18/2011	05/18/2011
filing status	Note To Filer	Gayle Neuman	03/03/2011	03/03/2011
Status Check	Note To Reviewer	Neresa Torres	03/03/2011	03/03/2011

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filing status	Note To Filer	Gayle Neuman	01/21/2011	01/21/2011
Status Check	Note To Reviewer	Neresa Torres	01/20/2011	01/20/2011

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Disposition

Disposition Date: 05/24/2011
 Effective Date (New): 11/01/2011
 Effective Date (Renewal): 11/01/2011
 Status: Filed
 Comment:

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where required):	Minimum % Change (where required):
OneBeacon Insurance Company	0.000%	0.000%	\$0	0	\$0	0.000%	0.000%

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Explanatory Memorandum		Yes
Supporting Document	Form RF3 - (Summary Sheet)		Yes
Supporting Document (revised)	Certification		Yes
Supporting Document	Certification		Yes
Supporting Document	Manual		Yes
Supporting Document	Leter of Authorization		Yes
Rate (revised)	Manual		Yes
Rate	Manual		Yes
Rate (revised)	Illinois – State Exceptions Page		Yes
Rate	Illinois – State Exceptions Page		Yes
Rate	Illinois – State Exceptions Page		Yes

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Project Name/Number: OBIC-MM-AH-IL-10-01R/OBIC-MM-AH-IL-10-01R

Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 03/31/2011
Submitted Date 03/31/2011
Respond By Date 04/07/2011

Dear Neresia Torres,

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

Under ISO Classification Codes, there are two listings for IIIA - LPN/LVN and Registered Nurse. Under the State Exceptions Page, it reads "\$92 for Employed Nurses, and \$328 for Self-Employed Nurses". If either can be employed or self-employed, why does it reference how they are employed on the State Exceptions Page? Under the section about firms, the manual indicates "will be the higher of the self employed rate" - please explain.

Please clarify that you are currently writing coverage for the LPN/LVN, Registered Nurse, Nurse Practitioner Firm, and Physical Therapy Firms since rates are provided for all.

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

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

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

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

Sincerely,
Gayle Neuman

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Response Letter

Response Letter Status Submitted to State
Response Letter Date 04/07/2011
Submitted Date 04/07/2011

Dear Gayle Neuman,

Comments:

Response 1

Comments: The state exception pages show rates for Class IIIA, which are LPN/LVN and Registered Nurses. The rates apply as follows:

- If a Registered Nurse is Employed (by a hospital for example) then they will be charged \$92; same is true for an Employed LPN/LVN
- Similarly, if a Registered Nurse (or LPN/LVN) is Self-Employed then he/she will be charged \$328

The language that refers to firms implies that LPN/LVN working for a firm are a similar risk to a Self Employed individual, because the rate charged will be the greater of \$300 or the Self Employed rate.

There are no references to Nurse Practitioner Firms or Physical Therapy Firms in the state exception pages. The rules related to such firms in the CW manual are not applicable until such time that a rate for such risks are filed.

Only class IIIA rates are being filed at this time because that is the only class the Company will write. The Company will file rates for the other classes if and before writing them in the future.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Sincerely,
Neresa Torres, Olga E. Garcia

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Project Name/Number: OBIC-MM-AH-IL-10-01R/OBIC-MM-AH-IL-10-01R

Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 03/22/2011
Submitted Date 03/22/2011
Respond By Date 03/31/2011

Dear Neresia Torres,

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

Here are some follow-up questions/issues:

1. In regard to the gathering of statistics or the reporting of statistics to statistical agencies, this is a requirement. You can do it in-house, or you can use a statistical agency like ISO or NISS. Please advise.
2. Are there any territory/location factors?
3. To clarify, the LPN/LVN is an employed nurse and the Registered Nurse is a self-employed nurse. Please advise.

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

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

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

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

Sincerely,
Gayle Neuman

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Product Name: Allied Health Medical Malpractice Program
Project Name/Number: OBIC-MM-AH-IL-10-01R/OBIC-MM-AH-IL-10-01R

Response Letter

Response Letter Status Submitted to State
Response Letter Date 03/30/2011
Submitted Date 03/30/2011

Dear Gayle Neuman,

Comments:

On behalf of OneBeacon Insurance Company, we are providing the following response in numerical order of the concerns received.

Response 1

Comments: 1. The Company uses ISO as its statistical reporting agent and plans to utilize ISO for stat reporting on this product.

2. No, the base rate applies statewide.
3. Employed or self employed nurses can be either LPN/LVN or RN.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Sincerely,
Neresa Torres, Olga E. Garcia

SERFF Tracking Number: PERR-126914861 State: Illinois
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Project Name/Number: OBIC-MM-AH-IL-10-01R/OBIC-MM-AH-IL-10-01R

Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 03/08/2011
Submitted Date 03/08/2011
Respond By Date 03/18/2011

Dear Neresia Torres,

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

1. Please indicate if your company has a plan for the gathering of statistics or the reporting of statistics to statistical agencies? If yes, what stat agency is being used?
2. Under VIII. Limits of Liability, the minimum premium for \$1,000,000/\$7,000,000 limits is \$25. Please confirm that amount is correct.
3. In regard to X. Restrictions of Coverage or Increased Rate, Section 155.18(b)(4) of the Illinois Insurance Code allows insurers to modify classification rates to produce rates for individual risks in accordance with rating plans which establish standards for measuring variations in hazards or expense provisions, or both. Such standards may measure any difference among risks that have a probable effect upon losses or expenses. Such modifications of classifications of risks may be established based upon size, expense, management, individual experience, location or dispersion of hazard, or any other reasonable considerations and shall apply to all risks under the same or substantially the same circumstances or conditions. Before such "individual risk" rating can be utilized, you will have to submit such filing for review and list the standards by which you measure the variations in hazards or expense provisions in order to determine that a specific risk is so different in hazard/expense that it warrants individual rating. Such standards are required in the law, prior to individually rating any risk, to ensure that an insurer is not applying its rates in an unfairly discriminatory manner.
4. Under XIV. Schedule Rating, there is no description for the Unusual Risk Characteristics category.
5. Is there a minimum earned premium?
6. Where are the rates? Rates are provided on the State Exceptions Page but rates for all classifications under XII. ISO Classification Codes are not provided. Please explain.

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

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

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

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

Sincerely,
Gayle Neuman

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Response Letter

Response Letter Status Submitted to State
 Response Letter Date 03/17/2011
 Submitted Date 03/17/2011

Dear Gayle Neuman,

Comments:

Response 1

Comments: 1. The Company does not have a plan for reporting.
 2. This amount is correct.
 3. The Company acknowledges this requirement.
 4. The Company has revised their state exception pages to clarify schedule rating. The revised pages are attached.
 5. There is no specific minimum earned premium however the policy includes a provision to calculate return premium using customary short rate in the event of insured cancelation.
 6. Only class IIIA rates are being filed at this time because that is the only class the Company will write. The Company will file rates for the other classes if and before writing them in the future.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

Rate/Rule Schedule Item Changes

Exhibit Name	Rule # or Page #	Rate Action	Previous State Filing #
Illinois – State Exceptions Page	IL SEP (Edition 11/2010)	New	
Previous Version			
Illinois – State Exceptions Page	IL SEP (Edition 11/2010)	New	
Illinois – State Exceptions Page	IL SEP (Edition 11/2010)	New	

SERFF Tracking Number: *PERR-126914861* *State:* *Illinois*
Filing Company: *OneBeacon Insurance Company* *State Tracking Number:* *PERR-126914861*
Company Tracking Number: *OBIC-MM-AH-IL-10-01R*
TOI: *11.1 Med Mal-Occurrence Only* *Sub-TOI:* *11.1032 Professional Nurses*
Product Name: *Allied Health Medical Malpractice Program*
Project Name/Number: *OBIC-MM-AH-IL-10-01R/OBIC-MM-AH-IL-10-01R*

Sincerely,
Neresa Torres, Olga E. Garcia

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TOI: 11.1 Med Mal-Occurrence Only Sub-TOI: 11.1032 Professional Nurses
Product Name: Allied Health Medical Malpractice Program
Project Name/Number: OBIC-MM-AH-IL-10-01R/OBIC-MM-AH-IL-10-01R

Note To Reviewer

Created By:

Neresa Torres on 05/24/2011 12:19 PM

Last Edited By:

Gayle Neuman

Submitted On:

05/24/2011 02:16 PM

Subject:

Effective Date Response

Comments:

The company would like to respectfully request an effective date for implementing this filing of November 1, 2011.

