

ProAssurance Companies  
100 Brookwood Place  
Birmingham, AL 35209  
  
P.O. Box 590009  
Birmingham, AL 35259-0009  
800-282-6242 • 205-802-4775 fax  
www.proassurance.com

**RECEIVED**

FEB 25 2010

STATE OF ILLINOIS  
DEPARTMENT OF INSURANCE  
SPRINGFIELD



**PROASSURANCE**  
Treated Fairly

February 22, 2010

**FILED**

APR 01 2010

Ms. Gayle Neuman  
Illinois Department of Insurance  
320 West Washington Street  
Springfield, IL 62767

STATE OF ILLINOIS  
DEPARTMENT OF INSURANCE  
SPRINGFIELD, ILLINOIS

RE: ProAssurance Group  
ProAssurance Casualty Company - FEIN 38-2317569 ✓  
*RATE/RULE* Health Care Facility Liability Underwriting Manual  
File # HPL/CBH/0410

Dear Ms. Neuman:

I submit for your review and approval revisions to the captioned program. We are introducing the Community Based Hospital (CBH) Program to the current hospital and facilities professional liability program already in place in Illinois, which will need to meet certain criteria as outlined throughout the filing. I request the effective date of April 1, 2010 for this filing submission.

The Filing Memorandum and attached exhibits summarize the new CBH rates and rules being filed and also summarizes the rate developments for the entire program.

Our plan for the reporting of statistics to statistical agencies is to utilize Insurance Services Office, or ISO. ProAssurance Casualty Company, in offering, administering, or applying the filed rate/rule manual and/or any amended provisions, does not unfairly discriminate.

I believe you will find everything in order. If you have any questions or need anything further, please contact me at (800) 282-6242, ext. 4426 or e-mail me at [lgoodwin@proassurance.com](mailto:lgoodwin@proassurance.com).

Sincerely,

*LaQuita B. Goodwin*  
LaQuita B. Goodwin  
Compliance Specialist

Enclosures

*1-0  
MEM  
RAT  
dm  
Jeh*

## Neuman, Gayle

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**From:** Goodwin, LaQuita [LGoodwin@proassurance.com]  
**Sent:** Monday, June 25, 2012 3:36 PM  
**To:** Neuman, Gayle  
**Subject:** RE: ProAssurance Casualty Co - Rate/Rule Filing #HPL/CBH/0410

Ms. Neuman,

This filing was put into effective April 1, 2010 and we would like to keep this effective date.

Thank you.

---

**From:** Neuman, Gayle [<mailto:Gayle.Neuman@illinois.gov>]  
**Sent:** Monday, June 25, 2012 3:34 PM  
**To:** Goodwin, LaQuita  
**Subject:** ProAssurance Casualty Co - Rate/Rule Filing #HPL/CBH/0410

Ms. Goodwin,

The Department of Insurance has now completed its review of the filing referenced above. Originally, ProAssurance Casualty Company requested the filing be effective April 1, 2010. Was the filing put in effect on April 1, 2010 or do you wish to have a different effective date?

Your prompt response is appreciated.

*Gayle Neuman*

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

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

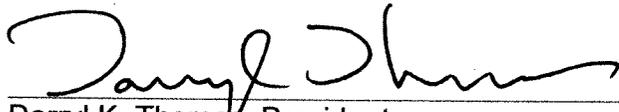
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# ILLINOIS CERTIFICATION FOR MEDICAL MALPRACTICE RATES

(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, Darryl K. Thomas, a duly authorized officer of ProAssurance Casualty 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 also certify that all changes made were disclosed, no written statement that the insurer, in offering, administering, or applying the filed rate/rule manual and/or any amended provisions, does not unfairly discriminate.

I, Howard H. Friedman, a duly authorized actuary of ProAssurance Casualty 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.



Darryl K. Thomas, President  
Signature and Title of Authorized Insurance Company Officer

9/21/10

Date



Howard H. Friedman, ACAS, MAAA  
Signature, Title and Designation of Authorized Actuary

9/21/10

Date

Insurance Company FEIN 38-2317569 Filing Number HPL/CBH/0410

Insurer's Address 100 Brookwood Place

City Birmingham State Alabama Zip Code 35209

Contact Person's:

-Name and E-mail LaQuita B. Goodwin, Compliance Specialist - lgoodwin@proassurance.com

-Direct Telephone and Fax Number (205) 877-4426 - Fax (205) 414-2887

# 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, Kathryn A. Neville, a duly authorized officer of ProAssurance Casualty 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 also certify that all changes made were disclosed, no written statement that the insurer, in offering, administering, or applying the filed rate/rule manual and/or any amended provisions, does not unfairly discriminate.

I, Howard H. Friedman, a duly authorized actuary of ProAssurance Casualty 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.



\_\_\_\_\_  
Kathryn A. Neville, Vice President  
Signature and Title of Authorized Insurance Company Officer

\_\_\_\_\_  
2/22/2010

Date



\_\_\_\_\_  
Howard H. Friedman, ACAS, MAAA, President  
Signature, Title and Designation of Authorized Actuary

\_\_\_\_\_  
2/22/2010

Date

Insurance Company FEIN 38-2317569 Filing Number HPL/CBH/0410  
Insurer's Address 100 Brookwood Place  
City Birmingham State Alabama Zip Code 35209  
Contact Person's:  
-Name and E-mail LaQuita B. Goodwin, Compliance Specialist – lgoodwin@proassurance.com  
-Direct Telephone and Fax Number (205) 877-4426 – Fax (205) 414-2887

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

FORM (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 4/1/2010

	(1) Coverage	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+or-) **
1.	Automobile Liability Private Passenger		
	Commercial		
2.	Automobile Physical Damag Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other <u>medical malpractice</u>	951,128	2.80%
	Life of Insurance		

Does filing only apply to certain territory (territories) or certain Classes? If so, specify: all territories and classes

Brief description of filing. (If filing follows rates of an advisory Organization, specify organization): base rate change, class plan change, addition of community based hospital program and revisions to various other rating components

\*Adjusted to reflect all prior rate changes.

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

ProAssurance Casualty Company

Name of Company

LaQuita B. Goodwin, Compliance Specialist

Official - Title

**RECEIVED**

MAR 31 2010

STATE OF ILLINOIS  
DEPARTMENT OF INSURANCE  
SPRINGFIELD, ILLINOIS

*filing# HPL/CBH/0410*

RECEIVED

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

FEB 25 2010

FORM (RF-3)

SUMMARY SHEET

STATE OF ILLINOIS  
DEPARTMENT OF INSURANCE  
SPRINGFIELD

Change in Company's premium or rate level produced by rate revision  
effective 4/1/2010

	(1) Coverage	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+or-) **
1.	Automobile Liability Private Passenger		
	Commercial		
2.	Automobile Physical Damag Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other <u>medical malpractice</u>	951,128	3.96%
	Life of Insurance		

Does filing only apply to certain territory (territories) or certain  
Classes? If so,  
specify: all territories and classes

Brief description of filing. (If filing follows rates of an advisory  
Organization, specify  
organization): base rate change, class plan change, addition of  
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\*Adjusted to reflect all prior rate changes.

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rates.

ProAssurance Casualty Company

Name of Company

LaQuita B. Goodwin, Compliance Specialist

Official - Title

*filing# HPL/CBH/0410*

## Neuman, Gayle

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**From:** Goodwin, LaQuita [LGoodwin@proassurance.com]  
**Sent:** Wednesday, September 15, 2010 3:56 PM  
**To:** Neuman, Gayle  
**Subject:** FW: Filing #HPL/CBH/0410  
**Attachments:** State Rates & Exceptions adding CBH program eff 4-1-10.PDF; IL Base adding CBH program eff 4-1-10 rev.PDF; Pages 9 & 19 with add'l 9-10 revisions.PDF

Ms. Neuman,

I've responded to your issues below. Please let me know if you have any other questions or concerns.

LaQuita B. Goodwin  
Compliance Specialist, Legal Dept.  
**ProAssurance Companies**  
205.877.4426 Direct  
205.414.2887 Fax  
Birmingham, Alabama

---

**From:** Neuman, Gayle [mailto:Gayle.Neuman@illinois.gov]  
**Sent:** Thursday, August 19, 2010 10:46 AM  
**To:** Goodwin, LaQuita  
**Subject:** Filing #HPL/CBH/0410

Ms. Goodwin,

Pursuant to your April 19 response, I have the following issues/questions:

1. On page 9 of the manual (previously under my question #4), the language about the cancellation and extended reporting period conflicts with erp information on page 13. I believe the information should simply be removed from the paragraph on page 9. Pursuant to your request, I have removed the conflicting information.
2. In reference to the contractual liability issue (previously under my question #7), please add wording to indicate the \$1,000 premium pertains to the \$1M policy limit. Pursuant to your request, I have added the necessary wording.
3. If there is nothing other than FP or NFP, how do I know what a description is if it is not labeled as either? If FP or NFP is not listed, we would use these rates for both.
4. In the latest manual you provided, the base manual ends on page 21. There are 5 pages labeled as page 22, and 2 pages labeled as 23 and 24. I have corrected the page numbering.
5. Referencing page 42, where is the anesthesiology rate listed? I couldn't locate any reference to the anesthesiology rate on page 42. It is listed on page 47 instead. If this in the page you're referring to, the rate can be located in the Health Care Professional Rates and Rules Manual (providing coverage for physicians, surgeons, allied health professionals, etc.) currently on file with your department.

I request receipt of your response by August 26, 2010.

*Gayle Neuman*

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

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

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# Rating Plans and Programs – Community Based Hospital Program

## **General Rules**

### I. General Instructions

This manual contains the rules, classifications and rates governing the underwriting of hospital professional/general liability insurance. The rules, classifications and rates in this manual become effective as of the date indicated upon each page.

For any changes made to a location included at policy inception and for locations added after the policy inception, use the rates and rules in effect on the Inception Date of the policy. ~~In the event of a cancellation, if the insured elects to purchase an extended reporting endorsement, use the rates in effect on the date of cancellation.~~

The following requirements must be observed in the preparation of policies for insurance covered by this manual:

Appropriate wording identifying the classifications applicable for each risk will be specified on the policy Coverage Summary or Declarations, including the appropriate code number.

Any language in classification phraseology or footnotes affecting the scope of the classification applicable or assigned to operations to be insured will be incorporated in the Coverage Summary or Declarations of the policy.

For each classification, the proper premium will be calculated either as actual or as an adequate estimate subject to audit, dependent on the case.

### II. Scope of Coverage

The policy provides the details of the coverages, conditions and exclusions that are incorporated into the terms of the policy.

The General Liability coverage may be written on an occurrence basis or on a claims-made basis. Please refer to state exception pages for the applicable coverage trigger(s). The Hospital Professional Liability coverage will be written on a claims-made basis.

### III. Entity and Persons Insured

The entity and persons insured under the policy are specified on the Coverage Summary or Declarations of the policy, or in the policy or in endorsements to the policy.

## **Professional Liability Endorsements**

### Contractual Liability for Management Company (see form PRA-HF 451 05 07)

This optional coverage offers separate limits for damages the insured is obligated to pay because of the liability of others assumed by the insured under a contract with a named management company. This coverage is offered at a cost of \$1,000 per \$1,000,000 policy limit.

### Medicare/Medicaid Billing Errors and Omissions - Medical Records Confidentiality (see form PRA-HF-310 05 07)

This standard coverage offers a \$25,000 limit separate from the per incident limit provided to each healthcare provider. An optional increased limit of \$50,000 is available if purchased, at a rate of \$500 for each set of limits issued. Note that some association programs may waive this charge.

### Contractual Liability Shared Primary (see form PRA-HF-403 05 07)

This standard coverage waives the contractual liability exclusion and will defend and indemnify our insured in the event our insured becomes legally obligated to defend and / or indemnify a third party, such as a hospital or managed care organization. However, we limit this to professional healthcare services provided by or on behalf of our insured (including employees). Coverage limits are part of the PL policy. There is no charge for this endorsement.

### Contractual Liability Separate Excess (see form PRA-HF-403.SEP 07 07)

This optional coverage waives the contractual liability exclusion and will defend and indemnify our insured in the event our insured becomes legally obligated to defend and / or indemnify a third party, such as a hospital or managed care organization. However, we limit this to professional healthcare services provided by or on behalf of our insured (including employees). This coverage only applies after all applicable coverage carried by the third party is exhausted. Coverage limits are as specified on the endorsement issued, at a rate of \$100 for each set of limits issued.

### Vicarious Liability (coverage is included in the policy)

It is the intent to insure all employed physicians with an insured entity, however, vicarious liability will be offered on an exception basis for acceptable employed physicians who elect to retain coverage with another carrier. The entity will be charged 10 to 25% of the appropriate specialty class mature claims-made rate, regardless of maturity, or the first year claims-made rate. Use form PRA-HF-310 05 07 if Vicarious Liability is to be excluded.

FP = For profit; NFP = Not for profit

Code	Description	Premium Base	Terr.	Claims Made Rates	
				\$1,000,000 Occurrence	\$3,000,000 Aggregate
46622	Private Parking	Per 1,000 SF	1	100.84	
			2	85.71	
			3	56.47	
			4	85.71	
49451	FP Vacant Land	Per Acre	1	2.25	
			2	1.91	
			3	1.26	
			4	1.91	
49452	NFP Vacant Land	Per Acre	1	3.66	
			2	3.11	
			3	2.05	
			4	3.11	
56805	Medical, Dental, Hospital, Surgical, Equipment or Supplies – Expendable Mfg.	Per \$1,000 Gross Sales	1	1.50	
			2	1.28	
			3	0.84	
			4	1.28	
56806	Medical, Dental, Hospital, Surgical, Equipment or Supplies – Non-Expendable Mfg.	Per \$1,000 Gross Sales	1	1.21	
			2	1.03	
			3	0.68	
			4	1.03	
60010	Apartment Buildings	Per Unit	1	136.46	
			2	115.99	
			3	76.42	
			4	115.99	
61217	FP Buildings or Premises — bank or office — (Lessor's risk only)	Per 1,000 SF	1	117.91	
			2	100.22	
			3	66.03	
			4	100.22	
61218	NFP Buildings or Premises — bank or office — (Lessor's risk only)	Per 1,000 SF	1	96.70	
			2	82.19	
			3	54.15	
			4	82.19	
61224	FP Buildings or Premises – Employees of the Insured	Per 1,000 SF	1	181.67	
			2	154.42	
			3	101.74	
			4	154.42	
61225	NFP Buildings or Premises – Employees of the Insured	Per 1,000 SF	1	228.94	
			2	194.60	
			3	128.21	
			4	194.60	

FP = For profit; NFP = Not for profit

Code	Description	Premium Base	Terr.	Claims Made Rates	
				\$1,000,000 Occurrence	\$3,000,000 Aggregate
61226	FP	Buildings or Premises — Office	Per 1,000 SF	1	402.86
				2	342.43
				3	225.60
				4	342.43
61227	NFP	Buildings or Premises — Office	Per 1,000 SF	1	378.86
				2	322.03
				3	212.16
				4	322.03
63010		Dwellings — one-family (Lessor's risk only)	Per Dwelling	1	287.85
				2	244.68
				3	161.20
				4	244.68
63011		Dwellings — two-family (Lessor's risk only)	Per Dwelling	1	305.26
				2	259.47
				3	170.95
				4	259.47
63012		Dwellings — three-family (Lessor's risk only)	Per Dwelling	1	409.10
				2	347.73
				3	229.09
				4	347.73
63013		Dwellings — four-family (Lessor's risk only)	Per Dwelling	1	469.21
				2	398.83
				3	262.76
				4	398.83
66561		Medical Offices	Per 1,000 SF	1	284.40
				2	241.74
				3	159.26
				4	241.74
68606	FP	Vacant Buildings (Not Factories)	Per 1,000 SF	1	46.11
				2	39.20
				3	25.82
				4	39.20
68607	NFP	Vacant Buildings (Not Factories)	Per 1,000 SF	1	37.82
				2	32.15
				3	21.18
				4	32.15
<b>II. INDEPENDENT CONTRACTORS</b>					
16292		Construction Operations — Subline 335 Owner NOC (Not railroads) Excluding operations onboard ships.	Per \$1,000 Total Cost	1	0.56
				2	0.48
				3	0.31
				4	0.48

A \$500 charge shall be made for each swimming pool, fountain or lake on the premises.

Non-Owned Auto Endorsement Rates:

<u># of Vehicles</u>	<u>Premium</u>
0 – 10	\$350
11 – 25	\$500
26 – 49	\$750
50 – 100	\$1,000
101 – 250	\$1,500
251 – Up	\$2,500

Helipad Endorsement Rates:

<u># of Landings</u>	<u>Premium</u>
0 – 365	\$500
366 – 1,000	\$1,000
1,001 – Up	\$2,500

Bodily Injury to Patients Endorsements - When a Bodily Injury to Patients Exclusion Endorsement is attached to the General Liability Coverage Part and Bodily Injury to Patients is not endorsed onto the Professional Liability Coverage Part, a credit up to 20% may apply to the General Liability Coverage Part. When PRA Casualty provides both general liability and professional liability, no credits will be given to move the bodily injury to patients' coverage from the General Liability Coverage Part to the Professional Liability Coverage Part.

Reporting Endorsements - Premiums for claims-made general liability coverage may not be greater than 200% of the current expiring coverage premium.

General Liability  
Illinois Rates for GL Exposures for Hospitals and Health Care Facilities  
Community Based Hospital Program

**General Liability General Rates**

Calculated as 15% of the final, gross Professional Liability rate for the Community Based Hospital (rate before applying discounts or surcharges)

**General Liability Guide “a” Rates for Additional, Specified Exposures**

**Non-Facility Dwelling Units:**

**Independent living / apartments / dwellings / Ronald McDonald House\***

- Frame / Joisted Masonry           \$100 / Unit
- Other Construction                 \$50 / Unit

\*20 dwelling units included in the GL % charge. Assumes sprinklers if multi-story, or one story if senior or bed ridden

**Day Care Center:**

- Employees only (Child) \$60 / student
- Open to public (Child) \$75 / student
- Adult Daycare                 \$75 / student

Only available if all GL Daycare questions are answered satisfactorily

**Medical, Hospital Surgical Equipment**

- Sales                                 \$1.00 / \$1,000 of receipts
- Rental                                \$10.00 / \$1,000 of receipts
- Manufacture or Modify           Refer to VP of Underwriting

Charge only if separate corporation is used, and a separate location

**Parking Lots / Garages (fee)**

Open to Public – Fee                         \$40 / 1,000 square feet

**Fitness Centers/ Pools**

- Employees Only – No Charge (no diving)
- Employees and Family
  - No Pool – Scheduled Debit
  - Pool/No Diving Board – Up to 30% debit, \$1,000 minimum
  - Pool/Diving Board – Refer to VP Underwriting
- Open to Public
  - No Pool – \$500 minimum, \$2.25 / \$1,000 of receipts
  - Pool/No Diving Board – \$2,500 minimum, \$5.39 / \$1,000 of receipts
  - Pool/Diving Board – Refer to VP Underwriting

Basic Professional Liability  
Rates for \$1,000,000/\$3,000,000  
Illinois – Territory 1  
Cook, Madison and St. Clair Counties  
Standard Hospital Programs

Classification	Rating Basis*	Code	Claims-Made Rates by Year				
			1	2	3	4	5+
<b>HOSPITAL-NOC</b>							
For Profit	Per Bed	80611	\$2,000.27	\$3,524.28	\$4,000.53	\$4,238.66	\$4,762.54
	OPV's	80610	\$120.02	\$211.46	\$240.03	\$254.32	\$285.75
Not for Profit	Per Bed	80612	\$2,000.27	\$3,524.28	\$4,000.53	\$4,238.66	\$4,762.54
	OPV's	80617	\$120.02	\$211.46	\$240.03	\$254.32	\$285.75
<b>MENTAL-PSYCHOPATHIC INSTITUTIONS</b>							
For Profit	Per Bed	80997	\$1,400.19	\$2,467.00	\$2,800.37	\$2,967.06	\$3,333.78
	OPV's	80999	\$76.01	\$133.92	\$152.02	\$161.07	\$180.98
Not for Profit	Per Bed	80916	\$1,400.19	\$2,467.00	\$2,800.37	\$2,967.06	\$3,333.78
	OPV's	80917	\$76.01	\$133.92	\$152.02	\$161.07	\$180.98
<b>BASSINETS - staff enh. EFM training</b>							
For Profit	Per Bed	85004(A)	\$4,500.60	\$7,929.63	\$9,001.20	\$9,536.99	\$10,715.72
Not for Profit	Per Bed	85005(A)	\$4,500.60	\$7,929.63	\$9,001.20	\$9,536.99	\$10,715.72
<b>BASSINETS - standard</b>							
For Profit	Per Bed	85004(B)	\$6,000.80	\$10,572.84	\$12,001.60	\$12,715.98	\$14,287.62
Not for Profit	Per Bed	85005(B)	\$6,000.80	\$10,572.84	\$12,001.60	\$12,715.98	\$14,287.62
<b>EXTENDED CARE / RESIDENTIAL CARE / INDEPENDENT LIVING</b>							
For Profit	Per Bed	80955	\$200.03	\$352.43	\$400.05	\$423.87	\$476.25
Not for Profit	Per Bed	80956	\$200.03	\$352.43	\$400.05	\$423.87	\$476.25
<b>CONVALESCENT OR NURSING HOMES / ACUTE EXTENDED CARE</b>							
For Profit	Per Bed	80923	\$500.07	\$881.07	\$1,000.13	\$1,059.67	\$1,190.64
Not for Profit	Per Bed	80924	\$500.07	\$881.07	\$1,000.13	\$1,059.67	\$1,190.64
<b>ASSISTED LIVING</b>							
For Profit	Per Bed	80522	\$260.03	\$458.16	\$520.07	\$551.03	\$619.13
Not for Profit	Per Bed	80524	\$260.03	\$458.16	\$520.07	\$551.03	\$619.13
<b>HOSPICES (SANITARIUMS)</b>							
For Profit	Per Bed	80925	\$600.08	\$1,057.28	\$1,200.16	\$1,271.60	\$1,428.76
Not for Profit	Per Bed	80926	\$600.08	\$1,057.28	\$1,200.16	\$1,271.60	\$1,428.76
<b>EMERGENCY ROOM</b>							
For Profit	OPV's	80653	\$350.05	\$616.75	\$700.09	\$741.77	\$833.44
Not for Profit	OPV's	80654	\$350.05	\$616.75	\$700.09	\$741.77	\$833.44
<b>CLINICS, DISPENSARIES OR INFIRMARIES</b>							
For Profit	OPV'S	80613	\$100.01	\$176.21	\$200.03	\$211.93	\$238.13
Not for Profit	OPV's	80614	\$100.01	\$176.21	\$200.03	\$211.93	\$238.13
<b>SURGICAL OR OTHER HEALTH RELATED FACILITIES/HOSPITAL OUTPATIENT SURGERIES</b>							
	Per 100	80453	\$800.11	\$1,409.71	\$1,600.21	\$1,695.46	\$1,905.02
	Procedures						

\*Per Bed = Per occupied bed, crib or bassinet  
OPV's = Per 100 outpatient visits

## Neuman, Gayle

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**From:** Goodwin, LaQuita [LGoodwin@proassurance.com]  
**Sent:** Tuesday, September 14, 2010 12:42 PM  
**To:** Neuman, Gayle  
**Subject:** RE: Filing #HPL/CBH/0410

Ms. Neuman,

I just realized that I haven't responded to these questions. I apologize. I will have something to you by the end of the week. Thank you for your understanding and patience.