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Product Name: Allied Health Medical Malpractice Program
Project Name/Number: OBIC-MM-AH-IL-10-01R/OBIC-MM-AH-IL-10-01R

Note To Filer

Created By:

Gayle Neuman on 05/18/2011 08:43 AM

Last Edited By:

Gayle Neuman

Submitted On:

05/24/2011 02:16 PM

Subject:

effective date

Comments:

The Department of Insurance has now completed its review of the filing referenced above. Originally, OneBeacon requested the filing be effective November 29, 2010. Was the filing put in effect on November 29, 2010 or do you wish to have a different effective date?

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Product Name: Allied Health Medical Malpractice Program
Project Name/Number: OBIC-MM-AH-IL-10-01R/OBIC-MM-AH-IL-10-01R

Note To Filer

Created By:

Gayle Neuman on 03/03/2011 01:15 PM

Last Edited By:

Gayle Neuman

Submitted On:

05/24/2011 02:16 PM

Subject:

filing status

Comments:

I completed my review of the filing, however the filing also has to be reviewed by our Actuarial Unit, Legal Division, etc. Therefore, the filing is still pending.

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Note To Reviewer

Created By:

Neresa Torres on 03/03/2011 12:58 PM

Last Edited By:

Gayle Neuman

Submitted On:

05/24/2011 02:16 PM

Subject:

Status Check

Comments:

We are aware that the Department is currently backlogged, is there any new update regarding the status of this filing?
Your assistance will be greatly appreciated.

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Product Name: Allied Health Medical Malpractice Program
Project Name/Number: OBIC-MM-AH-IL-10-01R/OBIC-MM-AH-IL-10-01R

Note To Filer

Created By:

Gayle Neuman on 01/21/2011 08:16 AM

Last Edited By:

Gayle Neuman

Submitted On:

05/24/2011 02:16 PM

Subject:

filing status

Comments:

This rate/rule filing is still pending review.

SERFF Tracking Number: PERR-126914861 State: Illinois
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 Project Name/Number: OBIC-MM-AH-IL-10-01R/OBIC-MM-AH-IL-10-01R

Note To Reviewer

Created By:

Neresa Torres on 01/20/2011 11:51 AM

Last Edited By:

Gayle Neuman

Submitted On:

05/24/2011 02:16 PM

Subject:

Status Check

Comments:

Thanks for your ongoing review of this filing. At this time, we are respectfully requesting for an updated status of this filing.

Rate/Rule Schedule

Schedule Item	Exhibit Name:	Rule # or Page #:	Rate Action	Previous State Filing Attachments Number:
	Manual	Page 1 thru Page 13	New	Allied Health Nursing Rate Plan Final V4.pdf
	Illinois State Exceptions Page	IL SEP (Edition 11/2010)	New	Allied Health exception pages - ILLINOIS V3.pdf

**OneBeacon Professional Insurance
Allied Health - Nursing**

I. APPLICATION OF MANUAL RULES

- A. The rules contained in these pages shall govern the writing of Professional Liability policies for Healthcare Provider specialties described in Section XII below.
- B. The rules, rates, rating plans and forms filed on behalf of the Company and not in conflict herewith, shall govern in all cases not specifically provided for herein.

II. POLICY TERM

Policies may be written for a term of one year, and renewed annually thereafter.

III. PREMIUM COMPUTATION

- A. Compute the premium at policy inception using the rates and rating plans in effect at that time. At each renewal, compute the premium using the rules, rates and rating plans then in effect.
- B. Prorate the premium when a policy is issued for other than a whole year.
- C. Premiums are calculated as specified for the respective coverage. Premium rounding will be done at each step of the computation process in accordance with the Whole Dollar Rule, as opposed to rounding the final premium.

IV. FACTORS OR MULTIPLIERS

Wherever applicable, factors or multipliers are to be applied consecutively and not added together.

V. WHOLE DOLLAR RULE

In the event the rating procedure does not result in a whole dollar:

- A. any amount involving \$.50 or over shall be rounded to the next highest whole dollar amount;
- B. any amount involving \$.49 or less shall be rounded down to the next lower whole dollar amount.

VI. ADDITIONAL PREMIUM CHARGES

A. Prorate all changes requiring additional premium.

B. Apply the rates and rules that were in effect at the inception date of this policy period. After computing the additional premium, charge the amount applicable from the effective date of the change.

VII. RETURN PREMIUM

A. Compute return premium at the rates used to calculate the policy premium at the inception of this policy period.

B. Compute return premium pro rata and round in accordance with the Whole Dollar Rule when any coverage or exposure is deleted or an amount of insurance is reduced.

VIII. LIMITS OF LIABILITY

Rates are derived using the standard \$1,000,000 / \$6,000,000 base rates. When higher or lower limits are offered, they will be provided on the following basis:

Limits of Liability	Limit Factor	Minimum Premium
\$100,000 / \$300,000	0.64	-
\$100,000 / \$500,000	0.65	-
\$200,000 / \$600,000	0.69	-
\$250,000 / \$750,000	0.71	-
\$200,000 / \$1,000,000	0.71	-
\$500,000 / \$500,000	0.76	-
\$500,000 / \$1,000,000	0.79	-
\$500,000 / \$2,500,000	0.83	-
\$1,000,000 / \$1,000,000	0.94	-
\$1,000,000 / \$2,000,000	0.95	-
\$1,000,000 / \$3,000,000	0.96	-

\$1,000,000 / \$5,000,000	0.98	-
\$1,000,000 / \$6,000,000	1.00	-
\$1,000,000 / \$7,000,000	1.02	\$25
\$1,000,000 / \$8,000,000	1.03	\$30
\$2,000,000 / \$4,000,000	1.15	\$40
\$2,000,000 / \$5,000,000	1.17	\$50
\$2,000,000 / \$6,000,000	1.18	\$65
\$2,000,000 / \$7,000,000	1.19	\$75
\$2,000,000 / \$8,000,000	1.20	\$80

IX. POLICY CANCELLATIONS

Return premium will be computed in accordance with the Whole Dollar Rule using the rules, rates and rating plans in effect at the inception of this policy period. When cancellation is initiated by the insured, return premium is calculated using the customary short rate table and procedure. When cancellation is initiated by the Underwriter, return premium is calculated pro rata.

X. RESTRICTIONS OF COVERAGE OR INCREASED RATE

Subject to individual state regulations, policies may be issued with special restrictions or at increased premium if:

- A. the insured agrees in writing; and
- B. the policy would not be written otherwise.

XI. PREMIUM PAYMENT PLAN

The Company may, at its discretion, offer to the named insured various premium payment options, ranging from monthly to annual payment plans. Some of the premium payment plans may result in a service fee of \$5 per payment.