LaQuita B. Goodwin

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**From:** Neuman, Gayle [mailto:Gayle.Neuman@illinois.gov]  
**Sent:** Thursday, August 19, 2010 10:46 AM  
**To:** Goodwin, LaQuita  
**Subject:** Filing #HPL/CBH/0410

Ms. Goodwin,

Pursuant to your April 19 response, I have the following issues/questions:

1. On page 9 of the manual (previously under my question #4), the language about the cancellation and extended reporting period conflicts with erp information on page 13. I believe the information should simply be removed from the paragraph on page 9.
2. In reference to the contractual liability issue (previously under my question #7), please add wording to indicate the \$1,000 premium pertains to the \$1M policy limit.
3. If there is nothing other than FP or NFP, how do I know what a description is if it is not labeled as either?
4. In the latest manual you provided, the base manual ends on page 21. There are 5 pages labeled as page 22, and 2 pages labeled as 23 and 24.
5. Referencing page 42, where is the anesthesiology rate listed?

I request receipt of your response by August 26, 2010.

*Gayle Neuman*

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

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

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[www.proassurance.com](http://www.proassurance.com)

**Neuman, Gayle**

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**From:** Goodwin, LaQuita [LGoodwin@proassurance.com]  
**Sent:** Monday, April 19, 2010 3:55 PM  
**To:** Neuman, Gayle  
**Subject:** RE: ProAssurance Casualty Company - Filing #HPL/CBH/0410  
**Attachments:** IL Base adding CBH program eff 4-1-10.PDF; State Rates & Exceptions adding CBH program eff 4-1-10.PDF; PRA-HF-629 02 10.PDF

Ms. Neuman,

My responses are outlined after your questions. Please let me know if you have any other questions or concerns. Thank you.

LaQuita B. Goodwin  
 Compliance Specialist, Legal Dept.  
**ProAssurance Companies**  
 205.877.4426 Direct  
 205.414.2887 Fax  
 Birmingham, Alabama

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**From:** Neuman, Gayle [mailto:Gayle.Neuman@illinois.gov]  
**Sent:** Tuesday, April 06, 2010 9:32 AM  
**To:** Goodwin, LaQuita  
**Subject:** ProAssurance Casualty Company - Filing #HPL/CBH/0410

Ms. Goodwin,

I have reviewed the e-mail and attachments sent to me on March 11, 2010. Please address the following questions/issues:

1. Please provide a final print of the manual for filing. Also, please explain the difference between the third and fourth attachments to your March 11, 2010 e-mail (State Rates & Exceptions vs IL Base).

Response: Please find attached the final print of the manual for filing. The Base manual is generic in nature and is what we file in all ProAssurance States. The State Rates & Exceptions are specific to the state being filed. You'll notice that the Base manual ends on page 21 while the State Rates & Exceptions begin on page 22.

2. On page 6 under Rules for (a) Rating Sizable Medical Risks, the manual states it is not necessary to file this with the Department which is incorrect. Section 155.18(b)(4) of the Illinois Insurance Code allows insurers to modify classification rates to produce rates for individual risks in accordance with rating plans which establish standards for measuring variations in hazards or expense provisions, or both. Such standards may measure any difference among risks that have a probable effect upon losses or expenses. Such modifications of classifications of risks may be established based upon size, expense, management, individual experience, location or dispersion of hazard, or any other reasonable considerations and shall apply to all risks under the same or substantially the same circumstances or conditions. For individual risk rating, we require the manual include the standards by which you measure the variations in hazards or expense provisions in order to determine that a specific risk is so different in hazard/expense that it warrants individual rating. Such standards are required in the law, prior to

4/19/2010

individually rating any risk, to ensure that an insurer is not applying its rates in an unfairly discriminatory manner. Do you currently write any accounts under the individual risk rating?

Response: No, we do not have any accounts that have been individually rated. We have deleted the last sentence.

3. On page 8 under Risk Management Program – Qualification Requirements, the manual indicates the hospital must acquire an annual premium of \$75,000 or more – is this amount based on a certain liability limit?

Response: No, this amount is not based on a certain liability limit. We have deleted this requirement.

4. Under Rating Plans and Programs – Community Based Hospital Program, General Instructions – why would you use the rates in effect on the date of cancellation to determine the return premium?

Response: We would not. The paragraph in question is in error. We have corrected it in the attached, revised manual.

5. Under Rating Plans and Programs – Community Based Hospital Program, Deductibles – deductibles should only apply to damages and not expenses paid on the insured's behalf for defense. Pursuant to 215 ILCS 5/143 (2), defense costs must be paid as supplement to the limits of liability.

Response: Defense costs always are a supplementary payment—outside the limits. The objectionable language in the standard form is that we reduce the limit of our liability by the amount of the deductible paid for damages. We deleted that sentence via the Illinois State Amendatory Endorsement, so we should be in compliance with the law. Please refer to the attached form, PRA-HF-629 02 10, currently pending review and approval in SERFF.

6. In regard to cross-discount and multi-hospital discount, the insured hospital could received a discount up to 7.5% - please explain how this discount would vary from 1% to 3% to 7.5% for different insureds?

Response: We have changed the discount to a flat 7.5% in the manual.

7. Contractual Liability for Management Company optional coverage is offered for a cost of \$1,000. Does the limit for this coverage match the insured hospital's professional liability limit?

Response: Yes, a \$1 million limit would be \$1,000. Higher limits would be an additional charge.

8. Under Vicarious Liability, the manual indicates the entity will be charged 10 to 25% of the appropriate specialty class mature claims-made rate. What determines if it is 10% or 15% or 25%?

Response: Claims history would be the main determinant. New or discontinued procedures could also impact pricing.

9. In regard to the General Liability State Rates and Exceptions, doesn't the entity have to be either FP (for profit) or NFP (not for profit)? What other option is there?

Response: There are no other potential classification options to which a hospital or facility might qualify.

10. When the maximum credit/debit listed for Professional Liability is 10%, is this actually a range of 0% to 10%?

Response: The range is a 10% debit to a 10% credit.

I request receipt of your response by no later than April 16, 2010.

*Gayle Neuman*

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

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

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# HEALTH CARE FACILITY LIABILITY POLICY ILLINOIS STATE AMENDATORY ENDORSEMENT

- I. The definitions of **certified act of terrorism** and **professional incident** are deleted and replaced by the following:

**Certified act of terrorism** means an act that is certified by the Secretary of the Treasury, in concurrence with the Secretary of State and the Attorney General of the United States, to be an act of terrorism pursuant to the federal Terrorism Risk Insurance Act of 2002, as modified by the Terrorism Risk Insurance Program Reauthorization Extension Act of 2007. The Act sets forth the following criteria for a certified act of terrorism:

1. The act resulted in aggregate losses in excess of \$5 million; and
2. The act is a violent act or an act that is dangerous to human life, property or infrastructure and is committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

**Professional incident** means any act or omission in the furnishing of **professional health care services**, or the failure to furnish **professional health care services** when an alleged duty exists to furnish such services, occurring at or from a **scheduled facility**, or as emergency care, rendered gratuitously and in good faith, at the scene of an accident. Any such act or omission, together with all other acts or omissions in the furnishing of **professional health care services** to any one person shall be considered one **professional incident**. In no event shall separate, discrete events or injuries that occur during a single medical procedure or course of treatment constitute more than one **professional incident**. For purposes of this definition, treatment of mother and fetus (or fetuses) from conception through postpartum care constitutes a single **professional incident**, and a continuing course of treatment or repeated exposure to substantially the same conditions constitutes a single **professional incident**.

- II. The last paragraph of Section 4. DUTIES IN THE EVENT OF OCCURRENCE, CLAIM OR SUIT of the General Conditions is hereby deleted.

- III. Section 1. CANCELLATION of the General Conditions is hereby deleted and replaced with the following:

This **policy**, or coverage of any **insured** thereunder, may be canceled by the **policyholder** by mailing to **us** written notice stating when thereafter the cancellation shall be effective. This **policy**, or coverage of any **insured** thereunder, may be canceled by **us** by mailing to the named **insureds**, at the last mailing address known to **us**, and to the agent of record, if any, written notice stating when the cancellation shall be effective. The effective date and hour of cancellation stated in the notice shall become the end of the **policy period** for each **insured** to which the cancellation applies. If **we** cancel the **policy** for nonpayment of premium within the first sixty (60) days of the effective date, notice of cancellation will be mailed at least ten (10) days prior to the effective date of cancellation. If **we** cancel the **policy** within the first 60 days of the effective date for reasons other than nonpayment of premium, notice of cancellation will be mailed at least thirty (30) days prior to the effective date of cancellation, and such notice shall state a specific reason or reasons for cancellation of the **policy**.

If the **policy** has been in effect for more than sixty (60) days, **we** may cancel the **policy** only for one or more of the reasons listed below, by mailing to the named **insured** written notice of cancellation at least:

- a. ten (10) days before the effective date of cancellation if **we** cancel for nonpayment of premium;
- b. sixty (60) days before the effective date of cancellation if **we** cancel for one or more of the following reasons:
  1. material misrepresentation in obtaining the **policy**;
  2. violation of the terms and conditions of the **policy** by the **insured**;
  3. measurable increase in the risk from inception;
  4. certification to the Director of the Illinois Department of Insurance of the loss or reinsurance by **us** which provided coverage to **us** for all or a substantial part of the underlying risk insured; or
  5. determination by the Director of the Illinois Department of Insurance that the continuation of the **policy** could place **us** in violation of the insurance laws of the state of Illinois.

If the **policyholder** cancels, earned premium shall be computed in accordance with the customary short rate table and procedure. If **we** cancel, earned premium shall be computed pro rata. Premium adjustment may be made either at the time cancellation is effected or as soon as practicable after cancellation becomes effective, but payment or tender of unearned premium is not a condition of cancellation.

- IV. Section 10. RENEWAL OF POLICY of the General Conditions is hereby deleted and replaced with the following:

Neither the **policyholder** nor **we** have any obligation to renew the **policy**. The **policyholder** must complete **our** renewal application to be considered for renewal. Any renewal will be on the policy forms and endorsements then in effect. If **we** decide to nonrenew the **policy**, to increase current policy premium by thirty percent (30%) or more, or to

impose changes to deductibles or coverage that materially alter the **policy**, then **we** will mail notice of **our** action to the named **insureds**, at the last mailing address known to **us**, and to the agent of record, if any, at least sixty (60) days prior to the expiration of the **policy**.

V. Section 12. ARBITRATION of the General Conditions is hereby deleted and replaced with the following:

Both the **insureds** and **we** acknowledge that this agreement evidences a transaction involving interstate commerce and may voluntarily agree, at the time of a dispute, that any dispute, claim or controversy arising out of, relating to or in connection with this **policy**, its subject matter or its negotiation, as to the existence, validity, interpretation, performance, non-performance, enforcement, operation, breach of contract, breach of warranty, continuance or termination thereof or any claim alleging fraud, deceit, or suppression of any material fact or breach of fiduciary duty shall be submitted to binding arbitration in accordance with Title 9 U.S.C. § 1 et seq. (the Federal Arbitration Act) and the Commercial Arbitration Rules of the American Arbitration Association. The arbitration proceedings are voluntary and may be initiated by either party by notice in writing to the other and to the American Arbitration Association. Each party to arbitration shall bear its own arbitration costs and expenses. However, in the event any party is required to file a petition or commence any other proceeding to compel arbitration, the arbitrator may award that party reasonable attorney's fees and costs incurred in having to bring such action. The arbitrator shall have the discretion to order a pre-hearing exchange of information by the parties, including, without limitation, production of requested documents, exchanging of summaries of testimony of proposed witnesses, and examination by deposition of parties. Notwithstanding contrary state law or regulation, the arbitrator shall have the authority to award any remedy or relief allowed under the provisions of the Federal Arbitration Act, including, without limitation, specific performance of any obligation created under this **policy**, the awarding of any damages available under applicable law, the issuance of an injunction, or the imposition of sanctions for abuse or frustration of the arbitration process. Any arbitration award shall be in writing and shall specify the factual and legal bases of the award. Judgment on the award rendered by the arbitrator shall be final and may be entered in any court having jurisdiction thereof. The provisions hereof shall be a complete defense to any suit, action, or proceeding in any federal, state or local court or before any administrative tribunal with respect to any dispute, claim or controversy arising under this **policy**. The arbitration shall proceed in the county that includes the address of the **policyholder** (as specified in the **Coverage Summary**).

VI. The Insuring Agreements of the General Liability Coverage Part and Professional Liability Coverage Part are amended by deleting the following sentence:

**We** shall not be obligated to pay any claim or judgment or to defend any **suit** after the applicable limit of **our** liability has been exhausted.

and replacing it with the following:

**We** shall not be obligated to pay any claim or judgment or to defend any **suit** after the applicable limit of liability has been exhausted by the payment of **damages** arising out of claims or suits.

VII. Section I. COVERAGES, Paragraph 2. Exclusions of the General Liability Coverage Part is hereby amended by adding the following to Exclusions a and m of Coverage A and Exclusion F of Coverage B:

**We** will not deny coverage to an innocent co-**insured** for **property damage** otherwise excluded by this paragraph if the **property damage** arose out of a pattern of domestic violence and abuse and the perpetrator of the **property damage** is criminally prosecuted for the act causing the **property damage**.

VIII. Section II. Exclusions, Paragraph 8 of the Professional Liability Coverage Part, forms PRA-HF-200 or PRA-HF-205, is hereby deleted and replaced by the following:

Damages because of injury arising from the **discharge of pollutants**; provided that this exclusion does not apply to bodily injury or property damage arising out of heat, smoke or fumes from a fire which becomes uncontrollable or breaks out from where it was intended to be.

IX. Section IV. EXTENDED REPORTING PERIODS, of the General Liability Coverage Part is hereby deleted and replaced by the following:

**SECTION IV: EXTENDED REPORTING PERIODS**

1. **We** will provide a **reporting endorsement**, providing for an **extended reporting period**, only if:
  - a. The insurance provided by this Coverage Part is cancelled or not renewed for any reason;
  - b. **We** renew or replace the insurance provided by this Coverage Part with other insurance that

- (1) Provides claims-made coverage for **bodily injury, property damage, personal injury and advertising injury**; and
  - (2) Has a **retroactive date** later than the one shown in the **Coverage Summary**; or
  - c. **We** replace the insurance provided by this Coverage Part with other insurance that applies to **bodily injury, property damage, personal injury and advertising injury** on other than a claims-made basis.
2. If **we** provide a **reporting endorsement**, any **occurrence** or offense first **reported** during the **extended reporting period** will be deemed to have been **reported** on the last day of the **policy period**, provided that the **occurrence** or offense occurred before the end of the **policy period** (but not before the **retroactive date**).
  3. The **policyholder** may choose to have the General Aggregate limit of liability reinstated for the duration of the **extended reporting period**. Otherwise, the provision of a **reporting endorsement** will not reinstate or increase the limits of liability or extend the **policy period**.
  4. Unless otherwise provided in the **reporting endorsement**, the **extended reporting period** will be for an unlimited time, starting with the end of the **policy period**.
  5. Coverage for **occurrences** or offenses **reported** during the **extended reporting period** will be excess over any other valid and collectible insurance available to an **insured**, whether primary, excess, contingent or on any other basis, whose policy period begins or continues after the **reporting endorsement** takes effect.
  6. **We** will issue a **reporting endorsement** if the conditions specified in paragraph 1 are satisfied and if the **policyholder** pays the additional premium not later than sixty (60) days after the end of the **policy period**.  
The **reporting endorsement** will not take effect unless the additional premium is paid when due. If that premium is paid when due, the **reporting endorsement** may not be cancelled.
  7. **We** will determine the actual premium for the **reporting endorsement** in accordance with our rules and rates. In doing so, **we** may take into account the following:
    - a. The exposures insured;
    - b. The term of the **extended reporting period**;
    - c. Previous types and amounts of insurance;
    - d. Limits of insurance available under this Coverage Part for future payment of damages; and
    - e. Other related factors.

The maximum premium for the **reporting endorsement** will be two hundred per cent (200%) of the annual premium of the expiring policy.

- X. Section IV. EXTENDED REPORTING PERIODS of the Professional Liability Coverage Part (Claims-Made Form) is hereby deleted and replaced by the following:

**SECTION IV: EXTENDED REPORTING PERIODS**

1. **We** will provide a **reporting endorsement**, providing for an **extended reporting period**, only if:
  - a. The insurance provided by this Coverage Part is cancelled or not renewed for any reason;
  - b. **We** renew or replace the insurance provided by this Coverage Part with other insurance that
    - (1) Provides claims-made coverage for **professional incidents, insurance claim errors or omissions, and benefit errors**; and
    - (2) Has a **retroactive date** later than the one shown in the **Coverage Summary**; or
  - c. **We** replace the insurance provided by this Coverage Part with other insurance that applies to **professional incidents, insurance claim errors or omissions, and benefit errors** on other than a claims-made basis.
2. If a situation described in paragraph 1 occurs and the **policyholder** has not obtained replacement coverage, whether a policy or risk transfer instrument, including but not limited to, self-insured retentions, deductibles or other alternative arrangements, **we** will provide a period of sixty (60) days from the end of the **policy period** to **report** any **occurrence** which occurred before the end of the **policy period** (but not before the **retroactive date**). Any **occurrence** first **reported** during this sixty-day period will be deemed to have been **reported** on the last day of the **policy period**, and, subject to the terms and conditions of the **policy**, **we** will provide coverage for any claim or suit arising out of the **occurrence** for a period of five years from the end of the **policy period**.

3. If **we** provide a **reporting endorsement**, any **professional incident, insurance claim error or omission, or benefit error** first **reported** during the **extended reporting period** will be deemed to have been **reported** on the last day of the **policy period**, provided that the **professional incident, insurance claim error or omission, or benefit error** occurred before the end of the **policy period** (but not before the **retroactive date**).
4. The **policyholder** may choose to have the General Aggregate limit of liability reinstated for the duration of the **extended reporting period**. Otherwise, the provision of a **reporting endorsement** will not reinstate or increase the limits of liability or extend the **policy period**.
5. Unless otherwise provided in the **reporting endorsement**, the **extended reporting period** will be for an unlimited time, starting with the end of the **policy period**.
6. Coverage for **professional incidents, insurance claim errors or omissions, or benefit errors reported** during the **extended reporting period** will be excess over any other valid and collectible insurance available to an **insured**, whether primary, excess, contingent or on any other basis, whose policy period begins or continues after the **reporting endorsement** takes effect.
7. **We** will issue a **reporting endorsement** if the conditions specified in paragraph 1 are satisfied and if the **policyholder** pays the additional premium not later than sixty (60) days after the end of the **policy period**.  
The **reporting endorsement** will not take effect unless the additional premium is paid when due. If that premium is paid when due, the **reporting endorsement** may not be cancelled.
8. **We** will determine the actual premium for the **reporting endorsement** in accordance with our rules and rates. In doing so, **we** may take into account the following:
  - a. The exposures insured;
  - b. The term of the **extended reporting period**;
  - c. Previous types and amounts of insurance;
  - d. Limits of insurance available under this Coverage Part for future payment of damages; and
  - e. Other related factors.

The maximum premium for the **reporting endorsement** will be two hundred per cent (200%) of the annual premium of the expiring policy.

- XI. The following sections and endorsements are amended to reflect that deductibles will not reduce the applicable limit of liability:

Section III. Limits of Liability and Deductibles, Paragraph 8, of the General Liability Coverage Part, and Section III. Limits of Liability and Deductibles, Paragraph 6, of the Professional Liability Coverage Part are hereby amended by deleting the following sentence:

**Our** limit of liability will be reduced by the amount of the deductible paid for damages.

- XII. Item 9 of Section III, Limits of Liability and Deductibles, of the General Liability Coverage Part, is hereby deleted.

XIII. Address Notice Required under Illinois Law

The address of the Public Service Division of the Illinois Department of Insurance is 320 West Washington, Springfield, IL 62767. The address for the Legal Department of ProAssurance Casualty Company is 100 Brookwood Place, Birmingham, AL 35209.

**Neuman, Gayle**

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**From:** Goodwin, LaQuita [LGoodwin@proassurance.com]  
**Sent:** Wednesday, March 31, 2010 12:45 PM  
**To:** Neuman, Gayle  
**Subject:** RE: ProAssurance Casualty Company - Filing #HPL/CBH/0410  
**Attachments:** RF-3 for HPL & CBH eff 4-1-2010.PDF

The correct rate impact should be 2.80% instead of 3.96%. The analyst that initially completed this filing left the company and the changes weren't relayed accordingly. The corrected RF-3 is attached. I apologize for the confusion.

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**From:** Neuman, Gayle [mailto:Gayle.Neuman@illinois.gov]  
**Sent:** Wednesday, March 31, 2010 10:40 AM  
**To:** Goodwin, LaQuita  
**Subject:** RE: ProAssurance Casualty Company - Filing #HPL/CBH/0410

Ms. Goodwin,

I was simply asking if the additional changes you had made would change such information. I noticed on the page marked "Appendix" there is a "Combined Professional Liability Rate Impact" of 2.80%. If the RF-3 Summary Sheet is correct as submitted, please advise.

*Gayle Neuman*

Illinois Department of Insurance  
(217)524-6497

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**From:** Goodwin, LaQuita [mailto:LGoodwin@proassurance.com]  
**Sent:** Wednesday, March 31, 2010 10:36 AM  
**To:** Neuman, Gayle  
**Subject:** RE: ProAssurance Casualty Company - Filing #HPL/CBH/0410

Hi Ms. Neuman,

I've checked the RF-3 and it does indicate a 3.96% increase. Did you mean something else?

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**From:** Neuman, Gayle [mailto:Gayle.Neuman@illinois.gov]  
**Sent:** Wednesday, March 31, 2010 10:25 AM  
**To:** Goodwin, LaQuita  
**Subject:** RE: ProAssurance Casualty Company - Filing #HPL/CBH/0410

Ms. Goodwin,

With the e-mail and attachments you submitted on March 11, 2010, do you need to change the RF-3 Summary Sheet indicating a 3.96% increase? Your prompt attention is requested.

*Gayle Neuman*

Illinois Department of Insurance  
(217)524-6497

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3/31/2010

**From:** Goodwin, LaQuita [mailto:LGoodwin@proassurance.com]  
**Sent:** Thursday, March 11, 2010 1:23 PM  
**To:** Neuman, Gayle  
**Subject:** RE: ProAssurance Casualty Company - Filing #HPL/CBH/0410

Ms. Neuman,

Please find attached a copy of the Health Care Facility Program Manual with marked revisions. While comparing the former manual approved in 2004 to what we're filing in 2010, I realized that additional changes had to be made. As such, please replace the manual included in the February 22, 2010 filing with the attached. We certify that nothing else has changed from what was previously filed except for the changes outlined in the attached marked copies.

Also, please find attached Appendix A that was inadvertently omitted and should have been attached to the rate checklist.

If you prefer that I submit these copies by mail, please let me know and I'll mail it out today.

Thanks.

LaQuita B. Goodwin  
Compliance Specialist, Legal Dept.  
**ProAssurance Companies**  
205.877.4426 Direct  
205.414.2887 Fax  
Birmingham, Alabama

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3/31/2010

**Neuman, Gayle**

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**From:** Goodwin, LaQuita [LGoodwin@proassurance.com]  
**Sent:** Thursday, March 11, 2010 1:23 PM  
**To:** Neuman, Gayle  
**Subject:** RE: ProAssurance Casualty Company - Filing #HPL/CBH/0410  
**Attachments:** Appendix to Rate Checklist.pdf; IL Base adding CBH program eff 4-1-10-marked.PDF; State Rates & Exceptions adding CBH program eff 4-1-10-marked.PDF; State Rates & Exceptions adding CBH program eff 4-1-10.PDF; IL Base adding CBH program eff 4-1-10.PDF

Ms. Neuman,

Please find attached a copy of the Health Care Facility Program Manual with marked revisions. While comparing the former manual approved in 2004 to what we're filing in 2010, I realized that additional changes had to be made. As such, please replace the manual included in the February 22, 2010 filing with the attached. We certify that nothing else has changed from what was previously filed except for the changes outlined in the attached marked copies.

Also, please find attached Appendix A that was inadvertently omitted and should have been attached to the rate checklist.

If you prefer that I submit these copies by mail, please let me know and I'll mail it out today.

Thanks.