XII. ISO CLASSIFICATION CODES

Class	SubClass	Description	ISO CODE
I	A	Occupational Therapists	80721
I	A	Occupational Therapy Assistant	80721
I	A	Certified Occupational Therapy Assistant	80721
I	B	Respiratory Care Provider	80717
I	B	Respiratory Therapist	80717
I	C	Respiratory Therapist Technician/Technologist	80717
I	C	Chiropractic Assistant	80411
I	C	Optometric Technician/Assistant	80944
I	C	Podiatric Assistant	80943
II	None	Art Therapist	80967
II	None	Dance Therapist	80967
II	None	Music Therapist	80967
II	None	Recreation Therapist	80945
III	A	LPN/LVN	80963
III	A	Registered Nurse	80964
III	B	Dietician	80720
III	B	Nutritionist	80720
III	C	Bio-medical Technician/Technologist	80719
III	C	Blood Bank Technician/Technologist	80719
III	C	Cardiology Technician/Technologist	80719
III	C	Certified Lab Technician/Technologist	80711
III	C	Certified Medical Assistant	80719
III	C	Clinical Lab Technician/Technologist	80711
III	C	Community Health Assistant	80719
III	C	Community Health Technician/Technologist	80719
III	C	Diagnostic Medical Sonographer	80719
III	C	Dialysis Technician/Technologist	80719
III	C	EEG Technician/Technologist	80719
III	C	EKG Technician/Technologist	80719
III	C	Electrologist	80719
III	C	Histologic Technician/Technologist	80719
III	C	Medical Assistant	80719
III	C	Medical Laboratory Technician/Technologist	80711
III	C	Medical Records Administrator	80711
III	C	Medical Records Technician/Technologist	80719
III	C	Medical Technician	80719
III	C	Medical Technician/Technologist Assistant	80719
III	C	Medical Technologist	80719

III	C	Mental Retardation Workers	80711
III	C	Nuclear Medical Technician/Technologist	80719
III	C	Phlebotomist	80719
III	C	Radiation Therapist	80713
III	C	Radiology Technician/Technologist	80719
III	C	Surgical Technician/Technologist	80129
III	C	X-Ray Machine Operator	80713
III	D	Home Health Aide	80618
III	E	Clinical Nurse Specialist-No Prescriptive Authority	80965
IV	A	Pharmacist	59112
IV	B	Pharmacy Technician	59112
IV	C	Pedorthist	80943
V	None	Circulation Tech	80945
V	None	Perfusionist	80945
VI	A	Massage Therapist	80718
VI	B	Enterostomal Therapist	80945
VI	B	Orthopedic Assistant	80943
VII	A	Athletic Trainer	80945
VII	B	Exercise Physiologist	80945
VII	B	Fitness Professional	80945
VII	B	Health Educator	80711
VII	B	Kinesiologist	80945
VII	B	Personal Trainer, Certified	80945
VII	B	Sports Medicine Instructor	80945
VIII	A	Paramedic	80723
VIII	B	Basic / Intermediate Emergency Medical Technician	80723
VIII	C	Volunteer Emergency Medical Technician	80723
IX	A	Physical Therapist	80995
IX	A	Rehabilitation Therapist	80995
IX	A	Kinesiotherapist	80945
IX	A	Sports Medicine Therapist	80945
IX	A	Corrective Therapist	80945
IX	B	Physical Therapist Assistant	80995
IX	B	Rehabilitation Assistant	80995
X	None	No specialties in this class	None
XI	A	NP/CNS: Adult / Geriatric / Family Planning / Gynecology / Women's Health / Adult Oncology	80965
XI	B	NP/CNS: Psychiatric	80965

XI	C	NP/CNS: Pediatric / Neonatal / Family Practice / Acute Critical Care,	80965
XI	D	NP/CNS: Obstetrics / Gynecology / Perinatal / Acute Care Obstetrics,	80965
XI	E	NP/CNS: Nurse Practitioner Student	80965
XI	F	NP/CNS: Clinical Nurse Specialist - Educator, Consultant, Administrator and Researcher	80965
XII	None	Audiologists	80716
XII	None	Speech Language Pathologist	80716
XII	None	Speech Hearing Therapist	80716
XIII	None	Dental Hygienists	80712
XIV	None	Dental Assistants	80712
XIV	None	Laboratory Aide	80711
XIV	None	Nurses Aide	80964
XIV	None	Geriatric Nursing Assistant	80963
XIV	None	Nursing Assistant	80963
XIV	None	Physical Therapy Aide	80995
XIV	None	Other Healthcare Aide (Excluding Home Health Aides)	80711
XV	A	Social Worker Clinical	80723
XV	B	Psychotherapist / Psychologist	80723
XV	C	Alcohol/Drug Counselor	80723
XV	C	Case Manager	72990
XV	C	Clinical/Rehabilitation Counselor	80723
XV	C	Pastoral Counselor	80723
XV	C	School Counselor	80723
XV	D	Marriage/Family Counselor	80723
XVI	A	Physician Assistant Class 1	80116
XVI	B	Physician Assistant Class 2	80116
XVI	C	Physician Assistant Class 3	80116
XVI	D	Physician Assistant Student	80116
XVI	E	Registered Radiologist Assistant	80116
XVII	A	Acupuncturist	80966
XVII	B	Acupuncturist Student	80966

XIII. CALCULATION OF PREMIUM

A. The premium for the policy shall be the sum of the applicable charges developed below:

B. If more than one classification is applicable, the higher rated classification will be used for rating.

C. The annual occurrence form base rate for each Healthcare Provider is stated on the state rate page.

XIV. SCHEDULE RATING

When applicable, apply the appropriate debit or credit based upon the following risk characteristics, subject to state specific limitations regarding Schedule Rating:

Category	Description	CREDIT	DEBIT
Procedure Mix	Applicable to insureds whose procedures or practice specialties are primarily concentrated in areas other than their practice classification and/or specialty.	0 - 25%	0 - 25%
Exposure Modification	Applicable to those insureds who have an increased or reduced exposure.	0 - 25%	0 - 25%
Unusual Risk Characteristics		0 - 25%	0 - 25%
Continuing Education	Applicable to insureds who are involved in an OBPI approved continuing education program other than risk management programs.	0 - 25%	0 - 25%

XV. RULES FOR INDIVIDUALS

The following rules apply to eligible employed individuals and self employed non incorporated individuals only:

A. Coverage

The following coverage will be provided:

1. Professional Liability including coverage for Good Samaritan Acts, Malplacement Liability and Personal Injury Liability on an occurrence basis;

2. Disciplinary Proceedings;
3. Subpoena Assistance;
4. Assault;
5. Medical Payments;
6. First Aid;
7. Defense and Supplementary Payments;
8. Workplace General Liability

B. The following are the base limits used for premium calculation. Availability of limits by specialty or state may be restricted by underwriting guidelines:

Coverage	Limits of Liability	
	Professional Liability	\$ 1,000,000 each claim
Good Samaritan Acts Coverage	included in PL limit above	
Malplacement Liability Coverage	included in PL limit above	
Personal Injury Liability Coverage	included in PL limit above	
Disciplinary Proceedings	\$ 10,000 per proceeding	\$ 25,000 aggregate
Subpoena Assistance	\$ 2,500 per incident	\$ 5,000 aggregate
Assault	\$ 10,000 per incident	\$ 25,000 aggregate
Medical Payments	\$ 2,000 per person	\$ 100,000 aggregate
First Aid		\$ 2,500 aggregate
Defense and Supplementary Payments	\$500 per day per insured	\$12,500 per claim
Workplace General Liability	included in PL limit above	

C. Supplemental Modifications – Individuals

At no time will the total credit under this section exceed 50%.

1. New Healthcare Providers

A new Healthcare Provider is defined as a Healthcare Provider who has completed the training in their specialty within the previous twelve (12) months, and who is applying for coverage as a non-incorporated individual. The credit will be a 50% credit for the first

year or 25% for nurse practitioners. If application of the credit results in a rate which is less than the rate for another specialty for which the Healthcare Provider is covered, the higher rate will apply without discount.

2. Additional Insureds

Where eligible, additional insured coverage may be added on a shared limit of liability basis. The rate will be 5% of the policy premium each, subject to a minimum premium of \$165 each. Such Additional Insured shall be covered for their vicarious liability only as their interest appears.

3. Part Time

Individual Healthcare Provider who works 24 or fewer hours per week may be eligible for restricted coverage at a rate reduction of 50% subject to a minimum premium.