LaQuita B. Goodwin  
Compliance Specialist, Legal Dept.  
**ProAssurance Companies**  
205.877.4426 Direct  
205.414.2887 Fax  
Birmingham, Alabama

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**From:** Neuman, Gayle [mailto:Gayle.Neuman@illinois.gov]  
**Sent:** Friday, February 26, 2010 9:40 AM  
**To:** Goodwin, LaQuita  
**Subject:** ProAssurance Casualty Company - Filing #HPL/CBH/0410

Ms. Goodwin,

I am in receipt of the above referenced filing submitted by your letter dated February 22, 2010.

Pursuant to 50 Ill. Adm. Code 929, identification of all changes in all superseding filings, as well as identification of all superseded filings is required. Additionally, we require you certify that nothing else has changed from what was previously filed except for the changes brought to our attention in this filing.

I request receipt of your response by March 8, 2010.

*Gayle Neuman*

3/11/2010

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](http://www.insurance.illinois.gov).

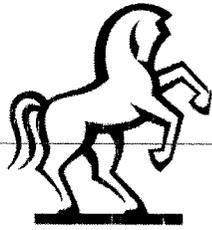
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3/11/2010



**ProNational<sup>®</sup>**  
INSURANCE COMPANY

A ProAssurance Company



**PROASSURANCE<sup>®</sup>**

**HEALTHCARE**

Treated Fairly

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**HEALTH CARE FACILITY PROGRAM**  
**MANUAL**

ProNational Insurance ProAssurance Casualty Company

100 Brookwood Place  
PO Box 590009 (35259-0009)

Birmingham, AL 35209

(800) 282-6242

(205) 877-4400

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## Introduction

~~ProNational Insurance~~ ProAssurance Casualty Company (PNPRA Casualty) will provide coverage for the indicated lines of insurance based upon the policy forms and endorsements specifically developed for the Health Care Facility Liability program. Rates contained in the rate section of this manual have been specifically adapted based on the coverages provided by the respective policy forms, endorsements and industry data compiled by companies in the industry (which provide such coverages) and our actuarial consultants.

If any discrepancy or conflict arises between other PNPRA Casualty filings and this manual regarding which coverage is being provided in the Health Care Facility program, the Health Care Facility Liability manual will prevail unless otherwise indicated.

There are two distinct hospital programs for which we will provide coverage:

Standard Hospital Program

Community Based Hospital Program

All hospitals and facilities will fall under the Standard Hospital Program, unless the following criteria are met:

Community Based Hospital Profile:

1. Community / rural based;
2. 100 licensed acute care beds or less;
3. Single ownership / decision making;
4. Deductible at or under \$200,000 / \$600,000;
5. Primary limits of \$1,000,000 / \$3,000,000 unless other limits are required by state statute or the existence of a state Fund (such as patients compensation fund or health care stabilization fund);
6. No more than 25 employed physicians.

Hospitals that don't meet most of these criteria (exceptions can be made if substantially all requirements are met) are not Community Based Hospitals, and would be fall under the Standard Hospital Program.

## Rating Plans and Programs

### **Experience Modification Rating Plan**

#### **Eligibility**

This plan applies only to the hospital professional liability exposures of any one insured including allied or subsidiary interests if the insured either holds a majority financial interest or exercises management control.

Any risk that will, at renewal, develop at least a \$75,000 annual premium for hospital professional liability exposures (using manual rates and renewal policy limits) is eligible for rating under this plan.

#### **Application of Modifications**

The experience modifications, determined according to the following described procedures, applies to the manual hospital professional liability premium at \$1,000,000/\$3,000,000 limits.

In addition to any experience modification, a modification reflecting specific risk characteristics may be applied to the professional liability premium in accordance with the Schedule Rating Table which is part of this plan. Schedule rating applies only to the extent that such risk characteristics are not already recognized in the experience of the risk.

#### **Experience Period**

The experience modification will be determined from this company's latest available, complete, ~~prior-year~~ ten-year experience excluding the expiring 12-month period. - In the event that the experience for the full ten-year period is not available, the total experience which is available (subject to a minimum of one completed policy year) will be used in determining the experience modification.

The experience period will end at least six months prior, but no more than eighteen months prior, to the effective date of the experience modification being established. Experience incurred by other companies, or self-insured experience, may be used to the extent that the loss data appears credible and the loss reserves are consistent with this company's valuation practices.

**Experience Period Premium at Present Rates**

The experience period premium at present rates is the total of the premiums computed by extending the actual exposures developed during the experience period at present manual rates for \$200,000 limits. If loss data is available such that each report year is mature (that is, if the retroactive date is at least 10 years prior to the effective date of the experience year), then the experience premium will be the mature claims-made premium extended by the exposures. If the retroactive date is less than 10 years before the effective date of the experience year, then the exposures will be extended by the appropriate claims-made rates.

**Experience Period Premium Subject to Experience Rating Plan**

~~TO BE FILED AT A LATER DATE~~The experience period premium is the experience period premium at present rates as previously defined, multiplied by the following adjustments for trend and undeveloped losses and ALAE:

<u>Experience Period Year</u>	<u>Trend Multiplier</u>	<u>Loss Development Multiplier</u>	<u>Composite Multiplier</u>
<u>Latest Report Year</u>	<u>.826</u>	<u>.500</u>	<u>.413</u>
<u>2<sup>nd</sup> Latest Report Year</u>	<u>.751</u>	<u>1.000</u>	<u>.751</u>
<u>3<sup>rd</sup> Latest Report Year</u>	<u>.683</u>	<u>1.000</u>	<u>.683</u>
<u>4<sup>th</sup> Latest Report Year</u>	<u>.621</u>	<u>1.000</u>	<u>.621</u>
<u>5<sup>th</sup> Latest Report Year</u>	<u>.564</u>	<u>1.000</u>	<u>.564</u>
<u>6<sup>th</sup> Latest Report Year</u>	<u>.513</u>	<u>1.000</u>	<u>.513</u>
<u>7<sup>th</sup> Latest Report Year</u>	<u>.467</u>	<u>1.000</u>	<u>.467</u>
<u>8<sup>th</sup> Latest Report Year</u>	<u>.424</u>	<u>1.000</u>	<u>.424</u>
<u>9<sup>th</sup> Latest Report Year</u>	<u>.386</u>	<u>1.000</u>	<u>.386</u>
<u>10<sup>th</sup> Latest Report Year</u>	<u>.350</u>	<u>1.000</u>	<u>.350</u>

**Losses Subject to Experience Rating**

The losses subject to experience rating include paid and outstanding losses. The indemnity portion of each claim is to be limited to \$200,000 per claim, with no aggregate limit. Allocated loss adjustment expenses are then added and are subject to no limitation.

**Actual Loss Ratio**

The actual loss ratio for the risk is determined by dividing "Losses Subject to Experience Rating" by "Experience Period Premium Subject to Experience Rating."

**Credibility**

The credibility is calculated as follows:

$$\frac{\text{Experience Period Premium Subject to Experience Rating}}{\text{Experience Period Premium Subject to Experience Rating} + K}$$

K is a constant. Its value will depend on the average company basic limit per bed rate for the risk. The K values are as follows:

<u>Average Rate Range</u> <u>(Average Company Basic Limits Per</u> <u>Bed Rate For The Risk)</u>	<u>K</u> <u>Value</u>
<u>\$ 1 - \$ 600</u>	<u>563,800</u>
<u>\$ 601 - \$1,200</u>	<u>1,283,000</u>
<u>\$1,201 – and Over</u>	<u>2,644,000</u>

**Experience Modification**

The experience modification shall be determined by application of the following formula, with the expected indemnity and ALAE loss ratio (ELR) equal to 63%.

$$\frac{((\text{Actual Loss Ratio} - \text{Expected Loss Ratio}) / (\text{Expected Loss Ratio})) \times \text{Credibility}}$$

For rate calculation, the experience modification must be added to 1.00 to produce an experience rating multiplier. This multiplier is limited to a minimum of 0.50 and a maximum of 2.00.

***Retrospective Rating Plan***

TO BE FILED AT A LATER DATE

**(a) Rating Guidelines**

RULES FOR (a) RATING SIZABLE MEDICAL RISKS

These rules apply to the following PNPRA Casualty insurance programs:

- ◆ Health Care Facility Liability Program
- ◆ ~~Physician and Surgeon~~ Health Care Provider Liability Program
- ◆ ~~Managed Care~~ Liability Program

PN

A. PRA Casualty programs developing \$100,000 or more annual manual premium are eligible for (a) Rating. It is not necessary to file rates developed under this rule with the Insurance Department for approval unless otherwise noted.

B. Excess and umbrella coverage will be rated based on negotiated reinsurance treaties. Reinsurance treaty factors will be grossed up to include a 25% company and agent commission.

~~B.C.~~ The following rule applies to these special rating procedures to the extent they are available in the various states:

Rating procedures applicable to the headquarters location of the risk shall govern the rating of all operations regardless of location. This rule applies provided the state where risk headquarters are maintained has adopted the identical programs as the other states where exposures exist.

## ***Risk Management Program***

### **Introduction**

Our litigious tort system is escalating the cost of insuring health care professionals. Research of claims data indicates that 80% of lawsuits against physicians originate in the hospital setting. Further, 80% of all lawsuits involve hospitals and physicians. One of the best solutions to the medical malpractice problem is for hospitals and physicians to work together with their insurance company to reduce losses.

### **Program Benefits**

The ~~PNPRA~~ Casualty Risk Management Program is a risk control program that provides a proven methodology for decreasing medical liability exposure for physicians and hospitals.

By joining together in this coordinated program, the hospital and its physicians can:

- ◆ Minimize professional liability risks;
- ◆ Enhance quality assessment and improvement programs;
- ~~◆ Reduce medical malpractice insurance premiums for physicians;~~
- ◆ Increase physician interest and involvement in quality improvement and risk management activities; and
- ◆ Assist hospitals in preparation for surveys by the Joint Commission on Accreditation of Health Care Organizations.

This program introduces strategies which are designed to improve hospital systems and processes. Our research has identified certain patient care systems which have the propensity to produce medical malpractice claims. With the Risk Management Program, these systems are routinely reviewed, risks identified and appropriate interventions suggested. Hospitals will be assisted in gaining necessary knowledge and developing specific plans for reducing risks in these known areas of liability. It is anticipated that this knowledge and planning will be integrated and applied throughout the hospital for continuous improvement of these processes.

~~Two to four risk management~~ On-site Risk Management surveys are performed each year depending on the complexity of services offered by the facility. These reviews are conducted by registered nurses who are experienced in risk management and quality improvement processes. Each survey consists of interviews with clinical or risk management personnel and physicians, medical records review and a review of other specific hospital documents. The high risk areas of obstetrics, surgery, anesthesia and emergency services are addressed individually utilizing national standards of care and patient care events which are recognized through claims data to produce litigation.

A report is sent to the hospital and physician through the appropriate risk management and quality improvement channels. The report identifies potential risks and possible areas for improvement of the hospital's clinical risk management program.

### **Qualification Requirements**

To qualify for the Risk Management Program, hospitals must:

- ◆ Acquire their professional liability insurance through PNPRA Casualty and have an annual premium of \$75,000 or more;
- ◆ Enhance their quality assessment and improvement and risk control programs with strong support from their medical staffs;
- ◆ Develop comprehensive risk control programs based on the following ten Risk Management Loss Reduction Components:
  1. Quality Improvement
  2. Obstetrical
  3. Surgery/Anesthesia
  4. Emergency Department
  5. Competency
  6. Medication Administration
  7. Systems/Adverse Outcomes
  8. Systems/Biomedical/Safety
  9. Systems/Codes
  10. Systems/Diagnostic Imaging

### **Grid Score**

~~An annual~~ A Grid Score is calculated based on the individual hospital's compliance with the Risk Management Program. Each of the ten components has a percentage value. To determine the percentage value, objective criteria are used to provide a numerical grid score for each requirement contained in the ten Risk Management Loss Reduction Components. A premium discount may be awarded at the Underwriting Manager's discretion subject to current market conditions, exposures and experience with regards to the hospital. The maximum possible premium discount available for the hospital is 20%. A hospital will be required to have an account-incurred loss ratio of 75% or less to be eligible for a Risk Management discount.

**State Rates and Exceptions**

**Policy Forms and Optional Endorsements**



~~PNL HF 400-440 Policy - Overall Endorsements~~

- ~~PNL HF 400 — **General Change Endorsement** — This endorsement modifies [the General Liability Coverage Part] [and] [the Professional Liability Coverage Part] [and] [the Directors & Officers and Employment Practices Liability Coverage Part] of the policy.~~
- ~~PNL HF 405 — **Deductible for Defense Costs Endorsement** — This endorsement modifies the General Liability Coverage Part and the Professional Liability Coverage Part of the policy to provide that the deductibles applicable to such Coverage Parts will also apply to defense costs.~~
- ~~PNL HF 410 — **Overall Aggregate Deductible Endorsement** — This endorsement modifies the General Conditions of the policy to provide for an overall aggregate deductible.~~
- ~~PNL HF 415 — **Reporting Endorsement (General Liability Coverage Part)** — This endorsement modifies the General Liability Coverage Part of the policy to provide for an extended reporting period.~~
- ~~PNL HF 420 — **Reporting Endorsement (Limited Pollution Liability Coverage Part)** — This endorsement modifies the General Liability Coverage Part of the policy to provide for an extended reporting period for Coverage P.~~
- ~~PNL HF 425 — **Reporting Endorsement (Professional Liability Coverage Part)** — This endorsement modifies the Professional Liability Coverage Part of the policy to provide for an extended reporting period.~~
- ~~PNL HF 435 — **Employed Physician Endorsement** — This endorsement modifies the Professional Liability Coverage Part of the policy to include employed physicians in the professional liability coverage provided to the policyholder.~~
- ~~PNL HF 440 — **Retrospective Rating Plan Endorsement** — This endorsement modifies the Professional Liability Coverage Part of the policy to provide that premiums will be subject to adjustment in accordance with a retrospective rating plan in effect between us and the policyholder.~~

- ~~PNI HF 445 — General Aggregate Limit (Per Location) Endorsement — This endorsement modifies the General Liability Coverage Part of the policy to provide that the general aggregate limit will apply separately for each location listed.~~
- ~~PNI HF 446 — General Aggregate Limit (Per Location) Endorsement (Professional Liability) — This endorsement modifies the Professional Liability Coverage Part of the policy to provide that the general aggregate limit will apply separately for each location listed.~~
- ~~PNI HF 447 — General Aggregate Limit (Per Insured) Endorsement (Professional Liability) — This endorsement modifies the Professional Liability Coverage Part of the policy to provide that the general aggregate limit will apply separately for each insured listed.~~
- ~~PNI HF 450 — Additional Insured Endorsement (Lessor of Leased Equipment) — This endorsement modifies the General Liability Coverage Part of the policy to include as an insured under such Coverage Part lessors of leased equipment as specified.~~
- ~~PNI HF 451 — Additional Insured Endorsement for Management Companies — This endorsement modifies [the General Liability Coverage Part] [and] [the Professional Liability Coverage Part] of the policy to add one or more additional insureds.~~
- ~~PNI HF 455 — Medical Management Services Endorsement — This endorsement modifies the Definitions Part (Health Care Facility Form) and the Professional Liability Coverage Part of the policy to provide coverage for medical management services.~~
- ~~PNI HF 460 — Limited Pollution Liability Endorsement (Claims Made) — This endorsement modifies the Definitions Part (Health Care Facility Form) and the General Liability Coverage Part of the policy to provide limited coverage for pollution liability.~~
- ~~PNI HF 465 — Wrongful Termination and Discrimination Endorsement — This endorsement modifies the Directors & Officers and Employment Practices Liability Coverage Part of the policy to delete the exclusion for claims of wrongful termination and discrimination by directors, trustees or executive officers of the policyholder.~~

- ~~PNI HF 470~~ — ~~**Punitive Damages Endorsement**~~ — This endorsement modifies ~~[the General Liability Coverage Part] [and] [the Professional Liability Coverage Part] [and] [the Directors & Officers and Employment Practices Liability Coverage Part]~~ of the policy to delete exclusions relating to punitive damages.
- ~~PNI HF 471~~ — ~~**Limited Punitive Damages Endorsement**~~ — This endorsement modifies the employment practices liability coverage of the ~~Directors & Officers and Employment Practices Liability Coverage Part~~ of the policy to provide limited punitive damages coverage.
- ~~PNI HF 475~~ — ~~**Additional Insured Endorsement**~~ — This endorsement modifies ~~[the General Liability Coverage Part] [and] [the Professional Liability Coverage Part] [and] [the Directors & Officers and Employment Practices Liability Coverage Part]~~ of the policy to add one or more additional insureds.
- ~~PNI HF 480~~ — ~~**Other Insured Endorsement**~~ — This endorsement modifies ~~[the General Liability Coverage Part] [and] [the Professional Liability Coverage Part] [and] [the Directors & Officers and Employment Practices Liability Coverage Part]~~ of the policy to add one or more other entities as an other insured.
- ~~PNI HF 485~~ — ~~**Exclusion of Claims Endorsement**~~ — This endorsement modifies the ~~Professional Liability Coverage Part~~ of the policy to exclude from coverage claims arising from treatment of certain individuals prior to the coverage effective date.
- ~~PNI HF 490~~ — ~~**Bodily Injury to Patients Endorsement (Coverage under Professional Liability Coverage Part)**~~ — This endorsement modifies the ~~Definitions Part (Health Care Facility Form)~~ of the policy to provide that bodily injury to patients will be covered as a medical incident under the ~~Professional Liability Coverage Part~~ of the policy.
- ~~PNI HF 491~~ — ~~**Bodily Injury to Patients Endorsement Broad Form (Coverage under Professional Liability Coverage Part)**~~ — This endorsement modifies the ~~Definitions Part (Health Care Facility Form)~~ of the policy to provide that bodily injury to patients will be covered as a medical incident under the ~~Professional Liability Coverage Part~~ of the policy.

- ~~PNI HF 495 — **Bodily Injury to Patients Endorsement (Exclusion from General Liability Coverage Part)** — This endorsement modifies the Definitions Part (Health Care Facility Form) and the General Liability Coverage Part of the policy to provide that bodily injury to patients will not be covered under the General Liability Coverage Part of the policy.~~
- ~~PNI HF 496 — **Bodily Injury to Patients Endorsement Broad Form (Exclusion from General Liability Coverage Part)** — This endorsement modifies the Definitions Part (Health Care Facility Form) and the General Liability Coverage Part of the policy to provide that bodily injury to patients will not be covered under the General Liability Coverage Part of the policy.~~
- ~~PNI HF 500 — **Bodily Injury to Patients Endorsement (Coverage under Professional Liability Coverage Part, Exclusion from General Liability Coverage Part)** — This endorsement modifies the Definitions Part (Health Care Facility Form) and the General Liability Coverage Part of the policy to provide that bodily injury to patients will be covered as a medical incident under the Professional Liability Coverage Part of the policy, but will not be covered under the General Liability Coverage Part.~~
- ~~PNI HF 501 — **Bodily Injury to Patients Endorsement Broad Form (Coverage under Professional Liability Coverage Part, Exclusion from General Liability Coverage Part)** — This endorsement modifies the Definitions Part (Health Care Facility Form) and the General Liability Coverage Part of the policy to provide that bodily injury to patients will be covered as a medical incident under the Professional Liability Coverage Part of the policy, but will not be covered under the General Liability Coverage Part.~~
- ~~PNI HF 505 — **Provision of Drugs and Medical Supplies Endorsement** — This endorsement modifies the General Liability Coverage Part of the policy to provide that the sale or distribution of drugs or medical supplies (other than in the course of providing professional health care services) will be covered.~~
- ~~PNI HF 510 — **Helipad Endorsement** — This endorsement modifies the General Liability Coverage Part of the policy to provide coverage for certain liability arising from the operation of a helipad at scheduled facilities.~~

- ~~PNI HF 515 — Peer Review Services Endorsement (Exclusion from Professional Liability Coverage Part) — This endorsement modifies the Definitions Part (Health Care Facility Form) and the Professional Liability Coverage Part of the policy to provide that peer review services will not be covered under the policy.~~
- ~~PNI HF 520 — Peer Review Services Endorsement (Exclusion from Professional Liability Coverage Part; Coverage under Peer Review Services Coverage Part) — This endorsement modifies the Definitions Part (Health Care Facility Form) and the Professional Liability Coverage Part of the policy to provide that peer review services will be covered under a separate Coverage Part.~~
- ~~PNI HF 521 — Peer Review Services Endorsement (Exclusion from Professional Liability Coverage Part; Coverage under Peer Review Services Coverage Part) — This endorsement modifies the Definitions Part (Health Care Facility Form) and the Professional Liability Coverage Part of the policy to provide that peer review services will be covered under a separate Coverage Part.~~
- ~~PNI HF 530 — Employers' Liability Endorsement — This endorsement modifies the policy to add as an additional Coverage Part coverage for employers' liability.~~
- ~~PNI HF 531 — Employers' Liability Endorsement — This endorsement modifies the policy to add as an additional Coverage Part coverage for employers' liability.~~
- ~~PNI HF 535 — Self-Insured Retention Endorsement — This endorsement modifies the policy to provide that no coverage will be provided under any Coverage Part until the policyholder has paid damages or defense costs in an amount equal to the self-insured retention applicable to such Coverage Part.~~
- ~~PNI HF 540 — Non-Owned Auto Liability Endorsement — This endorsement modifies the General Liability Coverage Part of the policy to provide coverage for certain liability arising from use of non-owned autos.~~
- ~~PNI HF 545 — Architectural Liability Endorsement — This endorsement modifies the Definitions Part (Health Care Facility Form) and the Health Care Facility Professional Liability Coverage Part of the policy to provide limited coverage for architectural liability.~~

~~PNI HF 546 — **Architectural Liability Endorsement** — This endorsement modifies the Definitions Part (Health Care Facility Form) and the Health Care Facility Professional Liability Coverage Part of the policy to provide limited coverage for architectural liability.~~

~~PNI HF 570 — **Modification of Reporting Endorsement Premium; Written Demand Endorsement** — This endorsement is utilized to protect the company from new account exposures in which the previous carrier has a questionable financial condition. Endorsement provides for a 25% minimum earned premium, a surcharge for premium of an extended Reporting Endorsement and a written assertion of liability.~~

~~PNI HF 571 — **Modification of Reporting Endorsement Premium** — This endorsement is utilized to protect the company from new account exposures in which the previous carrier has a questionable financial condition. Endorsement provides for a 25% minimum earned premium and a surcharge for premium of an extended Reporting Endorsement.~~

~~PNI HF 572 — **Minimum Premium; Written Demand Endorsement** — This endorsement imposes a minimum earned premium of 25% and provides for a true claims made trigger that requires a written notice or demand from a patient or claimant.~~

~~PNI HF 575 — **Mold, Mildew or Other Fungi Exclusion Endorsement** — This endorsement excludes coverage under the General Liability Coverage Part for mold, mildew, mycotoxins, fungi or organic pathogens.~~



~~2020 Cigna PNI Following PNI DROFF Policy - CIGNA Endorsements~~

- ~~PNI FF 400 — **General Change Endorsement** — This endorsement modifies the Coverage Parts of the policy.~~
- ~~PNI FF 405 — **Reporting Endorsement (Commercial Liability Coverage Part)** — This endorsement modifies the Commercial Liability Coverage Part of the policy to provide for an extended reporting period.~~
- ~~PNI FF 406 — **Reporting Endorsement — Renewed Limits (Commercial Liability Coverage Part)** — This endorsement modifies the Commercial Liability Coverage Part of the policy to provide for an extended reporting period during which the limits of liability provided in the endorsement will apply.~~
- ~~PNI FF 410 — **Reporting Endorsement (Professional Liability Coverage Part)** — This endorsement modifies the Professional Liability Coverage Part of the policy to provide for an extended reporting period.~~
- ~~PNI FF 411 — **Reporting Endorsement — Renewed Limits (Professional Liability Coverage Part)** — This endorsement modifies the Professional Liability Coverage Part of the policy to provide for an extended reporting period during which the limits of liability provided in the endorsement will apply.~~
- ~~PNI FF 415 — **Reporting Endorsement (Directors & Officers Liability Coverage Part)** — This endorsement modifies the Directors & Officers Liability Coverage Part of the policy to provide for an extended reporting period.~~
- ~~PNI FF 416 — **Reporting Endorsement — Renewed Limits (Directors & Officers Liability Coverage Part)** — This endorsement modifies the Directors & Officers Liability Coverage Part of the policy to provide for an extended reporting period during which the limits of liability provided in the endorsement will apply.~~
- ~~PNI FF 420 — **Punitive Damages Endorsement** — This endorsement modifies the Coverage Parts of the policy to delete or modify exclusions relating to punitive damages.~~

- ~~PNI FF 425 — **Exclusion of Claims Endorsement** — This endorsement modifies the Professional Liability Coverage Part of the policy to exclude from coverage claims arising from treatment of certain individuals prior to the effective date of the endorsement.~~
- ~~PNI FF 430 — **Separate Limit of Liability (Per Location) Endorsement** — This endorsement modifies the Commercial Liability Coverage Part of the policy to provide that the limit of liability will apply separately for each location listed.~~
- ~~PNI FF 435 — **Per Incident Limit of Liability Endorsement** — This endorsement modifies the Coverage Summary and the Coverage Parts of the policy to provide per incident limits of liability for the coverage part(s) indicated.~~
- ~~PNI FF 440 — **Discrimination or Humiliation Exclusion Endorsement** — This endorsement modifies the Coverage Parts of the policy to provide to delete the exclusion relating to discrimination or humiliation.~~
- ~~PNI FF 445 — **Employee Benefit Plan Exclusion Endorsement** — This endorsement modifies Coverage Parts of the policy to provide to modify the exclusion relating to employee benefit plans.~~
- ~~PNI FF 450 — **Additional Insured Endorsement** — This endorsement modifies [the General Liability Coverage] [and] [the Professional Liability Coverage] [and] [the Directors & Officers Liability Coverage] of the policy to add one or more additional insureds.~~
- ~~PNI FF 455 — **Other Insured Endorsement** — This endorsement modifies [the General Liability Coverage] [and] [the Professional Liability Coverage] [and] [the Directors & Officers Liability Coverage] of the policy to add one or more other entities as an other insured.~~
- ~~PNI FF 460 — **Employed Physician Endorsement** — This endorsement modifies the Professional Liability Coverage of the policy to include employed physicians in the professional liability coverage provided to the policyholder.~~



- ~~PNI UM 400 — **General Change Endorsement** — This endorsement modifies [the General Liability Coverage Part] [and] [the Commercial Liability Coverage Part] [and] [the Professional Liability Coverage Part] [and] [the Directors & Officers Liability Coverage Part] of the policy.~~
- ~~PNI UM 405 — **Reporting Endorsement (Commercial Liability Coverage Part-Following Form Umbrella)** — This endorsement modifies the Commercial Liability Coverage Part of the policy to provide for an extended reporting period.~~
- ~~PNI UM 406 — **Reporting Endorsement — Renewed Limits (Commercial Liability Coverage Part-Following Form Umbrella)** — This endorsement modifies the Commercial Liability Coverage Part of the policy to provide for an extended reporting period during which the limits of liability provided in the endorsement will apply.~~
- ~~PNI UM 407 — **Reporting Endorsement (General Liability Coverage Part-Umbrella)** — This endorsement modifies the General Liability Coverage Part (Umbrella) of the policy to provide for an extended reporting period.~~
- ~~PNI UM 408 — **Reporting Endorsement (General Liability Coverage Part-Excess of Self-Insured Retention)** — This endorsement modifies the General Liability Coverage Part (Excess of Self-Insured Retention) of the policy to provide for an extended reporting period.~~
- ~~PNI UM 410 — **Reporting Endorsement (Professional Liability Coverage Part-Following Form Umbrella)** — This endorsement modifies the Professional Liability Coverage Part (Following Form Umbrella) of the policy to provide for an extended reporting period.~~
- ~~PNI UM 411 — **Reporting Endorsement — Renewed Limits (Professional Liability Coverage Part-Following Form Umbrella)** — This endorsement modifies the Professional Liability Coverage Part (Following Form Umbrella) of the policy to provide for an extended reporting period during which the limits of liability provided in the endorsement will apply.~~

- ~~PNI UM 412 — **Reporting Endorsement (Professional Liability Coverage Part-Umbrella)** — This endorsement modifies the Professional Liability Coverage Part (Umbrella) of the policy to provide for an extended reporting period.~~
- ~~PNI UM 413 — **Reporting Endorsement (Professional Liability Coverage Part-Excess of Self-Insured Retention)** — This endorsement modifies the Professional Liability Coverage Part (Excess of Self-Insured Retention) of the policy to provide for an extended reporting period.~~
- ~~PNI UM 420 — **Punitive Damages Endorsement** — This endorsement modifies [the General Liability Coverage Part] [and] [the Commercial Liability Coverage Part] [and] [the Professional Liability Coverage Part] [and] [the Directors & Officers Liability Coverage Part] of the policy to delete exclusions relating to punitive damages.~~
- ~~PNI UM 425 — **Exclusion of Claims Endorsement** — This endorsement modifies the Professional Liability Coverage Part of the policy to exclude from coverage claims arising from treatment of certain individuals prior to the coverage effective date.~~
- ~~PNI UM 430 — **Separate Limit of Liability (Per Location) Endorsement (Following Form Umbrella)** — This endorsement modifies the Commercial Liability Coverage Part of the policy to provide that the limit of liability will apply separately for each location listed.~~
- ~~PNI UM 431 — **General Aggregate Limit (Per Location) Endorsement** — This endorsement modifies the General Liability Coverage Part of the policy to provide that the general aggregate limit will apply separately for each location listed.~~
- ~~PNI UM 432 — **Separate Limit of Liability (Per Location) Endorsement (Professional Liability Following Form Umbrella)** — This endorsement modifies the Professional Liability Coverage Part of the policy to provide that the limit of liability will apply separately for each location listed.~~
- ~~PNI UM 433 — **General Aggregate Limit (Per Location) Endorsement (Professional Liability)** — This endorsement modifies the Professional Liability Coverage Part of the policy to provide that the general aggregate limit will apply separately for each location listed.~~

- ~~PNI-UM 434 — Separate Limit of Liability (Per Insured) Endorsement (Professional Liability Following Form Umbrella) — This endorsement modifies the Professional Liability Coverage Part of the policy to provide that the limit of liability will apply separately for each insured listed.~~
- ~~PNI-UM 435 — General Aggregate Limit (Per Insured) Endorsement (Professional Liability) — This endorsement modifies the Professional Liability Coverage Part of the policy to provide that the general aggregate limit will apply separately for each insured listed.~~
- ~~PNI-UM 436 — Per Incident Limit of Liability Endorsement (Following Form Umbrella) — This endorsement modifies the Coverage Summary and the Coverage Parts of the policy to provide per incident limits of liability for the coverage part(s) indicated.~~
- ~~PNI-UM 440 — Discrimination or Humiliation Exclusion Endorsement — This endorsement modifies [the Commercial Liability Coverage Part Following Form Umbrella] [and] [the Professional Liability Coverage Part Following Form Umbrella] [and] [the Directors & Officers Liability Coverage Part Following Form Umbrella] of the policy to provide to delete the exclusion relating to discrimination or humiliation.~~
- ~~PNI-UM 445 — Employee Benefit Plan Exclusion Endorsement (Following Form Umbrella) — This endorsement modifies [the Commercial Liability Coverage Part] [and] [the Directors & Officers Liability Coverage Part Following Form Umbrella] of the policy to provide to modify the exclusion relating to employee benefit plans.~~
- ~~PNI-UM 450 — Additional Insured Endorsement — This endorsement modifies [the General Liability Coverage] [and] [the Commercial Liability Coverage] [and] [the Professional Liability Coverage] [and] [the Directors & Officers Liability Coverage] of the policy to add one or more additional insureds.~~
- ~~PNI-UM 455 — Other Insured Endorsement — This endorsement modifies [the General Liability Coverage] [and] [the Commercial Liability Coverage] [and] [the Professional Liability Coverage] [and] [the Directors & Officers Liability Coverage] of the policy to add one or more other entities as an other insured.~~

PNI UM 460 — ~~Employed Physician Endorsement~~ This endorsement modifies the ~~Professional Liability Coverage~~ of the policy to include employed physicians in the professional liability coverage provided to the policyholder.

## Rating Plans and Programs – Community Based Hospital Program

### I. General Instructions

This manual contains the rules, classifications and rates governing the underwriting of hospital professional/general liability insurance. The rules, classifications and rates in this manual become effective as of the date indicated upon each page.

For any changes made to a location included at policy inception and for locations added after the policy inception, use the rates and rules in effect on the Inception Date of the policy. For cancellations, use the rates in effect on the date of cancellation.

The following requirements must be observed in the preparation of policies for insurance covered by this manual:

Appropriate wording identifying the classifications applicable for each risk will be specified on the policy Coverage Summary or Declarations, including the appropriate code number.

Any language in classification phraseology or footnotes affecting the scope of the classification applicable or assigned to operations to be insured will be incorporated in the Coverage Summary or Declarations of the policy.

For each classification, the proper premium will be calculated either as actual or as an adequate estimate subject to audit, dependent on the case.

### II. Scope of Coverage

The policy provides the details of the coverages, conditions and exclusions that are incorporated into the terms of the policy.

The General Liability coverage may be written on an occurrence basis or on a claims-made basis. Please refer to state exception pages for the applicable coverage trigger(s). The Hospital Professional Liability coverage will be written on a claims-made basis.

### III. Entity and Persons Insured

The entity and persons insured under the policy are specified on the Coverage Summary or Declarations of the policy, or in the policy or in endorsements to the policy.

### IV. Limits of Liability

A. Hospital Professional Liability: In some states, the limits of liability for professional liability for hospitals are statutorily specified. Accordingly, all primary insurance coverage for hospitals must provide the minimum level of limits, as specified in the applicable statutes. In other states, or in states where the limit can be increased above the statutory limit if applicable, the limits of liability may vary. In all cases, the applicable limit is that specified on the Coverage Summary. The inclusion of more than one insured does not increase the limits of liability.

B. General Liability: The limits of liability will be specified on the Declarations. The inclusion of more than one insured does not increase the limits of liability.

### V. Deductibles

Deductibles are a method of financing risk under which the insured agrees to reimburse us for damages and / or expenses we pay on the insured's behalf. The amount of reimbursement will be the amount of the deductible or the damages plus expenses paid on the insured's behalf, whichever is less. See various forms for specifics.

### VI. Policy Period

Policies may be written for any period of time up to and including one year. Policies of up to 13 months may be issued on an exception basis.

### VII. Rates and Premium Calculation

A. Rates, as presented in this manual and/or the applicable rate filings, apply on an annual basis to each entity or individual insured.

B. Additional Charges: The additional charges provided under the coverages in this manual measure the liability of the insured for increased levels of exposure. Additional charges shall be obtained only where coverage for such exposures is provided.

C. Calculation of Premium: One-Year Policies or Longer: The premium shall be determined on the basis of the units of exposure existing at policy inception. Policies longer than one year will have a pro-rata charge for each additional day.

D. Calculation of Premium: Short-Term Policies: The premium on policies written for a period of less than one year shall be computed on a pro rata basis.

E. Minimum Premium: Hospital Professional Liability policies are subject to the following minimum premiums:

1. Hospitals: See state exception pages
2. Hospice Care Centers: \$7,500 for professional liability

#### VIII. Premium Calculation Upon Cancellation

A. By the Insuring Company: The earned premium shall be determined on a pro rata basis by multiplying the number of units of exposure for the period the policy was in force by the applicable rates but shall not be less than the pro rata amount of the minimum premium. If the policy is not audited, the earned premium shall be the annualized exposures or premium in effect at the time of cancellation by the applicable rates.

B. By the Insured: Return premium will be computed on a pro rata basis, except as follows. If the insured cancels their policy midterm to obtain coverage from another carrier, their premium will be calculated on a short rate basis. Short rate calculation means that total earned premium shall equal actual earned premium as of the date of cancellation plus a short rate penalty equal to ten percent (10%) of unearned premium for the remainder of the policy period.

#### IX. Additional Interests

All additional interests shall be submitted to Underwriting for rating.

X. Classification Procedures

Exposure Bases

- A. Occupied Beds – the estimated daily average number of beds (acute, cribs, bassinets, psychiatric care, extended care (long term), skilled nursing care, and personal care) that are occupied during the policy period. This is equivalent to licensed beds times the occupancy rate or the number of inpatient days divided by 365. The rates apply per bed.
- B. Births – the estimated total number of births during the policy period.
- C. Inpatient Surgeries (100 surgeries) -- the estimated total number of surgeries performed for patients who receive bed and board service. The rates apply per 100 inpatient surgeries.
- D. Outpatient Surgeries (100 surgeries) - the estimated total number of surgeries performed for patients who do not receive bed and board service. The rates apply per 100 outpatient surgeries.
- E. Emergency Room Visits (100 visits) - the estimated total number of unscheduled outpatient visits to the emergency room. The rates apply per 100 emergency room visits.
- F. Other Outpatient Visits (100 visits) -- the estimated total number of outpatient visits for visits other than outpatient surgeries or emergency room visits. Use visits rather than occasions of service. The rates apply per 100 visits. A visit may involve multiple occasions of service.

XI. Extended Reporting Endorsement (Tail Coverage)-Professional Liability Coverage. Applies to claims-made policies only

- A. General Instructions: When coverage under the claims-made policy ends (for any reason) the Insured has a right to purchase an extension of coverage called extended reporting coverage. If purchased, the extended reporting coverage will be added to the policy by attaching an Extended Reporting Endorsement. In some instances, the insured may wish to limit the cost of their Extended Reporting Endorsement by limiting the term of the endorsement. If the insured does not purchase an Extended Reporting Endorsement within the time allowed by statute or policy language, there is no coverage for claims that are first received by the insured and reported to us after the end of the policy period.
- B. Scope of Coverage: The Extended Reporting Endorsement will extend the insured's coverage to include all valid professional liability claims that: (1) began on or after the Retroactive Date and prior to the Expiration Date; and (2) are first received by the insured and reported to us during the time period the Extended Reporting Endorsement is in effect.

**Options:**

**Unlimited Reporting Period**

An unlimited extension of time is provided for reporting claims.

**Limited Reporting Period**

**Claims reported within a specified number of years after the date the reporting endorsement is issued**

C. Request Notification

The option to purchase the Extended Reporting Endorsement must be exercised by the named insured by paying the premium due for the Extended Reporting Coverage by the due date. The endorsement will not be issued until payment is received in full.

D. Limits of Liability: The limits of liability that apply to the unlimited extended reporting period will be inclusive of the limits that were carried on the policy. The limits of liability cannot be increased from those on the policy.

E. Premiums: The premiums for the reporting period will be the expiring annual premium of the policy multiplied by the appropriate tail factor, or by using the extended reporting endorsement rates. Expiring annual premium means the annual premium invoiced to the policyholder. Please see the specific state rate pages.

To determine the appropriate charge for extended reporting coverage, we must determine the appropriate risk classification, calculate the period of

time during which coverage existed under the claims-made policy, and apply these factors to our rating model to determine the appropriate rates.

The premium will be based on the extended reporting endorsement rate shown on the state rate pages. A credit will be offered if the insured elects to purchase a limited reporting period extended reporting endorsement. See state exception pages for applicable credits and options.

## XII. Employee Professional Liability Coverage

On a shared limit basis, the policy will cover the liability of employees for whom the policyholder covered is legally responsible. Employees may obtain separate limits for professional liability coverage through a separate policy or endorsement issued by our company for a charge. Some categories of employees are charged for even if they share in the facility's limit of liability.

## XIII. Prior Acts Coverage

For insureds who have been covered under a claims-made policy with another insurance carrier and who do not wish to purchase extended reporting coverage from that carrier, we may offer Prior Acts coverage, subject to underwriting approval. However, special rules apply to Prior Acts coverage, as specified in the policy for Prior Acts coverage.

Rating for Prior Acts coverage is based on the same criteria as the insured's base coverage. Exceptions to this rule may be made if the Prior Acts exposure is from a state where ProAssurance is licensed to write the appropriate line of business. Refer to Underwriting.

## XIV (a). Modifications to Manual Premium (Professional Liability)

The hospital professional liability manual premium may be modified using the following:

1. Loss Experience Modification
2. Schedule Rating Plan (refer to state pages)
3. Cross Discount
4. Multi-Hospital Discount
5. Voluntary Deductible

The manual premium may be modified by one or more of the above referenced factors. Note that the factors are multiplicative, unless otherwise indicated in the filings.

The Loss Experience Modification provides an adjustment to a policyholder's current premium, based on the loss history of that particular policyholder. For the Community Based Hospital Program, loss experience, both while insured with ProAssurance, and with a prior carrier(s), is used to modify the manual premium. The grid shown below is based on incurred losses, indemnity and expenses (does not include reported incidents that are not considered a claim). This is in addition to the other modifiers, such as the schedule rating plan, which is used to deviate from manual rates based on non-claim experience factors.

**Plan Overview**

The plan develops a modification factor based on actual losses, premium, and years of loss information available. More experience and more premium gives a better idea of actual and projected premium, therefore, the range increases as the premium increases and there are more years of loss experience to review.

**Experience Used for Actual Losses**

The minimum experience is at least three completed policy years, and should be 5 years, not including the expiring policy period (most recent year). Experience while insured with previous insurers may be used based on its apparent reliability. Losses are capped at a maximum single loss of \$250,000.

**Loss Experience Modification Factors**

Annual Premium	Loss Ratio 5 Years				Loss Ratio 6-10 Years			
	<40%	41-60%	61-80%	>80%	<40%	41-60%	61-80%	>80%
<\$25,000	3/6	0/3	0/-3	-3/-6	4/8	0/4	0/-4	-4/-8
\$25,001-\$50,000	5/10	0/5	0/-5	-5/-10	7/15	0/7	0/-7	-7/-15
\$50,001-\$75,000	7/16	0/7	0/-7	-7/-16	9/18	0/9	0/-9	-9/-18
\$75,001-\$100,000	10/18	0/10	0/-10	-10/-18	12/20	0/12	0/-12	-12/-20
\$100,001-\$200,000	15/25	0/15	0/-15	-15/-25	17/28	0/17	0/-17	-17/-28
>\$200,000	20/32	0/20	0/-20	-20/-32	22/35	0/22	0/-22	-22/-35

Numbers shown are ranges, a negative number is a debit.

[REDACTED]

The schedule rating plan provides an adjustment to a policyholder's premium, debit or credit, based on characteristics defined in the filed schedule rating plan. (Note: The Schedule Rating Plan does not apply in Nebraska.) Refer to the State Pages for the Debit – Credit range.

Other adjustments may be made, including Multi-hospital discounts (insuring two or more affiliated hospitals) or "Cross Discounts" (insuring both the hospital and affiliated clinics or physicians), if the appropriate filings have been approved, and the policyholder is eligible.

[REDACTED]

If a particular hospital obtains coverage through the ProAssurance Group of Companies and the physicians employed by that hospital obtain medical professional liability coverage through the ProAssurance Group of Companies, the insured hospital will be eligible to receive a cross-discount of up to 7.5%. This percentage will be applied only against the professional liability portion of the premium. The discount also applies in the event a contract requires the hospital to obtain professional liability coverage for the contracted physician, and the coverage is obtained through the ProAssurance Group of Companies.

[REDACTED]

The multi-hospital discount is available to a chain of affiliated hospitals if a group of such affiliated hospitals obtains coverage with the ProAssurance Group of Companies. Under this discount program, the insured hospital will be eligible to receive a discount of up to 7.5%, applied only against the professional liability portion of the premium.

[REDACTED]

Finally, if the insured chooses a voluntary deductible, the premium savings is based on the filed deductible credit for the applicable deductible. An involuntary deductible may be used as an underwriting tool, and a deductible premium credit will not apply. Refer to the deductible credit chart.

XIV(b) Modification to Manual Premium (General Liability)

The general liability manual premium may be modified using the following:

1. Loss Experience Modification (applies only to General Liability Guide “a” rates)
2. Schedule Rating Plan (refer to state pages)
3. Voluntary Deductible Credit

The manual premium may be modified by one or more of the above referenced factors. Note that the factors are multiplicative, unless otherwise indicated in the filings.

For the Community Based Hospital Program, loss experience, both while insured with ProAssurance, and with a prior carrier(s), is used to modify the manual premium. The grid shown below is based on incurred losses, indemnity and expenses (does not include reported incidents that are not considered a claim). This is in addition to other modifiers, such as the schedule rating plan, which is used to deviate from manual rates based on non-claim experience factors.

**Plan Overview**

The plan develops a modification factor based on actual losses, premium, and years of loss information available. More experience and more premium gives a better idea of actual and projected premium, therefore, the range increases as the premium increases and there are more years of loss experience to review.

**Experience Used for Actual Losses**

The minimum experience is at least three completed policy years, and should be 5 years, not including the expiring policy period (most recent year). Experience while insured with previous insurers may be used based on its apparent reliability. Losses are capped at a maximum single loss \$100,000.

**Loss Experience Modification Factors**

Annual Premium	Loss Ratio 5 Years				Loss Ratio 6-10 Years			
	<40%	41-60%	61-80%	>80%	<40%	41-60%	61-80%	>80%
<\$25,000	<u>5/10</u>	<u>0/5</u>	<u>0/-5</u>	<u>-5/-10</u>	<u>6/12</u>	<u>0/6</u>	<u>0/-6</u>	<u>-6/-12</u>
\$25,001-\$50,000	<u>8/15</u>	<u>0/8</u>	<u>0/-8</u>	<u>-8/-15</u>	<u>10/20</u>	<u>0/10</u>	<u>0/-10</u>	<u>-10/-20</u>
>\$50,001	<u>12/20</u>	<u>0/12</u>	<u>0/-12</u>	<u>-12/-20</u>	<u>15/25</u>	<u>0/15</u>	<u>0/-15</u>	<u>-15/-25</u>

Numbers shown are ranges; a negative number is a debit.

The schedule rating plan provides an adjustment to a policyholder's premium, debit or credit, based on characteristics defined in the filed schedule rating plan. (Note: The Schedule Rating Plan does not apply in Nebraska.) Refer to the State Pages for the Debit – Credit range.

Finally, if the insured chooses a voluntary deductible, the premium savings is based on the filed deductible credit for the applicable deductible. An involuntary deductible may be used as an underwriting tool, and a deductible premium credit will not apply. Refer to the deductible credit chart.

Contractual Liability for Management Company (see form PRA-HF 451 05 07)

This optional coverage offers separate limits for damages the insured is obligated to pay because of the liability of others assumed by the insured under a contract with a named management company. This coverage is offered at a cost of \$1,000.

Medicare/Medicaid Billing Errors and Omissions - Medical Records Confidentiality (see form PRA-HF-310 05 07)

This standard coverage offers a \$25,000 limit separate from the per incident limit provided to each healthcare provider. An optional increased limit of \$50,000 is available if purchased, at a rate of \$500 for each set of limits issued. Note that some association programs may waive this charge.

Contractual Liability Shared Primary (see form PRA-HF-403 05 07)

This standard coverage waives the contractual liability exclusion and will defend and indemnify our insured in the event our insured becomes legally obligated to defend and / or indemnify a third party, such as a hospital or managed care organization. However, we limit this to professional healthcare services provided by or on behalf of our insured (including employees). Coverage limits are part of the PL policy. There is no charge for this endorsement.

Contractual Liability Separate Excess (see form PRA-HF-403.SEP 07 07)

This optional coverage waives the contractual liability exclusion and will defend and indemnify our insured in the event our insured becomes legally obligated to defend and / or indemnify a third party, such as a hospital or managed care organization. However, we limit this to professional healthcare services provided by or on behalf of our insured (including employees). This coverage only applies after all applicable coverage carried by the third party is exhausted. Coverage limits are as specified on the endorsement issued, at a rate of \$100 for each set of limits issued.