Physician Assistants will be eligible for restricted coverage at a rate reduction of 35% subject to a minimum premium.

- a. When part time rates result in an amount that is less than \$100, the rate will be the lesser of either the individual's full time base rate or \$100.
- b. Part time rate is available to an employed individual who works 24 or fewer hours per week in a self-employed capacity for that individual's self-employed pursuits.
- c. The part time rate reduction is not available for nurse practitioners and may be further restricted by underwriting guidelines.

4. Retirement/Leave

An Individual Healthcare Provider who is not actively employed as a Healthcare Provider but maintains an active license may be eligible for restricted coverage at a rate reduction of 50%. The reduced rate may be applied retroactively to the first day of retirement/leave, on the condition that the Company is notified within ten (10) days of the retirement/leave. If the company is notified at a later date, the discount may be applied as of the date the Company received the notice. This credit will not apply to firms or self employed incorporated individuals.

5. Individual Risk Management Credit

A credit of 10% will be applied to the annual premium applicable to an individual Healthcare Provider who:

- a. attends an OBPI approved loss prevention seminar, workshop, or other loss prevention program. Such credit will be applied for a three year period; or
- b. provides evidence of OBPI approved association membership, or achievement of healthcare specialization certification, or attendance at course work during an association

or healthcare specialty conference/meeting - each intended to promote enhanced risk management practice and patient safety. Such credit will be eligible for annual application.

XVI. RULES FOR FIRMS

The following rules are applicable to Firms. Firms include corporations, partnerships, organizations, sole proprietorship or self employed incorporated individuals.

A. Coverage

The following coverage will be provided to Firms on a shared limit of liability basis:

1. Professional Liability including coverage for Good Samaritan Acts, and Malplacement Liability and Personal Injury Liability on an occurrence basis;
2. Disciplinary Proceedings;
3. Subpoena Assistance;
4. Assault;
5. Medical Payments;
6. First Aid;
7. Defense and Supplementary Payments;

B. Limits of Liability

The following are the base limits used for premium calculation. Availability of limits by specialty or state may be restricted by underwriting guidelines:

Coverage	Limits of Liability	
Professional Liability	\$ 1,000,000 each claim	\$ 6,000,000 aggregate
Good Samaritan Acts Coverage	included in PL limit above	
Malplacement Liability Coverage	included in PL limit above	
Personal Injury Liability	included in PL limit above	
Disciplinary Proceedings	\$ 10,000 per proceeding	\$ 25,000 aggregate
Subpoena Assistance	\$ 2,500 per incident	\$ 5,000 aggregate
Assault	\$ 10,000 per incident	\$ 25,000 aggregate
Medical Payments	\$ 2,000 per person	\$ 100,000 aggregate
First Aid		\$ 2,500 aggregate
Defense and Supplementary Payments	\$500 per day per insured	\$12,500 per claim

General Liability is available as an optional coverage.

C. Firm Rates & Policy Minimum

1. The base rate for each healthcare professional will be the higher of the self employed rate shown on the State Rate page or \$300 each.
2. The base rate for each aide, technician or assistant will be the higher of the self employed rate shown on the State Rate page or \$175.
3. The base rate for home healthcare aide will be \$100 each.
4. The following minimum premium per policy shall apply to all firm policies except self employed incorporated individuals with no employees. For these individuals, the self employed individual rate as shown on the State Rate Page shall apply as the Minimum.

Nurse Practitioner Firm -- \$ 2,500
Physical Therapy Firms of 15 or more -- \$5,000
All other Firms of 2 or more headcount -- \$ 500

D. Full Time Equivalents (FTE)

For calculating headcount, where applicable, full time equivalents may be utilized for Firms. Full time is defined as 40 hours a week. The total number of hours per week for each profession will be divided by 40 to determine the number of full time equivalents for that profession.

The full time equivalent rule is subject to minimum policy premium and minimum headcount to FTE ratios.

E. Supplemental Modifications - Firms

1. Size of Business

A credit will be given based on the number of Healthcare Providers associated with the business. The following will be applied:

# of providers	Credit
2 to 9	4%
10 to 14	8%
15 or more	12%

2. Business Loss Prevention Credit

A credit of 5% will be applied to a firm who maintains an OBPI approved loss prevention program, seminar or workshop for its employees. This credit will be applied for a one year period, and will be reviewed annually.

3. Debits will be added based on the presence of the following:

Category	Debit	Description
Registry/Staffing	1.25	A surcharge of 25% of developed premium before debits/credits will be added to Firms that provide staffing to other facilities, firms or locations.
Background Check	1.10	A surcharge of 10% of developed premium before debits/credits will be added to Firms not performing background checks on their employees and independent contractors.
Nursing Home/Assisted Living/LTC	1.25	A surcharge of 25% of developed premium before debits/credits will be added to Firms that do more than 50% staffing of Nursing Home Facilities or Assisted Living Centers.
High Tech/Critical Care	1.25	A surcharge of 25% of developed premium before debits/credits will be added to Firms performing High Tech (i.e. Trach care, Ventilator care, Chemotherapy, etc.) or Critical Care.

4. Separate Limits

Separate Limits are optional. When selected, the following debit structure is applied based upon the corresponding number of employees:

# of ratable employees	Debit
1	10.0%
2 to 9	12.0%
10 to 14	15.5%
15 or more	17.5%

F. General Liability

1. Optional General Liability coverage may be purchased by self-employed incorporated individuals or firms with a \$1,000,000 aggregate limit. The annual rate is stated on the state rate page for the first facility based practice location.

2. When a firm has multiple practice locations, and requests General Liability coverage, a \$50 charge per additional practice location will apply.

3. When a firm provides home healthcare, staffing or fitness, the annual rate will be 25% of the developed Professional Liability rate, subject to \$150 per policy minimum.

4. Other limits are available and associated with the following factors (which are with respect to the \$1M/\$1M rate).

Increased Limit	Limit Factor
\$1,000,000 / \$1,000,000	1.00
\$1,000,000 / \$2,000,000	1.13
\$1,000,000 / \$3,000,000	1.21
\$1,000,000 / \$4,000,000	1.28
\$1,000,000 / \$5,000,000	1.33
\$1,000,000 / \$6,000,000	1.37
\$1,000,000 / \$7,000,000	1.39
\$1,000,000 / \$8,000,000	1.40
\$2,000,000 / \$4,000,000	1.98
\$2,000,000 / \$5,000,000	2.00
\$2,000,000 / \$6,000,000	2.01
\$2,000,000 / \$7,000,000	2.02
\$2,000,000 / \$8,000,000	2.03

G. Additional Insured

Where eligible, additional insured coverage may be added to the policy on a shared limits of liability basis. The rate will be 5% of the policy premium each subject to a minimum premium of \$165 each. Such Additional Insured shall be covered for their vicarious liability only as their interest appears.

**OneBeacon Professional Insurance
Allied Health - Nursing
Illinois – State Exceptions Page**

RATES:

The base rate for Class IIIA is \$92 for Employed Nurses, and \$328 for Self-Employed Nurses.

Base General Liability limits of \$1,000,000 for each claim, with a \$1,000,000 annual aggregate may be purchased for \$150 minimum base rate subject to the provisions of Rule XVI F.

AMENDED RULES:

- A. Rule **XI. Premium Payment Plan** is deleted in its entirety and replaced with the following:

Quarterly Installment Option:

The Company will offer individual insureds the option to make annual premium payments using quarterly installments. When quarterly installments are selected, the following standards will apply:

- i. Availability of this option will be subject to a minimum annual premium of \$500 however, if offered to any individual insured, the plan must be made available to all within that group;
- ii. An initial payment of no more than 40% of the estimate total premium will be due at policy inception;
- iii. The remaining premium will be spread equally among the second, third, and fourth installments, with the maximum for such installments set at 30% of the estimated total premium, and due 3, 6, and 9 months from policy inception, respectively;
- iv. Any additional premium resulting from changes to the policy will be spread equally over the remaining installments, if any. If there are no remaining installments, the additional premium may be billed immediately as a separate transaction;
- v. Installment charges or fees of no more than 1% of the total premium or \$25.00, whichever is less, will be assessed; and
- vi. There will be no interest charges.

**OneBeacon Professional Insurance
Allied Health - Nursing
Illinois – State Exceptions Page**

B. Rule **XIV. Schedule Rating** is deleted in its entirety and replaced with the following:

When applicable, apply the appropriate debit or credit based upon the following risk characteristics, subject to state specific limitations regarding Schedule Rating:

Category	Description	CREDIT	DEBIT
Procedure Mix	Applicable to insureds whose procedures or practice specialties are primarily concentrated in areas other than their practice classification and/or specialty.	0 - 25%	0 - 25%
Exposure Modification	Applicable to those insureds who have an increased or reduced exposure.	0 - 25%	0 - 25%
Unusual Risk Characteristics	This factor refers to characteristics not already contemplated in the rating.	0 - 25%	0 - 25%
Continuing Education	Applicable to insureds who are involved in an OBPI approved continuing education program other than risk management programs.	0 - 25%	0 - 25%

The maximum combined schedule rating credit or debit shall not exceed 25%.

SERFF Tracking Number: PERR-126914861 State: Illinois
 Filing Company: OneBeacon Insurance Company State Tracking Number: PERR-126914861
 Company Tracking Number: OBIC-MM-AH-IL-10-01R
 TOI: 11.1 Med Mal-Occurrence Only Sub-TOI: 11.1032 Professional Nurses
 Product Name: Allied Health Medical Malpractice Program
 Project Name/Number: OBIC-MM-AH-IL-10-01R/OBIC-MM-AH-IL-10-01R

Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Explanatory Memorandum		
Comments:		
Attachment: Allied Health Filing Memo.pdf		

	Item Status:	Status Date:
Bypassed - Item: Form RF3 - (Summary Sheet)		
Bypass Reason: N/A		
Comments:		

	Item Status:	Status Date:
Satisfied - Item: Certification		
Comments:		
Attachment: Certification Form rev.pdf		

	Item Status:	Status Date:
Satisfied - Item: Manual		
Comments: Please see Rate/Rule Schedule Tab		

	Item Status:	Status Date:
Satisfied - Item: Leter of Authorization		
Comments:		
Attachment: OneBeacon authorization 09162010.pdf		

ONEBEACON INSURANCE GROUP

**HEALTH CARE PROVIDERS PROFESSIONAL LIABILITY AND WORKPLACE
GENERAL LIABILITY POLICY - Nurses**

NEW PROGRAM

FILING MEMORANDUM

On behalf of the Company, we are filing new, independent forms, rates and rules for its new Allied Health – Medical Malpractice program. This program will provide medical malpractice coverage on occurrence basis. Workplace general liability coverage is also available.

The attached forms list provides additional details regarding the individual forms proposed for this program. The proposed rates are based on those used by CNA.

ILLINOIS CERTIFICATION FORM 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, Dennis Smith, a duly authorized officer of OneBeacon Insurance Company, am authorized to certify on behalf of the Company making this filing that the Company's rates are based on sound actuarial principles and are not inconsistent with the Company's experience, and that I am knowledgeable of the laws, regulations and bulletins applicable to the policy rates that are the subject of this filing.

I, Keith Champagne, a duly authorized actuary of OneBeacon Insurance Company am authorized to certify on behalf of OneBeacon Insurance Company making this filing that the Company's rates are based on sound actuarial principles and are not inconsistent with the Company's experience and that I am knowledgeable of the laws regulations and bulletins applicable to the policy rates that are the subject of this filing.

Dennis Smith SECRETARY 4/14/2011
Signature and Title of Authorized Insurance Company Officer Date

Keith Champagne FCAS, MAAA Actuarial Director 4/19/2011
Signature, Title and Designation of Authorized Actuary Date

Insurance Company FEIN 1129-21970

Filing Number OBIC-MM-AH-IL-1001R

Insurer's Address One Beacon Lane

City Canton State MA Zip Code 02021

Contact Person's:

- Name and E-mail Neresa Torres; ntorres@perrknight.com

- Direct Telephone and Fax Number 310.230.9339 x 111 Direct; 310.230.1061 Fax

September 16, 2010

Re: Authorization for Perr&Knight

To Whom It May Concern:

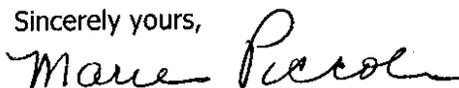
OneBeacon Professional Insurance hereby authorizes Perr&Knight to submit rate, rule, and form filings on behalf of the following companies:

INSURANCE COMPANY	NAIC COMPANY CODE	NAIC GROUP CODE	FEDERAL EIN
The Camden Fire Insurance Association	21946	1129	21-0418860
The Employers' Fire Insurance Company	20648	1129	04-12888420
OneBeacon America Insurance Company	20621	1129	04-2475442
OneBeacon Insurance Company	21970	1129	23-1502700
OneBeacon Midwest Insurance Company	42650	1129	04-3131487
Pennsylvania General Insurance Company	21962	1129	23-1471444

This authorization includes providing additional information and responding to questions regarding the filings on our behalf as necessary. This authorization is deemed to be in effect until rescinded in writing.

Please contact me if you any questions regarding this authorization.

Sincerely yours,



Marie Piccoli
Associate General Counsel and Vice President
OneBeacon Professional Insurance
860-321-2597
mpiccoli@onebeaconpro.com

SERFF Tracking Number: PERR-126914861 State: Illinois
 Filing Company: OneBeacon Insurance Company State Tracking Number: PERR-126914861
 Company Tracking Number: OBIC-MM-AH-IL-10-01R
 TOI: 11.1 Med Mal-Occurrence Only Sub-TOI: 11.1032 Professional Nurses
 Product Name: Allied Health Medical Malpractice Program
 Project Name/Number: OBIC-MM-AH-IL-10-01R/OBIC-MM-AH-IL-10-01R

Superseded Schedule Items

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Creation Date:	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
11/29/2010	Rate and Rule	Manual	12/21/2010	Allied Health Nursing Rate Plan Final.pdf (Superseded)
12/21/2010	Rate and Rule	Illinois – State Exceptions Page	03/17/2011	Allied Health exception pages - ILLINOIS V2.pdf (Superseded)
11/29/2010	Rate and Rule	Illinois – State Exceptions Page	12/21/2010	Allied Health exception pages - ILLINOIS.pdf (Superseded)
11/19/2010	Supporting Document	Certification	04/19/2011	IL certification form.pdf (Superseded)

**OneBeacon Professional Insurance
Allied Health - Nursing**

I. APPLICATION OF MANUAL RULES

- A. The rules contained in these pages shall govern the writing of Professional Liability policies for Healthcare Provider specialties described in Section XV below.
- B. The rules, rates, rating plans and forms filed on behalf of the Company and not in conflict herewith, shall govern in all cases not specifically provided for herein.

II. POLICY TERM

Policies may be written for a term of one year, and renewed annually thereafter.

III. PREMIUM COMPUTATION

- A. Compute the premium at policy inception using the rates and rating plans in effect at that time. At each renewal, compute the premium using the rules, rates and rating plans then in effect.
- B. Prorate the premium when a policy is issued for other than a whole year.
- C. Premiums are calculated as specified for the respective coverage. Premium rounding will be done at each step of the computation process in accordance with the Whole Dollar Rule, as opposed to rounding the final premium.

IV. FACTORS OR MULTIPLIERS

Wherever applicable, factors or multipliers are to be applied consecutively and not added together.

V. WHOLE DOLLAR RULE

In the event the rating procedure does not result in a whole dollar:

- A. any amount involving \$.50 or over shall be rounded to the next highest whole dollar amount;
- B. any amount involving \$.49 or less shall be rounded down to the next lower whole dollar amount.