Vicarious Liability (coverage is included in the policy)

It is the intent to insure all employed physicians with an insured entity, however, vicarious liability will be offered on an exception basis for acceptable employed physicians who elect to retain coverage with another carrier. The entity will be charged 10 to 25% of the appropriate specialty class mature claims-made rate, regardless of maturity, or the first year claims-made rate. Use form PRA-HF-310 05 07 if Vicarious Liability is to be excluded.

Optional Higher Limits for Policy Coverage

Legal Expense Coverage

This standard coverage is provided with a limit of \$10,000. Optional increased limit are available as follows:

\$25,000 Limit at \$1,500 (or \$100 per \$1,000 of additional limits)

Note that some association programs waive this charge.

- ◆ Additional Insured Charges for employed or contracted Physicians, Surgeons, Interns, Residents, Dentists, other physicians in training or personnel will be made in accordance with the ProAssurance physician rates filed in the Physician Manual unless otherwise indicated. When sharing the hospital's limit, a 25% shared limit credit shall apply. The above referenced employed or contracted employees will be added on a fully earned basis on Health Care Facility Liability policies.

Pollution Liability Endorsement (see form PRA-HF-460 05 07)

Provides defense and payment for compensatory damages because of bodily injury or contamination damage. The bodily injury or contamination damage must be caused by a pollution incident from an insured site or waste facility, commencing on or after the retro date. The endorsement has a standard \$250,000 limit (per claim and annual aggregate), with a \$2,500 deductible. There is no charge for this.

Bodily Injury to Patients Endorsement (see form PRA-HF-491 03 08)

When a Bodily Injury to Patients Exclusion Endorsement is attached to the General Liability Coverage Part and Bodily Injury to Patients is not endorsed onto the Professional Liability Coverage Part, a credit of up to 20% may apply to the General Liability Coverage Part. When the Company provides both general liability and professional liability, no credit will be given to move the bodily injury to patients coverage from the General Liability Coverage Part to the Professional Liability Coverage Part.

**State Rates and Exceptions**

## State Rates and Exceptions

### General Liability Illinois Rates for GL Exposures for Hospitals

Premium for the General Liability will be equal to 10% of the total Professional Liability premium at the requested General Liability policy limits.

#### Standard Hospital Program

Claims-Made Multipliers:	1st Yr.	2nd Yr.	3rd Yr.	4th Yr.	5th Yr.
	0.89	0.95	0.99	1.00	1.00

#### I. Premises and Operations - Subline 334

		FP = For profit:      NFP = Not for profit		Claims Made Rates	
Code	Description	Premium Base	\$1,000,000 Occurrence	\$3,000,000 Aggregate	
12014	Dental Laboratories	Per \$1,000	1	0.85	
		Gross Sales	2	0.72	
			3	0.48	
			4	0.72	
12374	Drugstore - Retail	Per \$1,000	1	5.64	
		Gross Sales	2	4.79	
			3	3.16	
			4	4.79	
13759	Hearing Aid Store	Per \$1,000	1	1.47	
		Gross Sales	2	1.25	
			3	0.82	
			4	1.25	
15300	Medical, Hospital, Surgical, Equipment - Rental	Per \$1,000	1	To be filed at a later date	
		Gross Sales	2		
			3		
			4		
15314	Medical, Hospital, Surgical, Supply Store -- Sales	Per \$1,000	1	2.00	
		Gross Sales	2	1.70	
			3	1.12	
			4	1.70	
15839	Optical Goods Stores	Per \$1,000	1	2.85	
		Gross Sales	2	2.42	
			3	1.59	
			4	2.42	
16901	Restaurants -- self-service or self-ordering	Per \$1,000	1	9.33	
		Gross Sales	2	7.93	
			3	5.22	
			4	7.93	
40101	FP      Blood Banks	Per 1,000 SF	1	88.57	
			2	75.29	
			3	49.60	
			4	75.29	

<u>Code</u>	<u>Description</u>	<u>Premium Base</u>	<u>Claims Made Rates</u>	
			<u>\$1,000,000 Occurrence</u>	<u>\$3,000,000 Aggregate</u>
<u>40102</u>	<u>NFP</u> <u>Blood Banks</u>	<u>Per 1,000 SF</u>	<u>1</u>	<u>71.04</u>
			<u>2</u>	<u>60.38</u>
			<u>3</u>	<u>39.78</u>
			<u>4</u>	<u>60.38</u>
<u>41715</u>	<u>FP</u> <u>Day Care Centers</u>	<u>Per Person</u>	<u>1</u>	<u>22.91</u>
			<u>2</u>	<u>19.48</u>
			<u>3</u>	<u>12.83</u>
			<u>4</u>	<u>19.48</u>
<u>41716</u>	<u>NFP</u> <u>Day Care Centers</u>	<u>Per Person</u>	<u>1</u>	<u>19.53</u>
			<u>2</u>	<u>16.60</u>
			<u>3</u>	<u>10.94</u>
			<u>4</u>	<u>16.60</u>
<u>44311</u>	<u>Health Club</u>	<u>Per \$1,000</u>	<u>1</u>	<u>30.91</u>
		<u>Gross Sales</u>	<u>2</u>	<u>26.27</u>
			<u>3</u>	<u>17.31</u>
			<u>4</u>	<u>26.27</u>
<u>44427</u>	<u>FP</u> <u>Health Care Facilities – Alcohol &amp; Drugs (Sanitariums/Rehabs)</u>	<u>Per 1,000 SF</u>	<u>1</u>	<u>274.95</u>
			<u>2</u>	<u>233.70</u>
			<u>3</u>	<u>153.97</u>
			<u>4</u>	<u>233.70</u>
<u>44428</u>	<u>NFP</u> <u>Health Care Facilities – Alcohol &amp; Drugs (Sanitariums/Rehabs)</u>	<u>Per 1,000 SF</u>	<u>1</u>	<u>365.83</u>
			<u>2</u>	<u>310.96</u>
			<u>3</u>	<u>204.87</u>
			<u>4</u>	<u>310.96</u>
<u>44429</u>	<u>FP</u> <u>Health Care Facilities – Convalescent or Nursing Homes</u>	<u>Per \$1,000</u>	<u>1</u>	<u>8.00</u>
		<u>Gross Sales</u>	<u>2</u>	<u>6.80</u>
			<u>3</u>	<u>4.48</u>
			<u>4</u>	<u>6.80</u>
<u>44430</u>	<u>NFP</u> <u>Health Care Facilities – Convalescent or Nursing Homes</u>	<u>Per \$1,000</u>	<u>1</u>	<u>2.89</u>
		<u>Gross Sales</u>	<u>2</u>	<u>2.45</u>
			<u>3</u>	<u>1.62</u>
			<u>4</u>	<u>2.45</u>
<u>44431</u>	<u>FP</u> <u>Health Care Facilities – Homes for the Aged</u>	<u>Per \$1,000</u>	<u>1</u>	<u>9.20</u>
		<u>Gross Sales</u>	<u>2</u>	<u>7.82</u>
			<u>3</u>	<u>5.15</u>
			<u>4</u>	<u>7.82</u>
<u>44432</u>	<u>NFP</u> <u>Health Care Facilities – Homes for the Aged</u>	<u>Per \$1,000</u>	<u>1</u>	<u>2.93</u>
		<u>Gross Sales</u>	<u>2</u>	<u>2.49</u>
			<u>3</u>	<u>1.64</u>
			<u>4</u>	<u>2.49</u>

<u>Code</u>	<u>Description</u>	<u>Premium Base</u>	<u>Claims Made Rates</u>	
			<u>\$1,000,000 Occurrence</u>	<u>\$3,000,000 Aggregate</u>
44433	FP Health Care Facilities – Homes for the Physically Handicapped or Orphaned	Per 1,000 SF	1	108.65
			2	92.35
			3	60.84
			4	92.35
44434	NFP Health Care Facilities – Homes for the Physically Handicapped or Orphaned	Per 1,000 SF	1	207.75
			2	176.59
			3	116.34
			4	176.59
44435	FP Health Care Facilities — Hospitals	Per 1,000 SF	1	293.71
			2	249.65
			3	164.48
			4	249.65
44436	NFP Health Care Facilities — Hospitals	Per 1,000 SF	1	231.33
			2	196.63
			3	129.54
			4	196.63
44437	FP Health Care Facilities — Mental-Psychopathic Institutions	Per 1,000 SF	1	178.18
			2	151.45
			3	99.78
			4	151.45
44438	NFP Health Care Facilities — Mental-Psychopathic Institutions	Per 1,000 SF	1	140.66
			2	119.56
			3	78.77
			4	119.56
44439	FP Health Care Facilities — Clinics, Dispensaries or Infirmarys treating outpatients only	Per 1,000 SF	1	293.85
			2	249.78
			3	164.56
			4	249.78
44440	NFP Health Care Facilities — Clinics, Dispensaries or Infirmarys treating outpatients only	Per 1,000 SF	1	234.37
			2	199.22
			3	131.25
			4	199.22
46112	Diagnostic Testing Laboratories	Per \$1,000 Gross Sales	1	0.45
			2	0.38
			3	0.25
			4	0.38
46604	Private Parking, Open Air	Per \$1,000 Gross Sales	1	15.11
			2	12.85
			3	8.46
			4	12.85

FP = For profit; NFP = Not for profit

Code	Description	Premium Base	Terr.	Claims Made Rates	
				\$1,000,000 Occurrence	\$3,000,000 Aggregate
46622	Private Parking	Per 1,000 SF	1	100.84	
			2	85.71	
			3	56.47	
			4	85.71	
49451	FP Vacant Land	Per Acre	1	2.25	
			2	1.91	
			3	1.26	
			4	1.91	
49452	NFP Vacant Land	Per Acre	1	3.66	
			2	3.11	
			3	2.05	
			4	3.11	
56805	Medical, Dental, Hospital, Surgical, Equipment or Supplies – Expendable Mfg.	Per \$1,000 Gross Sales	1	1.50	
			2	1.28	
			3	0.84	
			4	1.28	
56806	Medical, Dental, Hospital, Surgical, Equipment or Supplies – Non-Expendable Mfg.	Per \$1,000 Gross Sales	1	1.21	
			2	1.03	
			3	0.68	
			4	1.03	
60010	Apartment Buildings	Per Unit	1	136.46	
			2	115.99	
			3	76.42	
			4	115.99	
61217	FP Buildings or Premises — bank or office — (Lessor's risk only)	Per 1,000 SF	1	117.91	
			2	100.22	
			3	66.03	
			4	100.22	
61218	NFP Buildings or Premises — bank or office — (Lessor's risk only)	Per 1,000 SF	1	96.70	
			2	82.19	
			3	54.15	
			4	82.19	
61224	FP Buildings or Premises – Employees of the Insured	Per 1,000 SF	1	181.67	
			2	154.42	
			3	101.74	
			4	154.42	
61225	NFP Buildings or Premises – Employees of the Insured	Per 1,000 SF	1	228.94	
			2	194.60	
			3	128.21	
			4	194.60	

FP = For profit; NFP = Not for profit		Claims Made Rates			
Code	Description	Premium		Occurrence	
		Base	Terr.	\$1,000,000 \$3,000,000 Aggregate	
61226	FP	Buildings or Premises — Office	Per 1,000 SF	1	402.86
				2	342.43
				3	225.60
				4	342.43
61227	NFP	Buildings or Premises — Office	Per 1,000 SF	1	378.86
				2	322.03
				3	212.16
				4	322.03
63010		Dwellings — one-family (Lessor's risk only)	Per Dwelling	1	287.85
				2	244.68
				3	161.20
				4	244.68
63011		Dwellings — two-family (Lessor's risk only)	Per Dwelling	1	305.26
				2	259.47
				3	170.95
				4	259.47
63012		Dwellings — three-family (Lessor's risk only)	Per Dwelling	1	409.10
				2	347.73
				3	229.09
				4	347.73
63013		Dwellings — four-family (Lessor's risk only)	Per Dwelling	1	469.21
				2	398.83
				3	262.76
				4	398.83
66561		Medical Offices	Per 1,000 SF	1	284.40
				2	241.74
				3	159.26
				4	241.74
68606	FP	Vacant Buildings (Not Factories)	Per 1,000 SF	1	46.11
				2	39.20
				3	25.82
				4	39.20
68607	NFP	Vacant Buildings (Not Factories)	Per 1,000 SF	1	37.82
				2	32.15
				3	21.18
				4	32.15
<b>II. INDEPENDENT CONTRACTORS</b>					
16292		Construction Operations — Subline 335 Owner NOC (Not railroads) Excluding operations onboard ships.	Per \$1,000 Total Cost	1	0.56
				2	0.48
				3	0.31
				4	0.48

A \$500 charge shall be made for each swimming pool, fountain or lake on the premises.

Non-Owned Auto Endorsement Rates:

<u># of Vehicles</u>	<u>Premium</u>
0 – 10	\$350
11 – 25	\$500
26 – 49	\$750
50 – 100	\$1,000
101 – 250	\$1,500
251 – Up	\$2,500

Helipad Endorsement Rates:

<u># of Landings</u>	<u>Premium</u>
0 – 365	\$500
366 – 1,000	\$1,000
1,001 – Up	\$2,500

Bodily Injury to Patients Endorsements - When a Bodily Injury to Patients Exclusion Endorsement is attached to the General Liability Coverage Part and Bodily Injury to Patients is not endorsed onto the Professional Liability Coverage Part, a credit up to 20% may apply to the General Liability Coverage Part. When PRA Casualty provides both general liability and professional liability, no credits will be given to move the bodily injury to patients' coverage from the General Liability Coverage Part to the Professional Liability Coverage Part.

Reporting Endorsements - Premiums for claims-made general liability coverage may not be greater than 200% of the current expiring coverage premium.

General Liability  
Illinois Rates for GL Exposures for Hospitals and Health Care Facilities  
Community Based Hospital Program

**General Liability General Rates**

Calculated as 15% of the final, gross Professional Liability

**General Liability Guide "a" Rates for Additional, Specified Exposures**

**Non-Facility Dwelling Units:**

**Independent living / apartments / dwellings / Ronald McDonald House\***

- Frame / Joisted Masonry \$100 / Unit
- Other Construction \$50 / Unit

\*20 dwelling units included in the GL % charge. Assumes sprinklers if multi-story, or one story if senior or bed ridden

**Day Care Center:**

- Employees only (Child) \$60 / student
- Open to public (Child) \$75 / student
- Adult Daycare \$75 / student

Only available if all GL Daycare questions are answered satisfactorily

**Medical, Hospital Surgical Equipment**

- Sales \$1.00 / \$1,000 of receipts
- Rental \$10.00 / \$1,000 of receipts
- Manufacture or Modify Refer to VP of Underwriting

Charge only if separate corporation is used, and a separate location

**Parking Lots / Garages (fee)**

Open to Public – Fee \$40 / 1,000 square feet

**Fitness Centers/ Pools**

- Employees Only – No Charge (no diving)
- Employees and Family
  - No Pool – Scheduled Debit
  - Pool/No Diving Board – Up to 30% debit, \$1,000 minimum
  - Pool/Diving Board – Refer to VP Underwriting
- Open to Public
  - No Pool – \$500 minimum, \$2.25 / \$1,000 of receipts
  - Pool/No Diving Board – \$2,500 minimum, \$5.39 / \$1,000 of receipts
  - Pool/Diving Board – Refer to VP Underwriting

Basic Professional Liability  
Rates for \$1,000,000/\$3,000,000  
Illinois – Territory 1  
Cook, Madison and St. Clair Counties  
Standard Hospital Programs

Classification	Rating Basis*	Code	Claims-Made Rates by Year				
			1	2	3	4	5+
<b>HOSPITAL-NOC</b>							
For Profit	Per Bed	80611	\$2,000.27	\$3,524.28	\$4,000.53	\$4,238.66	\$4,762.54
	OPV's	80610	\$120.02	\$211.46	\$240.03	\$254.32	\$285.75
Not for Profit	Per Bed	80612	\$2,000.27	\$3,524.28	\$4,000.53	\$4,238.66	\$4,762.54
	OPV's	80617	\$120.02	\$211.46	\$240.03	\$254.32	\$285.75
<b>MENTAL-PSYCHOPATHIC INSTITUTIONS</b>							
For Profit	Per Bed	80997	\$1,400.19	\$2,467.00	\$2,800.37	\$2,967.06	\$3,333.78
	OPV's	80999	\$76.01	\$133.92	\$152.02	\$161.07	\$180.98
Not for Profit	Per Bed	80916	\$1,400.19	\$2,467.00	\$2,800.37	\$2,967.06	\$3,333.78
	OPV's	80917	\$76.01	\$133.92	\$152.02	\$161.07	\$180.98
<b>BASSINETS - staff enh. EFM training</b>							
For Profit	Per Bed	85004(A)	\$4,500.60	\$7,929.63	\$9,001.20	\$9,536.99	\$10,715.72
Not for Profit	Per Bed	85005(A)	\$4,500.60	\$7,929.63	\$9,001.20	\$9,536.99	\$10,715.72
<b>BASSINETS - standard</b>							
For Profit	Per Bed	85004(B)	\$6,000.80	\$10,572.84	\$12,001.60	\$12,715.98	\$14,287.62
Not for Profit	Per Bed	85005(B)	\$6,000.80	\$10,572.84	\$12,001.60	\$12,715.98	\$14,287.62
<b>EXTENDED CARE / RESIDENTIAL CARE / INDEPENDENT LIVING</b>							
For Profit	Per Bed	80955	\$200.03	\$352.43	\$400.05	\$423.87	\$476.25
Not for Profit	Per Bed	80956	\$200.03	\$352.43	\$400.05	\$423.87	\$476.25
<b>CONVALESCENT OR NURSING HOMES / ACUTE EXTENDED CARE</b>							
For Profit	Per Bed	80923	\$500.07	\$881.07	\$1,000.13	\$1,059.67	\$1,190.64
Not for Profit	Per Bed	80924	\$500.07	\$881.07	\$1,000.13	\$1,059.67	\$1,190.64
<b>ASSISTED LIVING</b>							
For Profit	Per Bed	80522	\$260.03	\$458.16	\$520.07	\$551.03	\$619.13
Not for Profit	Per Bed	80524	\$260.03	\$458.16	\$520.07	\$551.03	\$619.13
<b>HOSPICES (SANITARIUMS)</b>							
For Profit	Per Bed	80925	\$600.08	\$1,057.28	\$1,200.16	\$1,271.60	\$1,428.76
Not for Profit	Per Bed	80926	\$600.08	\$1,057.28	\$1,200.16	\$1,271.60	\$1,428.76
<b>EMERGENCY ROOM</b>							
For Profit	OPV's	80653	\$350.05	\$616.75	\$700.09	\$741.77	\$833.44
Not for Profit	OPV's	80654	\$350.05	\$616.75	\$700.09	\$741.77	\$833.44
<b>CLINICS, DISPENSARIES OR INFIRMARIES</b>							
For Profit	OPV'S	80613	\$100.01	\$176.21	\$200.03	\$211.93	\$238.13
Not for Profit	OPV's	80614	\$100.01	\$176.21	\$200.03	\$211.93	\$238.13
<b>SURGICAL OR OTHER HEALTH RELATED FACILITIES/HOSPITAL OUTPATIENT SURGERIES</b>							
	Per 100 Procedures	80453	\$800.11	\$1,409.71	\$1,600.21	\$1,695.46	\$1,905.02

\*Per Bed = Per occupied bed, crib or bassinet  
OPV's = Per 100 outpatient visits

Basic Professional Liability  
Rates for \$1,000,000/\$3,000,000  
Illinois – Territory 2  
Champaign, Jackson, Macon, Sangamon and Vermillion Counties  
Standard Hospital Programs

Classification	Rating Basis*	Code	Claims-Made Rates by Year				
			1	2	3	4	5+
<b>HOSPITAL-NOC</b>							
For Profit	Per Bed	80611	\$1,700.23	\$2,995.64	\$3,400.45	\$3,602.86	\$4,048.16
	OPV's	80610	\$102.01	\$179.74	\$204.03	\$216.17	\$242.89
Not for Profit	Per Bed	80612	\$1,700.23	\$2,995.64	\$3,400.45	\$3,602.86	\$4,048.16
	OPV's	80617	\$102.01	\$179.74	\$204.03	\$216.17	\$242.89
<b>MENTAL-PSYCHOPATHIC INSTITUTIONS</b>							
For Profit	Per Bed	80997	\$1,190.16	\$2,096.95	\$2,380.32	\$2,522.00	\$2,833.71
	OPV's	80999	\$64.61	\$113.83	\$129.22	\$136.91	\$153.83
Not for Profit	Per Bed	80916	\$1,190.16	\$2,096.95	\$2,380.32	\$2,522.00	\$2,833.71
	OPV's	80917	\$64.61	\$113.83	\$129.22	\$136.91	\$153.83
<b>BASSINETS - staff enh. EFM training</b>							
For Profit	Per Bed	85004(A)	\$3,825.51	\$6,740.19	\$7,651.02	\$8,106.44	\$9,108.36
Not for Profit	Per Bed	85005(A)	\$3,825.51	\$6,740.19	\$7,651.02	\$8,106.44	\$9,108.36
<b>BASSINETS - standard</b>							
For Profit	Per Bed	85004(B)	\$5,100.68	\$8,986.92	\$10,201.36	\$10,808.59	\$12,144.48
Not for Profit	Per Bed	85005(B)	\$5,100.68	\$8,986.92	\$10,201.36	\$10,808.59	\$12,144.48
<b>EXTENDED CARE / RESIDENTIAL CARE / INDEPENDENT LIVING</b>							
For Profit	Per Bed	80955	\$170.02	\$299.56	\$340.05	\$360.29	\$404.82
Not for Profit	Per Bed	80956	\$170.02	\$299.56	\$340.05	\$360.29	\$404.82
<b>CONVALESCENT OR NURSING HOMES / ACUTE EXTENDED CARE</b>							
For Profit	Per Bed	80923	\$425.06	\$748.91	\$850.11	\$900.72	\$1,012.04
Not for Profit	Per Bed	80924	\$425.06	\$748.91	\$850.11	\$900.72	\$1,012.04
<b>ASSISTED LIVING</b>							
For Profit	Per Bed	80522	\$221.03	\$389.43	\$442.06	\$468.37	\$526.26
Not for Profit	Per Bed	80524	\$221.03	\$389.43	\$442.06	\$468.37	\$526.26
<b>HOSPICES (SANITARIUMS)</b>							
For Profit	Per Bed	80925	\$510.07	\$898.69	\$1,020.14	\$1,080.86	\$1,214.45
Not for Profit	Per Bed	80926	\$510.07	\$898.69	\$1,020.14	\$1,080.86	\$1,214.45
<b>EMERGENCY ROOM</b>							
For Profit	OPV's	80653	\$297.54	\$524.24	\$595.08	\$630.50	\$708.43
Not for Profit	OPV's	80654	\$297.54	\$524.24	\$595.08	\$630.50	\$708.43
<b>CLINICS, DISPENSARIES OR INFIRMARIES</b>							
For Profit	OPV's	80613	\$85.01	\$149.78	\$170.02	\$180.14	\$202.41
Not for Profit	OPV's	80614	\$85.01	\$149.78	\$170.02	\$180.14	\$202.41
<b>SURGICAL OR OTHER HEALTH RELATED FACILITIES/HOSPITAL OUTPATIENT SURGERIES</b>							
	Per 100 Procedures	80453	\$680.09	\$1,198.26	\$1,360.18	\$1,441.14	\$1,619.26

\*Per Bed = Per occupied bed, crib or bassinet  
OPV's = Per 100 outpatient visits

Basic Professional Liability  
Rates for \$1,000,000/\$3,000,000  
Illinois – Territory 3  
Remainder of State  
Standard Hospital Programs

Classification	Rating Basis*	Code	Claims-Made Rates by Year				
			1	2	3	4	5+
<b>HOSPITAL-NOC</b>							
For Profit	Per Bed	80611	\$1,120.15	\$1,973.60	\$2,240.30	\$2,373.65	\$2,667.02
	OPV's	80610	\$67.21	\$118.42	\$134.42	\$142.42	\$160.02
Not for Profit	Per Bed	80612	\$1,120.15	\$1,973.60	\$2,240.30	\$2,373.65	\$2,667.02
	OPV's	80617	\$67.21	\$118.42	\$134.42	\$142.42	\$160.02
<b>MENTAL-PSYCHOPATHIC INSTITUTIONS</b>							
For Profit	Per Bed	80997	\$784.10	\$1,381.52	\$1,568.21	\$1,661.56	\$1,866.92
	OPV's	80999	\$42.57	\$75.00	\$85.13	\$90.20	\$101.35
Not for Profit	Per Bed	80916	\$784.10	\$1,381.52	\$1,568.21	\$1,661.56	\$1,866.92
	OPV's	80917	\$42.57	\$75.00	\$85.13	\$90.20	\$101.35
<b>BASSINETS - staff enh. EFM training</b>							
For Profit	Per Bed	85004(A)	\$2,520.34	\$4,440.59	\$5,040.67	\$5,340.71	\$6,000.80
Not for Profit	Per Bed	85005(A)	\$2,520.34	\$4,440.59	\$5,040.67	\$5,340.71	\$6,000.80
<b>BASSINETS - standard</b>							
For Profit	Per Bed	85004(B)	\$3,360.45	\$5,920.79	\$6,720.90	\$7,120.95	\$8,001.07
Not for Profit	Per Bed	85005(B)	\$3,360.45	\$5,920.79	\$6,720.90	\$7,120.95	\$8,001.07
<b>EXTENDED CARE / RESIDENTIAL CARE / INDEPENDENT LIVING</b>							
For Profit	Per Bed	80955	\$112.01	\$197.36	\$224.03	\$237.37	\$266.70
Not for Profit	Per Bed	80956	\$112.01	\$197.36	\$224.03	\$237.37	\$266.70
<b>CONVALESCENT OR NURSING HOMES / ACUTE EXTENDED CARE</b>							
For Profit	Per Bed	80923	\$280.04	\$493.40	\$560.07	\$593.41	\$666.76
Not for Profit	Per Bed	80924	\$280.04	\$493.40	\$560.07	\$593.41	\$666.76
<b>ASSISTED LIVING</b>							
For Profit	Per Bed	80522	\$145.62	\$256.57	\$291.24	\$308.57	\$346.71
Not for Profit	Per Bed	80524	\$145.62	\$256.57	\$291.24	\$308.57	\$346.71
<b>HOSPICES (SANITARIUMS)</b>							
For Profit	Per Bed	80925	\$336.04	\$592.08	\$672.09	\$712.10	\$800.11
Not for Profit	Per Bed	80926	\$336.04	\$592.08	\$672.09	\$712.10	\$800.11
<b>EMERGENCY ROOM</b>							
For Profit	OPV's	80653	\$196.03	\$345.38	\$392.05	\$415.39	\$466.73
Not for Profit	OPV's	80654	\$196.03	\$345.38	\$392.05	\$415.39	\$466.73
<b>CLINICS, DISPENSARIES OR INFIRMARIES</b>							
For Profit	OPV'S	80613	\$56.01	\$98.68	\$112.01	\$118.68	\$133.35
Not for Profit	OPV's	80614	\$56.01	\$98.68	\$112.01	\$118.68	\$133.35
<b>SURGICAL OR OTHER HEALTH RELATED FACILITIES/HOSPITAL OUTPATIENT SURGERIES</b>							
	Per 100 Procedures	80453	\$448.06	\$789.44	\$896.12	\$949.46	\$1,066.81

\*Per Bed = Per occupied bed, crib or bassinet  
OPV's = Per 100 outpatient visits

Basic Professional Liability  
 Rates for \$1,000,000/\$3,000,000  
 Illinois – Territory 4  
 DuPage, Kane, Lake, McHenry and Will Counties  
Standard Hospital Programs

Classification	Rating Basis*	Code	Claims-Made Rates by Year				
			1	2	3	4	5+
<b>HOSPITAL-NOC</b>							
For Profit	Per Bed	80611	\$1,700.23	\$2,995.64	\$3,400.45	\$3,602.86	\$4,048.16
	OPV's	80610	\$102.01	\$102.01	\$102.01	\$102.01	\$102.01
Not for Profit	Per Bed	80612	\$1,700.23	\$2,995.64	\$3,400.45	\$3,602.86	\$4,048.16
	OPV's	80617	\$102.01	\$102.01	\$102.01	\$102.01	\$102.01
<b>MENTAL-PSYCHOPATHIC INSTITUTIONS</b>							
For Profit	Per Bed	80997	\$1,190.16	\$2,096.95	\$2,380.32	\$2,522.00	\$2,833.71
	OPV's	80999	\$64.61	\$113.83	\$129.22	\$136.91	\$153.83
Not for Profit	Per Bed	80916	\$1,190.16	\$2,096.95	\$2,380.32	\$2,522.00	\$2,833.71
	OPV's	80917	\$64.61	\$113.83	\$129.22	\$136.91	\$153.83
<b>BASSINETS - staff enh. EFM training</b>							
For Profit	Per Bed	85004(A)	\$3,825.51	\$6,740.19	\$7,651.02	\$8,106.44	\$9,108.36
Not for Profit	Per Bed	85005(A)	\$3,825.51	\$6,740.19	\$7,651.02	\$8,106.44	\$9,108.36
<b>BASSINETS - standard</b>							
For Profit	Per Bed	85004(B)	\$5,100.68	\$8,986.92	\$10,201.36	\$10,808.59	\$12,144.48
Not for Profit	Per Bed	85005(B)	\$5,100.68	\$8,986.92	\$10,201.36	\$10,808.59	\$12,144.48
<b>EXTENDED CARE / RESIDENTIAL CARE / INDEPENDENT LIVING</b>							
For Profit	Per Bed	80955	\$170.02	\$299.56	\$340.05	\$360.29	\$404.82
Not for Profit	Per Bed	80956	\$170.02	\$299.56	\$340.05	\$360.29	\$404.82
<b>CONVALESCENT OR NURSING HOMES / ACUTE EXTENDED CARE</b>							
For Profit	Per Bed	80923	\$425.06	\$748.91	\$850.11	\$900.72	\$1,012.04
Not for Profit	Per Bed	80924	\$425.06	\$748.91	\$850.11	\$900.72	\$1,012.04
<b>ASSISTED LIVING</b>							
For Profit	Per Bed	80522	\$221.03	\$389.43	\$442.06	\$468.37	\$526.26
Not for Profit	Per Bed	80524	\$221.03	\$389.43	\$442.06	\$468.37	\$526.26
<b>HOSPICES (SANITARIUMS)</b>							
For Profit	Per Bed	80925	\$510.07	\$898.69	\$1,020.14	\$1,080.86	\$1,214.45
Not for Profit	Per Bed	80926	\$510.07	\$898.69	\$1,020.14	\$1,080.86	\$1,214.45
<b>EMERGENCY ROOM</b>							
For Profit	OPV's	80653	\$297.54	\$524.24	\$595.08	\$630.50	\$708.43
Not for Profit	OPV's	80654	\$297.54	\$524.24	\$595.08	\$630.50	\$708.43
<b>CLINICS, DISPENSARIES OR INFIRMARIES</b>							
For Profit	OPV's	80613	\$85.01	\$149.78	\$170.02	\$180.14	\$202.41
Not for Profit	OPV's	80614	\$85.01	\$149.78	\$170.02	\$180.14	\$202.41
<b>SURGICAL OR OTHER HEALTH RELATED FACILITIES/HOSPITAL OUTPATIENT SURGERIES</b>							
	Per 100 Procedures	80453	\$680.09	\$1,198.26	\$1,360.18	\$1,441.14	\$1,619.26

\*Per Bed = Per occupied bed, crib or bassinet  
 OPV's = Per 100 outpatient visits

Basic Professional Liability  
Reporting Endorsement OPTION  
Rates for \$1,000,000/\$3,000,000 Limits  
Illinois -- Territory 1  
Cook, Madison and St. Clair Counties  
Standard Hospital Programs

Classification	Rating Basis*	Code	Claims-Made Rates by Year				
			1	2	3	4	5+
<b>HOSPITAL-NOC</b>							
For Profit	Per Bed	80611	\$3,238.53	\$5,000.67	\$6,286.55	\$7,334.31	\$7,953.44
	OPV's	80610	\$194.31	\$300.04	\$377.19	\$440.06	\$477.21
Not for Profit	Per Bed	80612	\$3,238.53	\$5,000.67	\$6,286.55	\$7,334.31	\$7,953.44
	OPV's	80617	\$194.31	\$300.04	\$377.19	\$440.06	\$477.21
<b>MENTAL-PSYCHOPATHIC INSTITUTIONS</b>							
For Profit	Per Bed	80997	\$2,266.97	\$3,500.47	\$4,400.59	\$5,134.02	\$5,567.41
	OPV's	80999	\$123.06	\$190.03	\$238.89	\$278.70	\$302.23
Not for Profit	Per Bed	80916	\$2,266.97	\$3,500.47	\$4,400.59	\$5,134.02	\$5,567.41
	OPV's	80917	\$123.06	\$190.03	\$238.89	\$278.70	\$302.23
<b>BASSINETS - staff enh. EFM training</b>							
For Profit	Per Bed	85004(A)	\$7,286.69	\$11,251.50	\$14,144.75	\$16,502.21	\$17,895.25
Not for Profit	Per Bed	85005(A)	\$7,286.69	\$11,251.50	\$14,144.75	\$16,502.21	\$17,895.25
<b>BASSINETS - standard</b>							
For Profit	Per Bed	85004(B)	\$9,715.58	\$15,002.00	\$18,859.66	\$22,002.94	\$23,860.33
Not for Profit	Per Bed	85005(B)	\$9,715.58	\$15,002.00	\$18,859.66	\$22,002.94	\$23,860.33
<b>EXTENDED CARE / RESIDENTIAL CARE / INDEPENDENT LIVING</b>							
For Profit	Per Bed	80955	\$323.85	\$500.07	\$628.66	\$733.43	\$795.34
Not for Profit	Per Bed	80956	\$323.85	\$500.07	\$628.66	\$733.43	\$795.34
<b>CONVALESCENT OR NURSING HOMES / ACUTE EXTENDED CARE</b>							
For Profit	Per Bed	80923	\$809.63	\$1,250.17	\$1,571.64	\$1,833.58	\$1,988.36
Not for Profit	Per Bed	80924	\$809.63	\$1,250.17	\$1,571.64	\$1,833.58	\$1,988.36
<b>ASSISTED LIVING</b>							
For Profit	Per Bed	80522	\$421.01	\$650.09	\$817.25	\$953.46	\$1,033.95
Not for Profit	Per Bed	80524	\$421.01	\$650.09	\$817.25	\$953.46	\$1,033.95
<b>HOSPICES (SANITARIUMS)</b>							
For Profit	Per Bed	80925	\$971.56	\$1,500.20	\$1,885.97	\$2,200.29	\$2,386.03
Not for Profit	Per Bed	80926	\$971.56	\$1,500.20	\$1,885.97	\$2,200.29	\$2,386.03
<b>EMERGENCY ROOM</b>							
For Profit	OPV's	80653	\$566.74	\$875.12	\$1,100.15	\$1,283.50	\$1,391.85
Not for Profit	OPV's	80654	\$566.74	\$875.12	\$1,100.15	\$1,283.50	\$1,391.85
<b>CLINICS, DISPENSARIES OR INFIRMARIES</b>							
For Profit	OPV'S	80613	\$161.93	\$250.03	\$314.33	\$366.72	\$397.67
Not for Profit	OPV's	80614	\$161.93	\$250.03	\$314.33	\$366.72	\$397.67
<b>SURGICAL OR OTHER HEALTH RELATED FACILITIES:HOSPITAL OUTPATIENT SURGERIES</b>							
	Per 00 Procedures	80453	\$1,295.41	\$2,000.27	\$2,514.62	\$2,933.73	\$3,181.38

Extended Reporting Endorsement rates calculated by multiplying the mature claims made rate for the applicable territory, limit, and speciality by the appropriate factor from the following table:

ERE Step 1	0.680
ERE Step 2	1.030
ERE Step 3	1.320
ERE Step 4	1.540
ERE Step 5	1.670

Reporting Endorsement rates not indicated will be charged a Reporting Endorsement premium equal to 200% of the expiring or current policy year's premium.

Five Year Reporting Endorsement – 5% Credit applied to Reporting Endorsement premium.

Three Year Reporting Endorsement – 15% Credit applied to Reporting Endorsement premium.

Basic Professional Liability  
Reporting Endorsement OPTION  
Rates for \$1,000,000/\$3,000,000 Limits  
Illinois – Territory 2  
Champaign, Jackson, Macon, Sangamon and Vermillion Counties  
Standard Hospital Programs

Classification	Rating Basis*	Code	Claims-Made Rates by Year				
			1	2	3	4	5+
<b>HOSPITAL-NOC</b>							
For Profit	Per Bed	80611	\$2,752.75	\$4,250.57	\$5,343.57	\$6,234.17	\$6,760.43
	OPV's	80610	\$165.16	\$255.03	\$320.61	\$374.05	\$405.63
Not for Profit	Per Bed	80612	\$2,752.75	\$4,250.57	\$5,343.57	\$6,234.17	\$6,760.43
	OPV's	80617	\$165.16	\$255.03	\$320.61	\$374.05	\$405.63
<b>MENTAL-PSYCHOPATHIC INSTITUTIONS</b>							
For Profit	Per Bed	80997	\$1,926.92	\$2,975.40	\$3,740.50	\$4,363.92	\$4,732.30
	OPV's	80999	\$104.60	\$161.52	\$203.06	\$236.90	\$256.90
Not for Profit	Per Bed	80916	\$1,926.92	\$2,975.40	\$3,740.50	\$4,363.92	\$4,732.30
	OPV's	80917	\$104.60	\$161.52	\$203.06	\$236.90	\$256.90
<b>BASSINETS - staff enh. EFM training</b>							
For Profit	Per Bed	85004(A)	\$6,193.68	\$9,563.78	\$12,023.04	\$14,026.87	\$15,210.96
Not for Profit	Per Bed	85005(A)	\$6,193.68	\$9,563.78	\$12,023.04	\$14,026.87	\$15,210.96
<b>BASSINETS - standard</b>							
For Profit	Per Bed	85004(B)	\$8,258.25	\$12,751.70	\$16,030.71	\$18,702.50	\$20,281.28
Not for Profit	Per Bed	85005(B)	\$8,258.25	\$12,751.70	\$16,030.71	\$18,702.50	\$20,281.28
<b>EXTENDED CARE / RESIDENTIAL CARE / INDEPENDENT LIVING</b>							
For Profit	Per Bed	80955	\$275.27	\$425.06	\$534.36	\$623.42	\$676.04
Not for Profit	Per Bed	80956	\$275.27	\$425.06	\$534.36	\$623.42	\$676.04
<b>CONVALESCENT OR NURSING HOMES / ACUTE EXTENDED CARE</b>							
For Profit	Per Bed	80923	\$688.19	\$1,062.64	\$1,335.89	\$1,558.54	\$1,690.11
Not for Profit	Per Bed	80924	\$688.19	\$1,062.64	\$1,335.89	\$1,558.54	\$1,690.11
<b>ASSISTED LIVING</b>							
For Profit	Per Bed	80522	\$357.86	\$552.57	\$694.66	\$810.44	\$878.86
Not for Profit	Per Bed	80524	\$357.86	\$552.57	\$694.66	\$810.44	\$878.86
<b>HOSPICES (SANITARIUMS)</b>							
For Profit	Per Bed	80925	\$825.82	\$1,275.17	\$1,603.07	\$1,870.25	\$2,028.13
Not for Profit	Per Bed	80926	\$825.82	\$1,275.17	\$1,603.07	\$1,870.25	\$2,028.13
<b>EMERGENCY ROOM</b>							
For Profit	OPV's	80653	\$481.73	\$743.85	\$935.12	\$1,090.98	\$1,183.07
Not for Profit	OPV's	80654	\$481.73	\$743.85	\$935.12	\$1,090.98	\$1,183.07
<b>CLINICS, DISPENSARIES OR INFIRMARIES</b>							
For Profit	OPV's	80613	\$137.64	\$212.53	\$267.18	\$311.71	\$338.02
Not for Profit	OPV's	80614	\$137.64	\$212.53	\$267.18	\$311.71	\$338.02
<b>SURGICAL OR OTHER HEALTH RELATED FACILITIES/HOSPITAL OUTPATIENT SURGERIES</b>							
	Per 100 Procedures	80453	\$1,101.10	\$1,700.23	\$2,137.43	\$2,493.67	\$2,704.17

Extended Reporting Endorsement rates calculated by multiplying the mature claims made rate for the applicable territory, limit, and specialty by the appropriate factor from the following table:

ERE Step 1	0.680
ERE Step 2	1.050
ERE Step 3	1.350
ERE Step 4	1.540
ERE Step 5	1.670

Reporting Endorsement rates not indicated will be charged a Reporting Endorsement premium equal to 200% of the expiring or current policy year's premium.

Five Year Reporting Endorsement – 5% Credit applied to Reporting Endorsement premium.

Three Year Reporting Endorsement – 15% Credit applied to Reporting Endorsement premium.

Basic Professional Liability  
Reporting Endorsement OPTION  
Rates for \$1,000,000/\$3,000,000 Limits  
Illinois – Territory 3  
Remainder of State  
Standard Hospital Programs

Classification	Rating Basis*	Code	Claims-Made Rates by Year				
			1	2	3	4	5+
<b>HOSPITAL-NOG</b>							
For Profit	Per Bed	80611	\$1,813.58	\$2,800.37	\$3,520.47	\$4,107.22	\$4,453.93
	OPV's	80610	\$108.81	\$168.02	\$211.23	\$246.43	\$267.24
Not for Profit	Per Bed	80612	\$1,813.58	\$2,800.37	\$3,520.47	\$4,107.22	\$4,453.93
	OPV's	80617	\$108.81	\$168.02	\$211.23	\$246.43	\$267.24
<b>MENTAL-PSYCHOPATHIC INSTITUTIONS</b>							
For Profit	Per Bed	80997	\$1,269.50	\$1,960.26	\$2,464.33	\$2,875.05	\$3,117.75
	OPV's	80999	\$68.92	\$106.41	\$133.78	\$156.07	\$169.25
Not for Profit	Per Bed	80916	\$1,269.50	\$1,960.26	\$2,464.33	\$2,875.05	\$3,117.75
	OPV's	80917	\$68.92	\$106.41	\$133.78	\$156.07	\$169.25
<b>BASSINETS - staff erh. EFM training</b>							
For Profit	Per Bed	85004(A)	\$4,080.55	\$6,300.84	\$7,921.06	\$9,241.23	\$10,021.34
Not for Profit	Per Bed	85005(A)	\$4,080.55	\$6,300.84	\$7,921.06	\$9,241.23	\$10,021.34
<b>BASSINETS - standard</b>							
For Profit	Per Bed	85004(B)	\$5,440.73	\$8,401.12	\$10,561.41	\$12,321.65	\$13,361.79
Not for Profit	Per Bed	85005(B)	\$5,440.73	\$8,401.12	\$10,561.41	\$12,321.65	\$13,361.79
<b>EXTENDED CARE / RESIDENTIAL CARE / INDEPENDENT LIVING</b>							
For Profit	Per Bed	80955	\$181.36	\$280.04	\$352.05	\$410.72	\$445.39
Not for Profit	Per Bed	80956	\$181.36	\$280.04	\$352.05	\$410.72	\$445.39
<b>CONVALESCENT OR NURSING HOMES / ACUTE EXTENDED CARE</b>							
For Profit	Per Bed	80923	\$453.39	\$700.09	\$880.12	\$1,026.80	\$1,113.48
Not for Profit	Per Bed	80924	\$453.39	\$700.09	\$880.12	\$1,026.80	\$1,113.48
<b>ASSISTED LIVING</b>							
For Profit	Per Bed	80522	\$235.76	\$364.05	\$457.66	\$533.94	\$579.01
Not for Profit	Per Bed	80524	\$235.76	\$364.05	\$457.66	\$533.94	\$579.01
<b>HOSPICES (SANTARIUMS)</b>							
For Profit	Per Bed	80925	\$544.07	\$840.11	\$1,056.14	\$1,232.16	\$1,336.18
Not for Profit	Per Bed	80926	\$544.07	\$840.11	\$1,056.14	\$1,232.16	\$1,336.18
<b>EMERGENCY ROOM</b>							
For Profit	OPV's	80653	\$317.38	\$490.07	\$616.08	\$718.76	\$779.44
Not for Profit	OPV's	80654	\$317.38	\$490.07	\$616.08	\$718.76	\$779.44
<b>CLINICS, DISPENSARIES OR INFIRMARIES</b>							
For Profit	OPV'S	80613	\$90.68	\$140.02	\$176.02	\$205.36	\$222.70
Not for Profit	OPV'S	80614	\$90.68	\$140.02	\$176.02	\$205.36	\$222.70
<b>SURGICAL OR OTHER HEALTH RELATED FACILITIES/HOSPITAL OUTPATIENT SURGERIES</b>							
	Per 100 Procedures	80453	\$725.43	\$1,120.15	\$1,408.19	\$1,642.89	\$1,781.57

Extended Reporting Endorsement rates calculated by multiplying the mature claims made rate for the applicable territory, limit, and specialty by the appropriate factor from the following table:

ERE Step 1	0.630
ERE Step 2	1.030
ERE Step 3	1.320
ERE Step 4	1.540
ERE Step 5	1.670

Reporting Endorsement rates not indicated will be charged a Reporting Endorsement premium equal to 200% of the expiring or current policy year's premium.

Five Year Reporting Endorsement – 5% Credit applied to Reporting Endorsement premium.

Three Year Reporting Endorsement – 15% Credit applied to Reporting Endorsement premium.