VI. ADDITIONAL PREMIUM CHARGES

A. Prorate all changes requiring additional premium.

B. Apply the rates and rules that were in effect at the inception date of this policy period. After computing the additional premium, charge the amount applicable from the effective date of the change.

VII. RETURN PREMIUM

A. Compute return premium at the rates used to calculate the policy premium at the inception of this policy period.

B. Compute return premium pro rata and round in accordance with the Whole Dollar Rule when any coverage or exposure is deleted or an amount of insurance is reduced.

VIII. LIMITS OF LIABILITY

Rates are derived using the standard \$1,000,000 / \$6,000,000 base rates. When higher or lower limits are offered, they will be provided on the following basis:

Limits of Liability	Limit Factor	Minimum Premium
\$100,000 / \$300,000	0.64	-
\$100,000 / \$500,000	0.65	-
\$200,000 / \$600,000	0.69	-
\$250,000 / \$750,000	0.71	-
\$200,000 / \$1,000,000	0.71	-
\$500,000 / \$500,000	0.76	-
\$500,000 / \$1,000,000	0.79	-
\$500,000 / \$2,500,000	0.83	-
\$1,000,000 / \$1,000,000	0.94	-
\$1,000,000 / \$2,000,000	0.95	-
\$1,000,000 / \$3,000,000	0.96	-

\$1,000,000 / \$5,000,000	0.98	-
\$1,000,000 / \$6,000,000	1.00	-
\$1,000,000 / \$7,000,000	1.02	\$25
\$1,000,000 / \$8,000,000	1.03	\$30
\$2,000,000 / \$4,000,000	1.15	\$40
\$2,000,000 / \$5,000,000	1.17	\$50
\$2,000,000 / \$6,000,000	1.18	\$65
\$2,000,000 / \$7,000,000	1.19	\$75
\$2,000,000 / \$8,000,000	1.20	\$80

IX. POLICY CANCELLATIONS

Return premium will be computed pro-rata in accordance with the Whole Dollar Rule using the rules, rates and rating plans in effect at the inception of this policy period.

X. RESTRICTIONS OF COVERAGE OR INCREASED RATE

Subject to individual state regulations, policies may be issued with special restrictions or at increased premium if:

- A. the insured agrees in writing; and
- B. the policy would not be written otherwise.

XI. PRIOR ACTS COVERAGE (Occurrence only)

The policy may be extended to provide prior acts coverage as follows:

A. The prior acts period may not exceed the term immediately preceding coverage under this policy during which similar coverage was continuously provided under a claims made policy, nor shall limits of liability exceed those of the claims-made policy or the occurrence policy to which the prior acts endorsement shall be applied.

B. The premium for Prior Acts Coverage is a one time only charge payable in advance or over the first three policy years in annual installments, but calculated in advance by applying the applicable factors from the table below to the current rate under this policy

for limits of \$1,000,000/6,000,000 per occurrence.

C. If the limit of liability under this coverage is other than \$1M/6M per occurrence, the premium developed under B above shall be adjusted by the appropriate increased or decreased limits factor.

D. The premium will be charged annually, but calculated in advance:

1. Determine the current premium under this policy for limits of \$1M/6M per occurrence;
2. Enter the factor for the appropriate Prior Acts Period;
3. Apply factor (s) successively for the desired number of years of Prior Acts;
4. Apply the appropriate Increased/Decreased Limits Factor.

Prior Acts Period	1st Year	2nd Year	3rd Year	Prepaid Factors
1	0.47	0.28	0.26	0.94
2	0.70	0.43	0.40	1.42
3	0.81	0.44	0.46	1.64
4+	0.87	0.53	0.50	1.76

XII. PREMIUM PAYMENT PLAN

The Company may, at its discretion, offer to the named insured various premium payment options, ranging from monthly to annual payment plans. Some of the premium payment plans may result in a service fee of \$5 per payment.

XIII. ISO CLASSIFICATION CODES

Class	SubClass	Description	ISO CODE
I	A	Occupational Therapists	80721
I	A	Occupational Therapy Assistant	80721
I	A	Certified Occupational Therapy Assistant	80721
I	B	Respiratory Care Provider	80717
I	B	Respiratory Therapist	80717
I	C	Respiratory Therapist Technician/Technologist	80717
I	C	Chiropractic Assistant	80411
I	C	Optometric Technician/Assistant	80944
I	C	Podiatric Assistant	80943
II	None	Art Therapist	80967
II	None	Dance Therapist	80967

II	None	Music Therapist	80967
II	None	Recreation Therapist	80945
III	A	LPN/LVN	80963
III	A	Registered Nurse	80964
III	B	Dietician	80720
III	B	Nutritionist	80720
III	C	Bio-medical Technician/Technologist	80719
III	C	Blood Bank Technician/Technologist	80719
III	C	Cardiology Technician/Technologist	80719
III	C	Certified Lab Technician/Technologist	80711
III	C	Certified Medical Assistant	80719
III	C	Clinical Lab Technician/Technologist	80711
III	C	Community Health Assistant	80719
III	C	Community Health Technician/Technologist	80719
III	C	Diagnostic Medical Sonographer	80719
III	C	Dialysis Technician/Technologist	80719
III	C	EEG Technician/Technologist	80719
III	C	EKG Technician/Technologist	80719
III	C	Electrologist	80719
III	C	Histologic Technician/Technologist	80719
III	C	Medical Assistant	80719
III	C	Medical Laboratory Technician/Technologist	80711
III	C	Medical Records Administrator	80711
III	C	Medical Records Technician/Technologist	80719
III	C	Medical Technician	80719
III	C	Medical Technician/Technologist Assistant	80719
III	C	Medical Technologist	80719
III	C	Mental Retardation Workers	80711
III	C	Nuclear Medical Technician/Technologist	80719
III	C	Phlebotomist	80719
III	C	Radiation Therapist	80713
III	C	Radiology Technician/Technologist	80719
III	C	Surgical Technician/Technologist	80129
III	C	X-Ray Machine Operator	80713
III	D	Home Health Aide	80618
III	E	Clinical Nurse Specialist-No Prescriptive Authority	80965
IV	A	Pharmacist	59112
IV	B	Pharmacy Technician	59112
IV	C	Pedorthist	80943
V	None	Circulation Tech	80945

V	None	Perfusionist	80945
VI	A	Massage Therapist	80718
VI	B	Enterostomal Therapist	80945
VI	B	Orthopedic Assistant	80943
VII	A	Athletic Trainer	80945
VII	B	Exercise Physiologist	80945
VII	B	Fitness Professional	80945
VII	B	Health Educator	80711
VII	B	Kinesiologist	80945
VII	B	Personal Trainer, Certified	80945
VII	B	Sports Medicine Instructor	80945
VIII	A	Paramedic	80723
VIII	B	Basic / Intermediate Emergency Medical Technician	80723
VIII	C	Volunteer Emergency Medical Technician	80723
IX	A	Physical Therapist	80995
IX	A	Rehabilitation Therapist	80995
IX	A	Kinesiotherapist	80945
IX	A	Sports Medicine Therapist	80945
IX	A	Corrective Therapist	80945
IX	B	Physical Therapist Assistant	80995
IX	B	Rehabilitation Assistant	80995
X	None	No specialties in this class	None
XI	A	NP/CNS: Adult / Geriatric / Family Planning / Gynecology / Women's Health / Adult Oncology	80965
XI	B	NP/CNS: Psychiatric	80965
XI	C	NP/CNS: Pediatric / Neonatal / Family Practice / Acute Critical Care,	80965
XI	D	NP/CNS: Obstetrics / Gynecology / Perinatal / Acute Care Obstetrics,	80965
XI	E	NP/CNS: Nurse Practitioner Student	80965
XI	F	NP/CNS: Clinical Nurse Specialist - Educator, Consultant, Administrator and Researcher	80965
XII	None	Audiologists	80716
XII	None	Speech Language Pathologist	80716
XII	None	Speech Hearing Therapist	80716
XIII	None	Dental Hygienists	80712
XIV	None	Dental Assistants	80712
XIV	None	Laboratory Aide	80711
XIV	None	Nurses Aide	80964
XIV	None	Geriatric Nursing Assistant	80963

XIV	None	Nursing Assistant	80963
XIV	None	Physical Therapy Aide	80995
XIV	None	Other Healthcare Aide (Excluding Home Health Aides)	80711
XV	A	Social Worker Clinical	80723
XV	B	Psychotherapist / Psychologist	80723
XV	C	Alcohol/Drug Counselor	80723
XV	C	Case Manager	72990
XV	C	Clinical/Rehabilitation Counselor	80723
XV	C	Pastoral Counselor	80723
XV	C	School Counselor	80723
XV	D	Marriage/Family Counselor	80723
XVI	A	Physician Assistant Class 1	80116
XVI	B	Physician Assistant Class 2	80116
XVI	C	Physician Assistant Class 3	80116
XVI	D	Physician Assistant Student	80116
XVI	E	Registered Radiologist Assistant	80116
XVII	A	Acupuncturist	80966
XVII	B	Acupuncturist Student	80966

XIV. CALCULATION OF PREMIUM

- A. The premium for the policy shall be the sum of the applicable charges developed below:
- B. If more than one classification is applicable, the higher rated classification will be used for rating.
- C. The annual occurrence form base rate for each Healthcare Provider is stated on the state rate page.

XV. SCHEDULE RATING

When applicable, apply the appropriate debit or credit based upon the following risk characteristics, subject to state specific limitations regarding on Schedule Rating:

Category	Description	CREDIT	DEBIT
Procedure Mix	Applicable to insureds whose procedures or practice specialties are primarily concentrated in areas other than their practice classification and/or specialty.	0 - 25%	0 - 25%
Exposure Modification	Applicable to those insureds who have an increased or reduced exposure.	0 - 25%	0 - 25%
Unusual Risk Characteristics		0 - 25%	0 - 25%
Continuing Education	Applicable to insureds who are involved in an OBPI approved continuing education program other than risk management programs.	0 - 25%	0 - 25%

XVI. RULES FOR INDIVIDUALS

The following rules apply to eligible employed individuals and self employed non incorporated individuals only:

A. Coverage

The following coverage will be provided:

1. Professional Liability including coverage for Good Samaritan Acts, Malplacement Liability and Personal Injury Liability on an occurrence basis;
2. Disciplinary Proceedings;
3. Subpoena Assistance;
4. Assault;
5. Medical Payments;
6. First Aid;
7. Defense and Supplementary Payments;
8. Workplace General Liability

B. The following are the base limits used for premium calculation. Availability of limits by specialty or state may be restricted by underwriting guidelines:

Coverage	Limits of Liability	
	Professional Liability	\$ 1,000,000 each claim
Good Samaritan Acts Coverage	included in PL limit above	
Malplacement Liability Coverage	included in PL limit above	
Personal Injury Liability Coverage	included in PL limit above	
Disciplinary Proceedings	\$ 10,000 per proceeding	\$ 25,000 aggregate
Subpoena Assistance	\$ 2,500 per incident	\$ 5,000 aggregate
Assault	\$ 10,000 per incident	\$ 25,000 aggregate
Medical Payments	\$ 2,000 per person	\$ 100,000 aggregate
First Aid		\$ 2,500 aggregate
Defense and Supplementary Payments	\$500 per day per insured	\$12,500 per claim
Workplace General Liability	included in PL limit above	

C. Supplemental Modifications – Individuals

At no time will the total credit under this section exceed 50%.

1. New Healthcare Providers

A new Healthcare Provider is defined as a Healthcare Provider who has completed the training in their specialty within the previous twelve (12) months, and who is applying for coverage as a non-incorporated individual. The credit will be a 50% credit for the first year or 25% for nurse practitioners. If application of the credit results in a rate which is less than the rate for another specialty for which the Healthcare Provider is covered, the higher rate will apply without discount.

2. Additional Insureds

Where eligible, additional insured coverage may be added on a shared limit of liability basis. The rate will be 5% of the policy premium each, subject to a minimum premium of \$165 each. Such Additional Insured shall be covered for their vicarious liability only as their interest appears.

3. Part Time

Individual Healthcare Provider who works 24 or fewer hours per week may be eligible for restricted coverage at a rate reduction of 50% subject to a minimum premium.

Physician Assistants will be eligible for restricted coverage at a rate reduction of 35% subject to a minimum premium.

- a. When part time rates result in an amount that is less than \$100, the rate will be the lesser of either the individual's full time base rate or \$100.
- b. Part time rate is available to an employed individual who works 24 or fewer hours per week in a self-employed capacity for that individual's self-employed pursuits.
- c. The part time rate reduction is not available for nurse practitioners and may be further restricted by underwriting guidelines.

4. Retirement/Leave

An Individual Healthcare Provider who is not actively employed as a Healthcare Provider but maintains an active license may be eligible for restricted coverage at a rate reduction of 50%. The reduced rate may be applied retroactively to the first day of retirement/leave, on the condition that the Company is notified within ten (10) days of the retirement/leave. If the company is notified at a later date, the discount may be applied as of the date the Company received the notice. This credit will not apply to firms or self employed incorporated individuals.

5. Individual Risk Management Credit

A credit of 10% will be applied to the annual premium applicable to an individual Healthcare Provider who:

- a. attends an OBPI approved loss prevention seminar, workshop, or other loss prevention program. Such credit will be applied for a three year period; or
- b. provides evidence of OBPI approved association membership, or achievement of healthcare specialization certification, or attendance at course work during an association or healthcare specialty conference/meeting - each intended to promote enhanced risk management practice and patient safety. Such credit will be eligible for annual application.

XVII. RULES FOR FIRMS

The following rules are applicable to Firms. Firms include corporations, partnerships, organizations, sole proprietorship or self employed incorporated individuals.

A. Coverage

The following coverage will be provided to Firms on a shared limit of liability basis:

1. Professional Liability including coverage for Good Samaritan Acts, and Malplacement Liability and Personal Injury Liability on an occurrence basis;
2. Disciplinary Proceedings;
3. Subpoena Assistance;
4. Assault;
5. Medical Payments;
6. First Aid;
7. Defense and Supplementary Payments;

B. Limits of Liability

The following are the base limits used for premium calculation. Availability of limits by specialty or state may be restricted by underwriting guidelines:

Coverage	Limits of Liability	
Professional Liability	\$ 1,000,000 each claim	\$ 6,000,000 aggregate
Good Samaritan Acts Coverage	included in PL limit above	
Malplacement Liability Coverage	included in PL limit above	
Personal Injury Liability	included in PL limit above	
Disciplinary Proceedings	\$ 10,000 per proceeding	\$ 25,000 aggregate
Subpoena Assistance	\$ 2,500 per incident	\$ 5,000 aggregate
Assault	\$ 10,000 per incident	\$ 25,000 aggregate
Medical Payments	\$ 2,000 per person	\$ 100,000 aggregate
First Aid		\$ 2,500 aggregate
Defense and Supplementary Payments	\$500 per day per insured	\$12,500 per claim

General Liability is available as an optional coverage.

C. Firm Rates & Policy Minimum

1. The base rate for each healthcare professional will be the higher of the self employed rate shown on the State Rate page or \$300 each.
2. The base rate for each aide, technician or assistant will be the higher of the self employed rate shown on the State Rate page or \$175.
3. The base rate for home healthcare aide will be \$100 each.
4. The following minimum premium per policy shall apply to all firm policies except self employed incorporated individuals with no employees. For these individuals, the self employed individual rate as shown on the State Rate Page shall apply as the Minimum.