Basic Professional Liability-  
Reporting Endorsement OPTION  
Rates for \$1,000,000/\$3,000,000 Limits  
Illinois -- Territory 4  
DuPage, Kane, Lake, McHenry and Will Counties  
Standard Hospital Programs

Classification	Rating Basis*	Code	Claims-Made Rates by Year				
			1	2	3	4	5+
<b>HOSPITAL-NOC</b>							
For Profit	Per Bed	80611	\$2,752.75	\$4,250.57	\$5,343.57	\$6,234.17	\$6,760.43
	OPV's	80610	\$165.16	\$255.03	\$320.61	\$374.05	\$405.63
Not for Profit	Per Bed	80612	\$2,752.75	\$4,250.57	\$5,343.57	\$6,234.17	\$6,760.43
	OPV's	80617	\$165.16	\$255.03	\$320.61	\$374.05	\$405.63
<b>MENTAL-PSYCHOPATHIC INSTITUTIONS</b>							
For Profit	Per Bed	80997	\$1,926.92	\$2,975.40	\$3,740.50	\$4,363.92	\$4,732.30
	OPV's	80999	\$104.60	\$161.52	\$203.06	\$236.90	\$256.90
Not for Profit	Per Bed	80916	\$1,926.92	\$2,975.40	\$3,740.50	\$4,363.92	\$4,732.30
	OPV's	80917	\$104.60	\$161.52	\$203.06	\$236.90	\$256.90
<b>BASSINETS - staff enh. EFM training</b>							
For Profit	Per Bed	85004(A)	\$6,193.68	\$9,563.78	\$12,023.04	\$14,026.87	\$15,210.96
Not for Profit	Per Bed	85005(A)	\$6,193.68	\$9,563.78	\$12,023.04	\$14,026.87	\$15,210.96
<b>BASSINETS - standard</b>							
For Profit	Per Bed	85004(B)	\$8,258.25	\$12,751.70	\$16,030.71	\$18,702.50	\$20,281.28
Not for Profit	Per Bed	85005(B)	\$8,258.25	\$12,751.70	\$16,030.71	\$18,702.50	\$20,281.28
<b>EXTENDED CARE / RESIDENTIAL CARE / INDEPENDENT LIVING</b>							
For Profit	Per Bed	80955	\$275.27	\$425.06	\$534.36	\$623.42	\$676.04
Not for Profit	Per Bed	80956	\$275.27	\$425.06	\$534.36	\$623.42	\$676.04
<b>CONVALESCENT OR NURSING HOMES / ACUTE EXTENDED CARE</b>							
For Profit	Per Bed	80923	\$688.19	\$1,062.64	\$1,335.89	\$1,558.54	\$1,690.11
Not for Profit	Per Bed	80924	\$688.19	\$1,062.64	\$1,335.89	\$1,558.54	\$1,690.11
<b>ASSISTED LIVING</b>							
For Profit	Per Bed	80522	\$357.86	\$552.57	\$694.66	\$810.44	\$878.86
Not for Profit	Per Bed	80524	\$357.86	\$552.57	\$694.66	\$810.44	\$878.86
<b>HOSPICES (SANITARIUMS)</b>							
For Profit	Per Bed	80925	\$825.82	\$1,275.17	\$1,603.07	\$1,870.25	\$2,028.13
Not for Profit	Per Bed	80926	\$825.82	\$1,275.17	\$1,603.07	\$1,870.25	\$2,028.13
<b>EMERGENCY ROOM</b>							
For Profit	OPV's	80653	\$481.73	\$743.85	\$935.12	\$1,090.98	\$1,183.07
Not for Profit	OPV's	80654	\$481.73	\$743.85	\$935.12	\$1,090.98	\$1,183.07
<b>CLINICS, DISPENSARIES OR INFIRMARIES</b>							
For Profit	OPV's	80613	\$137.64	\$212.53	\$267.18	\$311.71	\$338.02
Not for Profit	OPV's	80614	\$137.64	\$212.53	\$267.18	\$311.71	\$338.02
<b>SURGICAL OR OTHER HEALTH RELATED FACILITIES/HOSPITAL OUTPATIENT SURGERIES</b>							
	Per 100 Procedures	80453	\$1,101.10	\$1,700.23	\$2,137.43	\$2,493.67	\$2,704.17

Extended Reporting Endorsement rates calculated by multiplying the mature claims made rate for the applicable territory, limit, and specialty by the appropriate factor from the following table:

ERE Step 1	0.680
ERE Step 2	1.050
ERE Step 3	1.320
ERE Step 4	1.540
ERE Step 5	1.670

Reporting Endorsement rates not indicated will be charged a Reporting Endorsement premium equal to 200% of the expiring or current policy year's premium.

Five Year Reporting Endorsement – 5% Credit applied to Reporting Endorsement premium.

Three Year Reporting Endorsement – 15% Credit applied to Reporting Endorsement premium.

Basic Professional Liability  
Rates for \$1,000,000/\$3,000,000  
Illinois -- Territory 1  
Cook, Madison and St. Clair Counties  
Community Based Hospital Program

Classification	Rating Basis*	Code	Claims-Made Rates by Year				
			1	2	3	4	5+
<b>HOSPITAL-NOG</b>							
For Profit	Per Bed	80611	\$700.09	\$1,233.50	\$1,400.19	\$1,483.53	\$1,666.89
	OPV's	80610	\$42.01	\$74.01	\$84.01	\$89.01	\$100.01
Not for Profit	Per Bed	80612	\$700.09	\$1,233.50	\$1,400.19	\$1,483.53	\$1,666.89
	OPV's	80617	\$42.01	\$74.01	\$84.01	\$89.01	\$100.01
<b>MENTAL-PSYCHOPATHIC INSTITUTIONS</b>							
For Profit	Per Bed	80997	\$490.07	\$863.45	\$980.13	\$1,038.47	\$1,166.82
	OPV's	80999	\$26.60	\$46.87	\$53.21	\$56.37	\$63.34
Not for Profit	Per Bed	80916	\$490.07	\$863.45	\$980.13	\$1,038.47	\$1,166.82
	OPV's	80917	\$26.60	\$46.87	\$53.21	\$56.37	\$63.34
<b>BASSINETS - staff enh. EFM training</b>							
For Profit	Per Bed	85004(A)	\$1,575.21	\$2,775.37	\$3,150.42	\$3,337.95	\$3,750.50
Not for Profit	Per Bed	85005(A)	\$1,575.21	\$2,775.37	\$3,150.42	\$3,337.95	\$3,750.50
<b>BASSINETS - standard</b>							
For Profit	Per Bed	85004(B)	\$2,100.28	\$3,700.49	\$4,200.56	\$4,450.59	\$5,000.67
Not for Profit	Per Bed	85005(B)	\$2,100.28	\$3,700.49	\$4,200.56	\$4,450.59	\$5,000.67
<b>EXTENDED CARE / RESIDENTIAL CARE / INDEPENDENT LIVING</b>							
For Profit	Per Bed	80955	\$70.01	\$123.35	\$140.02	\$148.35	\$166.69
Not for Profit	Per Bed	80956	\$70.01	\$123.35	\$140.02	\$148.35	\$166.69
<b>CONVALESCENT OR NURSING HOMES / ACUTE EXTENDED CARE</b>							
For Profit	Per Bed	80923	\$175.02	\$308.37	\$350.05	\$370.88	\$416.72
Not for Profit	Per Bed	80924	\$175.02	\$308.37	\$350.05	\$370.88	\$416.72
<b>ASSISTED LIVING</b>							
For Profit	Per Bed	80522	\$91.01	\$160.36	\$182.02	\$192.86	\$216.70
Not for Profit	Per Bed	80524	\$91.01	\$160.36	\$182.02	\$192.86	\$216.70
<b>HOSPICES (SANITARIUMS)</b>							
For Profit	Per Bed	80925	\$210.03	\$370.05	\$420.06	\$445.06	\$500.07
Not for Profit	Per Bed	80926	\$210.03	\$370.05	\$420.06	\$445.06	\$500.07
<b>EMERGENCY ROOM</b>							
For Profit	OPV's	80653	\$122.52	\$215.86	\$245.03	\$259.62	\$291.70
Not for Profit	OPV's	80654	\$122.52	\$215.86	\$245.03	\$259.62	\$291.70
<b>CLINICS, DISPENSARIES OR INFIRMARIES</b>							
For Profit	OPV's	80613	\$35.00	\$61.67	\$70.01	\$74.18	\$83.35
Not for Profit	OPV's	80614	\$35.00	\$61.67	\$70.01	\$74.18	\$83.35
<b>SURGICAL OR OTHER HEALTH RELATED FACILITIES/HOSPITAL OUTPATIENT SURGERIES</b>							
	Per 100 Procedures	80453	\$280.04	\$493.40	\$560.07	\$593.41	\$666.76

\*Per Bed = Per occupied bed, crib or bassinet

OPV's = Per 100 Outpatient visits

Basic Professional Liability  
Rates for \$1,000,000/\$3,000,000  
Illinois – Territory 2  
Champaign, Jackson, Macon, Sangamon and Vermillion Counties  
Community Based Hospital Program

Classification	Rating Basis*	Code	Claims-Made Rates by Year				
			1	2	3	4	5+
<b>HOSPITAL-NOG</b>							
For Profit	Per Bed	80611	\$595.08	\$1,048.47	\$1,190.16	\$1,261.00	\$1,416.86
	OPV's	80610	\$35.70	\$62.91	\$71.41	\$75.66	\$85.01
Not for Profit	Per Bed	80612	\$595.08	\$1,048.47	\$1,190.16	\$1,261.00	\$1,416.86
	OPV's	80617	\$35.70	\$62.91	\$71.41	\$75.66	\$85.01
<b>MENTAL-PSYCHOPATHIC INSTITUTIONS</b>							
For Profit	Per Bed	80997	\$416.56	\$733.93	\$833.11	\$882.70	\$991.80
	OPV's	80999	\$22.61	\$39.84	\$45.23	\$47.92	\$53.84
Not for Profit	Per Bed	80916	\$416.56	\$733.93	\$833.11	\$882.70	\$991.80
	OPV's	80917	\$22.61	\$39.84	\$45.23	\$47.92	\$53.84
<b>BASSINETS - staff enh. EFM training</b>							
For Profit	Per Bed	85004(A)	\$1,338.93	\$2,359.07	\$2,677.86	\$2,837.25	\$3,187.93
Not for Profit	Per Bed	85005(A)	\$1,338.93	\$2,359.07	\$2,677.86	\$2,837.25	\$3,187.93
<b>BASSINETS - standard</b>							
For Profit	Per Bed	85004(B)	\$1,785.24	\$3,145.42	\$3,570.48	\$3,783.01	\$4,250.57
Not for Profit	Per Bed	85005(B)	\$1,785.24	\$3,145.42	\$3,570.48	\$3,783.01	\$4,250.57
<b>EXTENDED CARE / RESIDENTIAL CARE / INDEPENDENT LIVING</b>							
For Profit	Per Bed	80955	\$59.51	\$104.85	\$119.02	\$126.10	\$141.69
Not for Profit	Per Bed	80956	\$59.51	\$104.85	\$119.02	\$126.10	\$141.69
<b>CONVALESCENT OR NURSING HOMES / ACUTE EXTENDED CARE</b>							
For Profit	Per Bed	80923	\$148.77	\$262.12	\$297.54	\$315.25	\$354.21
Not for Profit	Per Bed	80924	\$148.77	\$262.12	\$297.54	\$315.25	\$354.21
<b>ASSISTED LIVING</b>							
For Profit	Per Bed	80522	\$77.36	\$136.30	\$154.72	\$163.93	\$184.19
Not for Profit	Per Bed	80524	\$77.36	\$136.30	\$154.72	\$163.93	\$184.19
<b>HOSPICES (SANITARIUMS)</b>							
For Profit	Per Bed	80925	\$178.52	\$314.54	\$357.05	\$378.30	\$425.06
Not for Profit	Per Bed	80926	\$178.52	\$314.54	\$357.05	\$378.30	\$425.06
<b>EMERGENCY ROOM</b>							
For Profit	OPV's	80653	\$104.14	\$183.48	\$208.28	\$220.68	\$247.95
Not for Profit	OPV's	80654	\$104.14	\$183.48	\$208.28	\$220.68	\$247.95
<b>CLINICS, DISPENSARIES OR INFIRMARIES</b>							
For Profit	OPV's	80613	\$29.75	\$52.42	\$59.51	\$63.05	\$70.84
Not for Profit	OPV's	80614	\$29.75	\$52.42	\$59.51	\$63.05	\$70.84
<b>SURGICAL OR OTHER HEALTH RELATED FACILITIES/HOSPITAL OUTPATIENT SURGERIES</b>							
	Per 100 Procedures	80453	\$238.03	\$419.39	\$476.06	\$504.40	\$566.74

\*Per Bed = Per occupied bed, crib or bassinet  
 OPV's = Per 100 outpatient visits

Basic Professional Liability  
Rates for \$1,000,000/\$3,000,000  
Illinois – Territory 3  
Remainder of State  
Community Based Hospital Program

Classification	Rating Basis*	Code	Claims-Made Rates by Year				
			1	2	3	4	5+
<b>HOSPITAL-NOC</b>							
For Profit	Per Bed	80611	\$392.05	\$690.76	\$784.11	\$830.78	\$933.46
	OPV's	80610	\$23.52	\$41.45	\$47.05	\$49.85	\$56.01
Not for Profit	Per Bed	80612	\$392.05	\$690.75	\$784.11	\$830.78	\$933.46
	OPV's	80617	\$23.52	\$41.45	\$47.05	\$49.85	\$56.01
<b>MENTAL-PSYCHOPATHIC INSTITUTIONS</b>							
For Profit	Per Bed	80997	\$274.44	\$483.53	\$548.87	\$581.55	\$653.42
	OPV's	80999	\$14.90	\$26.25	\$29.80	\$31.57	\$35.47
Not for Profit	Per Bed	80916	\$274.44	\$483.53	\$548.87	\$581.55	\$653.42
	OPV's	80917	\$14.90	\$26.25	\$29.80	\$31.57	\$35.47
<b>BASSINETS - staff enr. BFM training</b>							
For Profit	Per Bed	85004(A)	\$882.12	\$1,554.21	\$1,764.23	\$1,869.25	\$2,100.28
Not for Profit	Per Bed	85005(A)	\$882.12	\$1,554.21	\$1,764.23	\$1,869.25	\$2,100.28
<b>BASSINETS - standard</b>							
For Profit	Per Bed	85004(B)	\$1,176.16	\$2,072.28	\$2,352.32	\$2,492.33	\$2,800.37
Not for Profit	Per Bed	85005(B)	\$1,176.16	\$2,072.28	\$2,352.32	\$2,492.33	\$2,800.37
<b>EXTENDED CARE / RESIDENTIAL CARE / INDEPENDENT LIVING</b>							
For Profit	Per Bed	80955	\$39.20	\$69.08	\$78.41	\$83.08	\$93.35
Not for Profit	Per Bed	80956	\$39.20	\$69.08	\$78.41	\$83.08	\$93.35
<b>CONVALESCENT OR NURSING HOMES / ACUTE EXTENDED CARE</b>							
For Profit	Per Bed	80923	\$98.01	\$172.69	\$196.02	\$207.69	\$233.37
Not for Profit	Per Bed	80924	\$98.01	\$172.69	\$196.02	\$207.69	\$233.37
<b>ASSISTED LIVING</b>							
For Profit	Per Bed	80522	\$50.97	\$89.80	\$101.93	\$108.00	\$121.35
Not for Profit	Per Bed	80524	\$50.97	\$89.80	\$101.93	\$108.00	\$121.35
<b>HOSPICES (SANITARIUMS)</b>							
For Profit	Per Bed	80925	\$117.61	\$207.23	\$235.23	\$249.24	\$280.04
Not for Profit	Per Bed	80926	\$117.61	\$207.23	\$235.23	\$249.24	\$280.04
<b>EMERGENCY ROOM</b>							
For Profit	OPV's	80653	\$68.61	\$120.88	\$137.22	\$145.39	\$163.36
Not for Profit	OPV's	80654	\$68.61	\$120.88	\$137.22	\$145.39	\$163.36
<b>CLINICS, DISPENSARIES OR INFIRMARIES</b>							
For Profit	OPV'S	80613	\$19.60	\$34.54	\$39.20	\$41.54	\$46.67
Not for Profit	OPV's	80614	\$19.60	\$34.54	\$39.20	\$41.54	\$46.67
<b>SURGICAL OR OTHER HEALTH RELATED FACILITIES/HOSPITAL OUTPATIENT SURGERIES</b>							
	Per 100 Procedures	80453	\$156.82	\$276.30	\$313.64	\$332.31	\$373.38

\*Per Bed = Per occupied bed, crib or bassinet

OPV's = Per 100 outpatient visits

Basic Professional Liability  
Rates for \$1,000,000/\$3,000,000  
Illinois - Territory 4  
DuPage, Kane, Lake, McHenry and Will Counties  
Community Based Hospital Program

Classification	Rating Basis*	Code	Claims-Made Rates by Year				
			1	2	3	4	5+
<b>HOSPITAL-NOC</b>							
For Profit	Per Bed	80611	\$595.08	\$1,048.47	\$1,190.16	\$1,261.00	\$1,416.86
	OPV's	80610	\$35.70	\$35.70	\$35.70	\$35.70	\$35.70
Not for Profit	Per Bed	80612	\$595.08	\$1,048.47	\$1,190.16	\$1,261.00	\$1,416.86
	OPV's	80617	\$35.70	\$35.70	\$35.70	\$35.70	\$35.70
<b>MENTAL-PSYCHOPATHIC INSTITUTIONS</b>							
For Profit	Per Bed	80997	\$416.56	\$733.93	\$833.11	\$882.70	\$991.80
	OPV's	80999	\$22.61	\$39.84	\$45.23	\$47.92	\$53.84
Not for Profit	Per Bed	80916	\$416.56	\$733.93	\$833.11	\$882.70	\$991.80
	OPV's	80917	\$22.61	\$39.84	\$45.23	\$47.92	\$53.84
<b>BASSINETS - staff enr. BFM training</b>							
For Profit	Per Bed	85004(A)	\$1,338.93	\$2,359.07	\$2,677.86	\$2,837.25	\$3,187.93
Not for Profit	Per Bed	85005(A)	\$1,338.93	\$2,359.07	\$2,677.86	\$2,837.25	\$3,187.93
<b>BASSINETS - standard</b>							
For Profit	Per Bed	85004(B)	\$1,785.24	\$3,145.42	\$3,570.48	\$3,783.01	\$4,250.57
Not for Profit	Per Bed	85005(B)	\$1,785.24	\$3,145.42	\$3,570.48	\$3,783.01	\$4,250.57
<b>EXTENDED CARE / RESIDENTIAL CARE / INDEPENDENT LIVING</b>							
For Profit	Per Bed	80955	\$59.51	\$104.85	\$119.02	\$126.10	\$141.69
Not for Profit	Per Bed	80956	\$59.51	\$104.85	\$119.02	\$126.10	\$141.69
<b>CONVALESCENT OR NURSING HOMES / ACUTE EXTENDED CARE</b>							
For Profit	Per Bed	80923	\$148.77	\$262.12	\$297.54	\$315.25	\$354.21
Not for Profit	Per Bed	80924	\$148.77	\$262.12	\$297.54	\$315.25	\$354.21
<b>ASSISTED LIVING</b>							
For Profit	Per Bed	80522	\$77.36	\$136.30	\$154.72	\$163.93	\$184.19
Not for Profit	Per Bed	80524	\$77.36	\$136.30	\$154.72	\$163.93	\$184.19
<b>HOSPICES (SANITARIUMS)</b>							
For Profit	Per Bed	80925	\$178.52	\$314.54	\$357.05	\$378.30	\$425.06
Not for Profit	Per Bed	80926	\$178.52	\$314.54	\$357.05	\$378.30	\$425.06
<b>EMERGENCY ROOM</b>							
For Profit	OPV's	80653	\$104.14	\$183.48	\$208.28	\$220.68	\$247.95
Not for Profit	OPV's	80654	\$104.14	\$183.48	\$208.28	\$220.68	\$247.95
<b>CLINICS, DISPENSARIES OR INFIRMARIES</b>							
For Profit	OPV's	80613	\$29.75	\$52.42	\$59.51	\$63.05	\$70.84
Not for Profit	OPV's	80614	\$29.75	\$52.42	\$59.51	\$63.05	\$70.84
<b>SURGICAL OR OTHER HEALTH RELATED FACILITIES/HOSPITAL OUTPATIENT SURGERIES</b>							
	Per 100 Procedures	80453	\$238.03	\$419.39	\$476.06	\$504.40	\$566.74

\*Per Bed = Per occupied bed, crib or bassinet

OPV's = Per 100 outpatient visits

Basic Professional Liability  
Reporting Endorsement OPTION  
Rates for \$1,000,000/\$3,000,000 Limits  
Illinois - Territory 1  
Cook, Madison and St. Clair Counties  
Community Based Hospital Program

Classification	Rating Basis*	Code	Claims-Made Rates by Year				
			1	2	3	4	5+
<b>HOSPITAL-NOC</b>							
For Profit	Per Bed	80611	\$1,133.49	\$1,750.23	\$2,200.29	\$2,567.01	\$2,783.70
	OPV's	80610	\$68.01	\$105.01	\$132.02	\$154.02	\$167.02
Not for Profit	Per Bed	80612	\$1,133.49	\$1,750.23	\$2,200.29	\$2,567.01	\$2,783.70
	OPV's	80617	\$68.01	\$105.01	\$132.02	\$154.02	\$167.02
<b>MENTAL-PSYCHOPATHIC INSTITUTIONS</b>							
For Profit	Per Bed	80997	\$793.44	\$1,225.16	\$1,540.21	\$1,796.91	\$1,948.59
	OPV's	80999	\$43.07	\$66.51	\$83.61	\$97.55	\$105.78
Not for Profit	Per Bed	80916	\$793.44	\$1,225.16	\$1,540.21	\$1,796.91	\$1,948.59
	OPV's	80917	\$43.07	\$66.51	\$83.61	\$97.55	\$105.78
<b>BASSINETS - staff enh. EFM training</b>							
For Profit	Per Bed	85004(A)	\$2,550.34	\$3,938.03	\$4,950.66	\$5,775.77	\$6,263.34
Not for Profit	Per Bed	85005(A)	\$2,550.34	\$3,938.03	\$4,950.66	\$5,775.77	\$6,263.34
<b>BASSINETS - standard</b>							
For Profit	Per Bed	85004(B)	\$3,400.45	\$5,250.70	\$6,600.88	\$7,701.03	\$8,351.12
Not for Profit	Per Bed	85005(B)	\$3,400.45	\$5,250.70	\$6,600.88	\$7,701.03	\$8,351.12
<b>EXTENDED CARE / RESIDENTIAL CARE / INDEPENDENT LIVING</b>							
For Profit	Per Bed	80955	\$113.35	\$175.02	\$220.03	\$256.70	\$278.37
Not for Profit	Per Bed	80956	\$113.35	\$175.02	\$220.03	\$256.70	\$278.37
<b>CONVALESCENT OR NURSING HOMES / ACUTE EXTENDED CARE</b>							
For Profit	Per Bed	80923	\$283.37	\$437.56	\$550.07	\$641.75	\$695.93
Not for Profit	Per Bed	80924	\$283.37	\$437.56	\$550.07	\$641.75	\$695.93
<b>ASSISTED LIVING</b>							
For Profit	Per Bed	80522	\$147.35	\$227.53	\$286.04	\$333.71	\$361.88
Not for Profit	Per Bed	80524	\$147.35	\$227.53	\$286.04	\$333.71	\$361.88
<b>HOSPICES (SANITARIUMS)</b>							
For Profit	Per Bed	80925	\$340.05	\$525.07	\$660.09	\$770.10	\$835.11
Not for Profit	Per Bed	80926	\$340.05	\$525.07	\$660.09	\$770.10	\$835.11
<b>EMERGENCY ROOM</b>							
For Profit	OPV's	80653	\$198.36	\$306.29	\$385.05	\$449.23	\$487.15
Not for Profit	OPV's	80654	\$198.36	\$306.29	\$385.05	\$449.23	\$487.15
<b>CLINICS, DISPENSARIES OR INFIRMARIES</b>							
For Profit	OPV's	80613	\$56.68	\$87.51	\$110.02	\$128.35	\$139.18
Not for Profit	OPV's	80614	\$56.68	\$87.51	\$110.02	\$128.35	\$139.18
<b>SURGICAL OR OTHER HEALTH RELATED FACILITIES/HOSPITAL OUTPATIENT SURGERIES</b>							
	Per 00 Procedures	80453	\$453.39	\$700.09	\$880.12	\$1,026.81	\$1,113.48

Extended Reporting Endorsement rates calculated by multiplying the nature claims made rate for the applicable territory, limit, and specialty by the appropriate factor from the following table:

ERE Step 1	0.680
ERE Step 2	1.050
ERE Step 3	1.370
ERE Step 4	1.540
ERE Step 5	1.670

Reporting Endorsement rates not indicated will be charged a Reporting Endorsement premium equal to 200% of the expiring or current policy year's premium.

Five Year Reporting Endorsement - 5% Credit applied to Reporting Endorsement premium.

Three Year Reporting Endorsement - 15% Credit applied to Reporting Endorsement premium.