Nurse Practitioner Firm -- \$ 2,500
Physical Therapy Firms of 15 or more -- \$5,000
All other Firms of 2 or more headcount -- \$ 500

D. Full Time Equivalents (FTE)

For calculating headcount, where applicable, full time equivalents may be utilized for Firms. Full time is defined as 40 hours a week. The total number of hours per week for each profession will be divided by 40 to determine the number of full time equivalents for that profession.

The full time equivalent rule is subject to minimum policy premium and minimum headcount to FTE ratios.

E. Supplemental Modifications - Firms

1. Size of Business

A credit will be given based on the number of Healthcare Providers associated with the business. The following will be applied:

# of providers	Credit
2 to 9	4%
10 to 14	8%
15 or more	12%

2. Business Loss Prevention Credit

A credit of 5% will be applied to a firm who maintains an OBPI approved loss prevention program, seminar or workshop for its employees. This credit will be applied for a one

year period, and will be reviewed annually.

3. Debits will be added based on the presence of the following:

Category	Debit	Description
Registry/Staffing	1.25	A surcharge of 25% of developed premium before debits/credits will be added to Firms that provide staffing to other facilities, firms or locations.
Background Check	1.10	A surcharge of 10% of developed premium before debits/credits will be added to Firms not performing background checks on their employees and independent contractors.
Nursing Home/Assisted Living/LTC	1.25	A surcharge of 25% of developed premium before debits/credits will be added to Firms that do more than 50% staffing of Nursing Home Facilities or Assisted Living Centers.
High Tech/Critical Care	1.25	A surcharge of 25% of developed premium before debits/credits will be added to Firms performing High Tech (i.e. Trach care, Ventilator care, Chemotherapy, etc.) or Critical Care.

4. Separate Limits

Separate Limits are optional. When selected, the following debit structure is applied based upon the corresponding number of employees:

# of ratable employees	Debit
1	10.0%
2 to 9	12.0%
10 to 14	15.5%
15 or more	17.5%

F. General Liability

1. Optional General Liability coverage may be purchased by self-employed incorporated individuals or firms with a \$1,000,000 aggregate limit. The annual rate is stated on the state rate page for the first facility based practice location.

2. When a firm has multiple practice locations, and requests General Liability coverage, a \$50 charge per additional practice location will apply.

3. When a firm provides home healthcare, staffing or fitness, the annual rate will be 25% of the developed Professional Liability rate, subject to \$150 per policy minimum.

4. Other limits are available and associated with the following factors (which are with respect to the \$1M/\$1M rate).

Increased Limit	Limit Factor
\$1,000,000 / \$1,000,000	1.00
\$1,000,000 / \$2,000,000	1.13
\$1,000,000 / \$3,000,000	1.21
\$1,000,000 / \$4,000,000	1.28
\$1,000,000 / \$5,000,000	1.33
\$1,000,000 / \$6,000,000	1.37
\$1,000,000 / \$7,000,000	1.39
\$1,000,000 / \$8,000,000	1.40
\$2,000,000 / \$4,000,000	1.98
\$2,000,000 / \$5,000,000	2.00
\$2,000,000 / \$6,000,000	2.01
\$2,000,000 / \$7,000,000	2.02
\$2,000,000 / \$8,000,000	2.03

G. Deductibles

When deductible options are requested or required, the following credits should be applied to the developed policy premium. When General Liability is offered, the same deductible amount must be provided for both Professional Liability and General Liability.

Amount	Credit
-	0%
1,000	1%
2,500	2.5%
5,000	5%
10,000	10%
15,000	11%
20,000	13%
25,000	15%

H. Additional Insured

Where eligible, additional insured coverage may be added to the policy on a shared limits of liability basis. The rate will be 5% of the policy premium each subject to a minimum premium of \$165 each. Such Additional Insured shall be covered for their vicarious liability only as their interest appears.

**OneBeacon Professional Insurance
Allied Health - Nursing
Illinois – State Exceptions Page**

RATES:

The base rate for Class IIIA is \$92 for Employed Nurses, and \$328 for Self-Employed Nurses.

Base General Liability limits of \$1,000,000 for each claim, with a \$1,000,000 annual aggregate may be purchased for \$150 minimum base rate subject to the provisions of Rule XVI F.

AMENDED RULES:

- A. Rule **XI. Premium Payment Plan** is deleted in its entirety and replaced with the following:

Quarterly Installment Option:

The Company will offer individual insureds the option to make annual premium payments using quarterly installments. When quarterly installments are selected, the following standards will apply:

- i. Availability of this option will be subject to a minimum annual premium of \$500 however, if offered to any individual insured, the plan must be made available to all within that group;
- ii. An initial payment of no more than 40% of the estimate total premium will be due at policy inception;
- iii. The remaining premium will be spread equally among the second, third, and fourth installments, with the maximum for such installments set at 30% of the estimated total premium, and due 3, 6, and 9 months from policy inception, respectively;
- iv. Any additional premium resulting from changes to the policy will be spread equally over the remaining installments, if any. If there are no remaining installments, the additional premium may be billed immediately as a separate transaction;
- v. Installment charges or fees of no more than 1% of the total premium or \$25.00, whichever is less, will be assessed; and
- vi. There will be no interest charges.

- B. Rule **XIV. Schedule Rating** is amended by the addition of the following statement:

The maximum combined schedule rating credit or debit shall not exceed 25%.

**OneBeacon Professional Insurance
Allied Health - Nursing
Illinois – State Exceptions Page**

RATES:

The base rate for Class IIIA is \$92 for Employed Nurses, and \$328 for Self-Employed Nurses.

Base General Liability limits of \$1,000,000 for each claim, with a \$1,000,000 annual aggregate may be purchased for \$150 minimum base rate subject to the provisions of Rule XVII F.

AMENDED RULES:

- A. Rule **XII. Premium Payment Plan** is deleted in its entirety and replaced with the following:

Quarterly Installment Option:

The Company will offer individual insureds the option to make annual premium payments using quarterly installments. When quarterly installments are selected, the following standards will apply:

- i. Availability of this option will be subject to a minimum annual premium of \$500 however, if offered to any individual insured, the plan must be made available to all within that group;
- ii. An initial payment of no more than 40% of the estimate total premium will be due at policy inception;
- iii. The remaining premium will be spread equally among the second, third, and fourth installments, with the maximum for such installments set at 30% of the estimated total premium, and due 3, 6, and 9 months from policy inception, respectively;
- iv. Any additional premium resulting from changes to the policy will be spread equally over the remaining installments, if any. If there are no remaining installments, the additional premium may be billed immediately as a separate transaction;
- v. Installment charges or fees of no more than 1% of the total premium or \$25.00, whichever is less, will be assessed; and
- vi. There will be no interest charges.

- B. Rule **XV. Schedule Rating** is amended by the addition of the following statement:

The maximum combined schedule rating credit or debit shall not exceed 25%.

ILLINOIS CERTIFICATION FORM 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, Marie A. Piccoli, a duly authorized officer of OneBeacon Insurance Company, am authorized to certify on behalf of the Company making this filing that the company's rates are based on sound actuarial principles and are not inconsistent with the company's experience, and that I am knowledgeable of the laws, regulations and bulletins applicable to the policy rates that are the subject of this filing.

I, Mihaela O'Leary, a duly authorized actuary of OneBeacon Insurance Company am authorized to certify on behalf of the Company making this filing that the company's rates are based on sound actuarial principles and are not inconsistent with the company's experience and that I am knowledgeable of the laws regulations and bulletins applicable to the policy rates that are the subject of this filing.

<u>Marie A. Piccoli</u> Assistant Secretary	<u>11/17/2010</u>
Signature and Title of Authorized Insurance Company Officer	Date
<u>Mihaela O'Leary</u> FCAS, AVP	<u>11/17/2010</u>
Signature, Title and Designation of Authorized Actuary	Date

Insurance Company FEIN 1129-21970 Filing Number OBIC-MM-AH-IL-10-01

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