Basic Professional Liability-  
Reporting Endorsement OPTION  
Rates for \$1,000,000/\$3,000,000 Limits  
Illinois - Territory 2

Champaign, Jackson, Macon, Sangamon and Vermillion Counties  
Community Based Hospital Program

Classification	Rating Basis*	Code	Claims-Made Rates by Year				
			1	2	3	4	5+
<b>HOSPITAL-NOC</b>							
For Profit	Per Bed	80611	\$963.46	\$1,487.70	\$1,870.25	\$2,181.96	\$2,366.15
	OPV's	80610	\$57.81	\$89.26	\$112.21	\$130.92	\$141.97
Not for Profit	Per Bed	80612	\$963.46	\$1,487.70	\$1,870.25	\$2,181.96	\$2,366.15
	OPV's	80617	\$57.81	\$89.26	\$112.21	\$130.92	\$141.97
<b>MENTAL-PSYCHOPATHIC INSTITUTIONS</b>							
For Profit	Per Bed	80997	\$674.42	\$1,041.39	\$1,309.18	\$1,527.37	\$1,656.31
	OPV's	80999	\$36.61	\$56.53	\$71.07	\$82.92	\$89.92
Not for Profit	Per Bed	80916	\$674.42	\$1,041.39	\$1,309.18	\$1,527.37	\$1,656.31
	OPV's	80917	\$36.61	\$56.53	\$71.07	\$82.92	\$89.92
<b>BASSINETS - staff enh. EFM training</b>							
For Profit	Per Bed	85004(A)	\$2,167.79	\$3,347.32	\$4,208.06	\$4,909.40	\$5,323.84
Not for Profit	Per Bed	85005(A)	\$2,167.79	\$3,347.32	\$4,208.06	\$4,909.40	\$5,323.84
<b>BASSINETS - standard</b>							
For Profit	Per Bed	85004(B)	\$2,890.39	\$4,463.10	\$5,610.75	\$6,545.88	\$7,098.45
Not for Profit	Per Bed	85005(B)	\$2,890.39	\$4,463.10	\$5,610.75	\$6,545.88	\$7,098.45
<b>EXTENDED CARE / RESIDENTIAL CARE / INDEPENDENT LIVING</b>							
For Profit	Per Bed	80955	\$96.34	\$148.77	\$187.03	\$218.20	\$236.61
Not for Profit	Per Bed	80956	\$96.34	\$148.77	\$187.03	\$218.20	\$236.61
<b>CONVALESCENT OR NURSING HOMES / ACUTE EXTENDED CARE</b>							
For Profit	Per Bed	80923	\$240.87	\$371.92	\$467.56	\$545.49	\$591.54
Not for Profit	Per Bed	80924	\$240.87	\$371.92	\$467.56	\$545.49	\$591.54
<b>ASSISTED LIVING</b>							
For Profit	Per Bed	80522	\$125.25	\$193.40	\$243.13	\$283.65	\$307.60
Not for Profit	Per Bed	80524	\$125.25	\$193.40	\$243.13	\$283.65	\$307.60
<b>HOSPICES (SANITARIUMS)</b>							
For Profit	Per Bed	80925	\$289.04	\$446.31	\$561.07	\$654.59	\$709.85
Not for Profit	Per Bed	80926	\$289.04	\$446.31	\$561.07	\$654.59	\$709.85
<b>EMERGENCY ROOM</b>							
For Profit	OPV's	80653	\$168.61	\$260.35	\$327.29	\$381.84	\$414.07
Not for Profit	OPV's	80654	\$168.61	\$260.35	\$327.29	\$381.84	\$414.07
<b>CLINICS, DISPENSARIES OR INFIRMARIES</b>							
For Profit	OPV's	80613	\$48.17	\$74.39	\$93.51	\$109.10	\$118.31
Not for Profit	OPV's	80614	\$48.17	\$74.39	\$93.51	\$109.10	\$118.31
<b>SURGICAL OR OTHER HEALTH RELATED FACILITIES/HOSPITAL OUTPATIENT SURGERIES</b>							
	Per 100 Procedures	80453	\$385.39	\$595.08	\$748.10	\$872.78	\$946.46

Extended Reporting Endorsement rates calculated by multiplying the mature claims made rate for the applicable territory, limit, and specialty by the appropriate factor from the following table:

ERE Step 1	0.680
ERE Step 2	1.050
ERE Step 3	1.370
ERE Step 4	1.640
ERE Step 5	1.670

Reporting Endorsement rates not indicated will be charged a Reporting Endorsement premium equal to 200% of the expiring or current policy year's premium.

Five Year Reporting Endorsement - 5% Credit applied to Reporting Endorsement premium.

Three Year Reporting Endorsement - 15% Credit applied to Reporting Endorsement premium.

Basic Professional Liability  
Reporting Endorsement OPTION  
Rates for \$1,000,000/\$3,000,000 Limits  
Illinois – Territory 3  
Remainder of State  
Community Based Hospital Program

Classification	Rating Basis*	Code	Claims-Made Rates by Year				
			1	2	3	4	5+
<b>HOSPITAL-NOC</b>							
For Profit	Per Bed	80611	\$634.75	\$980.13	\$1,232.16	\$1,437.53	\$1,558.88
	OPV's	80610	\$38.08	\$58.81	\$73.93	\$86.25	\$93.53
Not for Profit	Per Bed	80612	\$634.75	\$980.13	\$1,232.16	\$1,437.53	\$1,558.88
	OPV's	80617	\$38.08	\$58.81	\$73.93	\$86.25	\$93.53
<b>MENTAL-PSYCHOPATHIC INSTITUTIONS</b>							
For Profit	Per Bed	80997	\$444.33	\$686.09	\$862.52	\$1,006.27	\$1,091.21
	OPV's	80999	\$24.12	\$37.24	\$46.82	\$54.62	\$59.24
Not for Profit	Per Bed	80916	\$444.33	\$686.09	\$862.52	\$1,006.27	\$1,091.21
	OPV's	80917	\$24.12	\$37.24	\$46.82	\$54.62	\$59.24
<b>BASSINETS - staff enh. EFM training</b>							
For Profit	Per Bed	85004(A)	\$1,428.19	\$2,205.29	\$2,772.37	\$3,234.43	\$3,507.47
Not for Profit	Per Bed	85005(A)	\$1,428.19	\$2,205.29	\$2,772.37	\$3,234.43	\$3,507.47
<b>BASSINETS - standard</b>							
For Profit	Per Bed	85004(B)	\$1,904.26	\$2,940.39	\$3,696.49	\$4,312.58	\$4,676.63
Not for Profit	Per Bed	85005(B)	\$1,904.26	\$2,940.39	\$3,696.49	\$4,312.58	\$4,676.63
<b>EXTENDED CARE / RESIDENTIAL CARE / INDEPENDENT LIVING</b>							
For Profit	Per Bed	80955	\$63.48	\$98.01	\$123.22	\$143.75	\$155.89
Not for Profit	Per Bed	80956	\$63.48	\$98.01	\$123.22	\$143.75	\$155.89
<b>CONVALESCENT OR NURSING HOMES / ACUTE EXTENDED CARE</b>							
For Profit	Per Bed	80923	\$158.69	\$245.03	\$308.04	\$359.38	\$389.72
Not for Profit	Per Bed	80924	\$158.69	\$245.03	\$308.04	\$359.38	\$389.72
<b>ASSISTED LIVING</b>							
For Profit	Per Bed	80522	\$82.52	\$127.42	\$160.18	\$186.88	\$202.65
Not for Profit	Per Bed	80524	\$82.52	\$127.42	\$160.18	\$186.88	\$202.65
<b>HOSPICES (SANITARIUMS)</b>							
For Profit	Per Bed	80925	\$190.42	\$294.04	\$369.65	\$431.26	\$467.66
Not for Profit	Per Bed	80926	\$190.42	\$294.04	\$369.65	\$431.26	\$467.66
<b>EMERGENCY ROOM</b>							
For Profit	OPV's	80653	\$111.08	\$171.52	\$215.63	\$251.57	\$272.80
Not for Profit	OPV's	80654	\$111.08	\$171.52	\$215.63	\$251.57	\$272.80
<b>CLINICS, DISPENSARIES OR INFIRMARIES</b>							
For Profit	OPV's	80613	\$31.74	\$49.01	\$61.61	\$71.88	\$77.95
Not for Profit	OPV's	80614	\$31.74	\$49.01	\$61.61	\$71.88	\$77.95
<b>SURGICAL OR OTHER HEALTH RELATED FACILITIES/HOSPITAL OUTPATIENT SURGERIES</b>							
	Per 100 Procedures	80453	\$353.90	\$392.05	\$492.87	\$575.01	\$623.55

Extended Reporting Endorsement rates calculated by multiplying the mature claims made rate for the applicable territory, limit, and specialty by the appropriate factor from the following table:

<u>ERE Step 1</u>	<u>0.480</u>
<u>ERE Step 2</u>	<u>1.000</u>
<u>ERE Step 3</u>	<u>1.320</u>
<u>ERE Step 4</u>	<u>1.500</u>
<u>ERE Step 5</u>	<u>1.670</u>

Reporting Endorsement rates not indicated will be charged a Reporting Endorsement premium equal to 200% of the expiring or current policy year's premium.

Five Year Reporting Endorsement – 5% Credit applied to Reporting Endorsement premium.

Three Year Reporting Endorsement – 15% Credit applied to Reporting Endorsement premium.

Basic Professional Liability  
Reporting Endorsement OPTION  
Rates for \$1,000,000/\$3,000,000 Limits  
Illinois - Territory 4  
DuPage, Kane, Lake, McHenry and Will Counties  
Community Based Hospital Program

Classification	Rating Basis*	Code	Claims-Made Rates by Year				
			1	2	3	4	5+
<b>HOSPITAL-NOC</b>							
For Profit	Per Bed	80611	\$963.46	\$1,487.70	\$1,870.25	\$2,181.96	\$2,366.15
	OPV's	80610	\$57.81	\$89.26	\$112.21	\$130.92	\$141.97
Not for Profit	Per Bed	80612	\$963.46	\$1,487.70	\$1,870.25	\$2,181.96	\$2,366.15
	OPV's	80617	\$57.81	\$89.26	\$112.21	\$130.92	\$141.97
<b>MENTAL-PSYCHOPATHIC INSTITUTIONS</b>							
For Profit	Per Bed	80997	\$674.42	\$1,041.39	\$1,309.18	\$1,527.37	\$1,656.31
	OPV's	80999	\$36.61	\$56.53	\$71.07	\$82.92	\$89.92
Not for Profit	Per Bed	80916	\$674.42	\$1,041.39	\$1,309.18	\$1,527.37	\$1,656.31
	OPV's	80917	\$36.61	\$56.53	\$71.07	\$82.92	\$89.92
<b>BASSINETS - staff enh. EFM training</b>							
For Profit	Per Bed	85004(A)	\$2,167.79	\$3,347.32	\$4,208.06	\$4,909.40	\$5,323.84
Not for Profit	Per Bed	85005(A)	\$2,167.79	\$3,347.32	\$4,208.06	\$4,909.40	\$5,323.84
<b>BASSINETS - standard</b>							
For Profit	Per Bed	85004(B)	\$2,890.39	\$4,463.10	\$5,610.75	\$6,545.88	\$7,098.45
Not for Profit	Per Bed	85005(B)	\$2,890.39	\$4,463.10	\$5,610.75	\$6,545.88	\$7,098.45
<b>EXTENDED CARE / RESIDENTIAL CARE / INDEPENDENT LIVING</b>							
For Profit	Per Bed	80955	\$96.34	\$148.77	\$187.03	\$218.20	\$236.61
Not for Profit	Per Bed	80956	\$96.34	\$148.77	\$187.03	\$218.20	\$236.61
<b>CONVALESCENT OR NURSING HOMES / ACUTE EXTENDED CARE</b>							
For Profit	Per Bed	80923	\$240.87	\$371.92	\$467.56	\$545.49	\$591.54
Not for Profit	Per Bed	80924	\$240.87	\$371.92	\$467.56	\$545.49	\$591.54
<b>ASSISTED LIVING</b>							
For Profit	Per Bed	80522	\$125.25	\$193.40	\$243.13	\$283.65	\$307.60
Not for Profit	Per Bed	80524	\$125.25	\$193.40	\$243.13	\$283.65	\$307.60
<b>HOSPICES (SANITARIUMS)</b>							
For Profit	Per Bed	80925	\$289.04	\$446.31	\$561.07	\$654.59	\$709.85
Not for Profit	Per Bed	80926	\$289.04	\$446.31	\$561.07	\$654.59	\$709.85
<b>EMERGENCY ROOM</b>							
For Profit	OPV's	80653	\$168.61	\$260.35	\$327.29	\$381.84	\$414.07
Not for Profit	OPV's	80654	\$168.61	\$260.35	\$327.29	\$381.84	\$414.07
<b>CLINICS, DISPENSARIES OR INFIRMARIES</b>							
For Profit	OPV's	80613	\$48.17	\$74.39	\$93.51	\$109.10	\$118.31
Not for Profit	OPV's	80614	\$48.17	\$74.39	\$93.51	\$109.10	\$118.31
<b>SURGICAL OR OTHER HEALTH RELATED FACILITIES/HOSPITAL OUTPATIENT SURGERIES</b>							
	Per 100 Procedures	80453	\$385.39	\$595.08	\$748.10	\$872.78	\$946.46

Extended Reporting Endorsement rates calculated by multiplying the mature claims made rate for the applicable territory, limit, and specialty by the appropriate factor from the following table:

<u>ERE Step 1</u>	<u>0.650</u>
<u>ERE Step 2</u>	<u>1.050</u>
<u>ERE Step 3</u>	<u>1.270</u>
<u>ERE Step 4</u>	<u>1.550</u>
<u>ERE Step 5</u>	<u>1.670</u>

Reporting Endorsement rates not indicated will be charged a Reporting Endorsement premium equal to 200% of the expiring or current policy year's premium.

Five Year Reporting Endorsement - 5% Credit applied to Reporting Endorsement premium.

Three Year Reporting Endorsement - 15% Credit applied to Reporting Endorsement premium.

Other Health Care Facility-  
 Rates for \$1,000,000/\$3,000,000 Limits  
 Illinois  
 Standard and Community Based Programs

Classification	Rating Basis	Code	Factor
Blood or Plasma Bank	Donation	73301	0.002
Organ Bank - No Direct Processing	Receipt	73303	0.004
Organ Bank - Direct Processing	Receipt	73304	0.004
Optical Establishment	Receipt	73401	0.003
Ocular Laboratory	Receipt	73502	0.002
Dental Laboratory	Receipt	73503	0.002
X-Ray/Imaging Center	Receipt	73504	0.002
Pathology Laboratory	Receipt	73505	0.002
Medical Laboratory	Receipt	73506	0.002
Quality Control/Reference Laboratory	Receipt	73507	0.002
Community Health Center	Visit	73701	<u>0.033030</u>
College/University Health Center	Visit	73702	0.020
Urgicenter	Visit	73703	<u>0.048050</u>
Birthing Center	Visit	73704	0.250
Abortion Clinic	Visit	73705	0.160
Substance Abuse - Counseling	Visit	73706	<u>0.038030</u>
Emergicenter	Visit	73707	<u>0.084060</u>
Weight Loss Center	Visit	73708	0.006
Physical/Occupational Rehabilitation	Visit	73709	0.020
Cardiac Rehabilitation	Visit	73710	0.030
<u>Surgicenter, Minor Procedures</u>	Visit	73711(A)	<u>0.040140</u>
<u>Surgicenter, Major Procedures</u>	Visit	73711(B)	<u>0.300</u>
Dialysis Center	Visit	73712	0.050
Mental Health - Counseling	Visit	88517	0.038
Developmental Health Counseling	Visit	73714	0.020
Crises Stabilization Center	Visit	73715	0.030
Developmental Disability	Visit	73716	<u>0.022100</u>
Medical Registry Service	Staff	73717	To Be Filed at a Later Date
Municipal Health Department	Visit	73719	0.030
Trauma Rehabilitation - Skilled Medical	Visit	73720	0.050
Pharmacy	Receipt	73721	0.002
Ambulance Service	Staff	73722	To Be Filed at a Later Date
Trauma Rehabilitation - Therapy	Visit	73723	0.030
Trauma Rehabilitation - Transitional Living	Visit	73724	0.030
Substance Abuse - Skilled Medical	Visit	73726	<u>0.038050</u>
Hospice Care	Visit	74503	<u>0.007005</u>
Home Care - Personal Care	Visit	74504	<u>0.010008</u>
Home Care - Skilled Care	Visit	74505	<u>0.012008</u>
Home Care - Rehabilitation	Visit	74506	0.008
Home Care - Intravenous Therapy	Visit	74507	0.010
Home Care - Respiratory Therapy	Visit	74508	0.020
Home Care - Durable Equipment	Receipt	74509	0.020
Independent Medical Evaluation	Receipt	88527	0.056
Cardiology Testing Centers	Receipt	88528	0.031
Medical or Dental Group-Primary Care	Receipt	88534	0.005
Medical or Dental Group-NOC	Receipt	88535	0.008
Medical or Dental Group-Surgical Practice	Receipt	88536	0.010

Other Health Care Facility  
Rates for \$1,000,000/\$3,000,000 Limits  
Illinois  
Standard and Community Based Programs

<u>Classification</u>	<u>Rating Basis</u>	<u>Code</u>	<u>Factor</u>
Substance Abuse - Counseling	Bed	99005	0.150
Weight Loss Center	Bed	99006	0.030
Physical/Occupational Rehabilitation	Bed	99007	0.100
Cardiac Rehabilitation	Bed	99008	0.150
Developmental Disability Rehabilitation	Bed	99010	0.020
Trauma Rehabilitation - Skilled Medical	Bed	99011	0.500
Community Health Center	Bed	99012	0.150
College/University Health Center	Bed	99013	0.100
Urgicenter	Bed	99014	0.250
Mental Health - Counseling	Bed	99015	0.040
Crises Stabilization Center	Bed	99016	0.150
Hospice	Bed	99017	<del>0.030-045</del>
Birthing Center	Bed	99018	1.250
Abortion Clinic	Bed	99019	0.800
Emergicenter	Bed	99020	0.580
Surgicenter	Bed	99021	0.700
Substance Abuse - Skilled Medical	Bed	99024	0.250
Trauma Rehabilitation - Therapy	Bed	99025	0.150
Trauma Rehabilitation - Transitional Living	Bed	99026	0.150

The premium will be determined by applying the above factors to the appropriate rate for hospital class 80611 in the applicable rating territory. Apply the factor to the applicable claims-made or reporting endorsement rate.

Reporting Endorsement rates not indicated will be charged a Reporting Endorsement premium equal to 200% of the expiring or current policy year's premium.

## Basic Professional Liability

Rates for \$1,000,000/\$3,000,000  
Standard Hospital Program

### ADDITIONAL INTERESTS (Surcharge for Paramedical or Other Personnel employed by Hospitals and Facilities)

CRNA	Per Person	8094260	Flat charge equal to <del>General Practitioner</del> <u>25% of Anesthesiology physician mature premium</u> or if supervised by a MDA, flat charge equal to <del>50</del> <u>27.5% of General Practitioner/Anesthesiology physician mature premium</u>
Nurse Practitioner	Per Person	<del>7220480954</del>	Flat charge equal to <del>40% of General Practitioner</del> <u>FP/GP excl. OB, no surgery, physician mature premium</u>
Nurse Midwife	Per Person	<del>7440480410</del>	Flat charge equal to <del>47.5</del> <u>35% of General Practitioner</u> <u>OB/GYN, major surgery, physician mature premium</u>
Psychologist	Per Person	<del>7240480912</del>	Flat charge equal to <del>35</del> <u>11.1% of General Practitioner</u> <u>FP/GP excl. OB, no surgery, physician mature premium</u>
Respiratory Therapist	Per Person	<del>7280601</del>	Flat charge equal to <del>152.5</del> <u>5% of General Practitioner</u> <u>FP/GP excl. OB, no surgery, physician mature premium</u>
Physician's Assistant	Per Person	<del>7220280116A</del>	Flat charge equal to <del>40% of General Practitioner</del> <u>FP/GP excl. OB, no surgery, physician mature premium</u>
Surgeon's Assistant	Per Person	<del>7220280116B</del>	Flat charge equal to <del>40% of General Practitioner</del> <u>FP/GP excl. OB, no surgery, physician mature premium</u>
Perfusionist	Per Person	<del>7220380764</del>	Flat charge equal to <del>40</del> <u>50% of General Practitioner</u> <u>FP/GP excl. OB, no surgery, physician mature premium</u>
Emergency Medical Techs.	Per Person	<del>7340580763</del>	Flat charge equal to <del>20</del> <u>1% of General Practitioner</u> <u>FP/GP excl. OB, no surgery, physician mature premium</u>
Anesthesiology Assistant	Per Person	<del>7220280116C</del>	Flat charge equal to <del>50</del> <u>27.5% of General Practitioner/Anesthesiology physician mature premium</u>
Physiotherapist	Per Person	<del>7244080938</del>	Flat charge equal to <del>40</del> <u>1.8% of General Practitioner</u> <u>FP/GP excl. OB, no surgery, physician mature premium</u>
<del>Architect</del> <u>Optometrist</u>	Per Person	<del>80944</del>	Flat charge equal to <del>5.0</del> <u>0% of Ophthalmology physician mature premium</u>

- ◆ Additional Insured Charges: A 5% surcharge of the Hospital Professional Liability premium will be made to include all other employees and volunteers as insureds except for employed Physicians, Surgeons, Interns, Residents, Dentists, any other physician in training or other designated employees indicated above. This premium charge is based on a Shared Limit Basis.
- ◆ Additional Insured Charges for entities named onto the policy without rateable exposure data will result in a 5% surcharge.
- ◆ ~~A Vicarious Charge~~ Charge of 10% for Physicians or other contracted personnel will be 10% and entities.
- ◆ Additional Insured Charges for employed or contracted Physicians, Surgeons, Interns, Residents, Dentists, other physicians in training or personnel will be made in accordance with the ~~PNPRA Casualty~~ PNPRA Casualty physician rates filed in the Physician Manual unless otherwise indicated. When sharing the hospital's limit, a 25% shared limit credit shall apply. The above referenced employed or contracted employees will be added on a fully earned basis on Health Care Facility Liability policies.
- ◆ When liability limits for designated employed medical or other personnel are shared with the hospital, ~~PN provides a premium credit. The shared limit credit is 25%.~~ PRA Casualty provides a premium credit. The shared limit credit is 65% for employed paramedicals and 35% for employed medical personnel. However, in no instance shall the resulting charge for any individual Paramedical or Other Personnel employed by Hospitals and Facilities be less than 1% of the General Practitioner physician mature premium.

Basic Professional Liability  
Rates for \$1,000,000/\$3,000,000  
Community Based Hospital Program

ADDITIONAL INTERESTS (Surcharge for Paramedical or Other Personnel employed by Hospitals and Facilities)

<u>CRNA</u>	<u>Per Person</u>	<u>80960</u>	<u>Flat charge equal to General Practitioner physician mature premium or if supervised by a MDA, flat charge equal to 50% of General Practitioner physician mature premium</u>
<u>Nurse Practitioner</u>	<u>Per Person</u>	<u>80964</u>	<u>Flat charge equal to 40% of General Practitioner physician mature premium</u>

- ◆ Additional Insured Charges: A 5% surcharge of the Hospital Professional Liability premium will be made to include all other employees and volunteers as insureds except for employed Physicians, Surgeons, Interns, Residents, Dentists, any other physician in training or other designated employees indicated above. This premium charge is based on a Shared Limit Basis.

Standard and Community Based Hospital Programs

RULE REGARDING PREMIUM FOR MANAGEMENT OF NON-OWNED/AFFILIATED HOSPITALS & FACILITIES

The Medical Management Services endorsement will be utilized when a Policyholder agrees pursuant to a written contract to provide medical management services to other scheduled managed health care facilities. The premium for coverage provided by this endorsement shall be computed by developing the mature professional liability premium for the entities, physicians, hospitals or other health care facility which is to be managed and then applying the factor indicated on the management premium scale below corresponding to the developed professional liability premium applicable.

Management Premium Scale

<u>Percent Factor</u>	<u>Developed Professional Liability Range</u>
5%	\$0 - \$275,000
4.5%	\$275,001 - \$750,000
4%	\$750,001 - \$1,000,000
3.5%	\$1,000,001 - \$3,000,000
3%	\$3,000,001 - \$7,000,000
2%	\$7,000,001 - \$10,000,000
1.5%	+\$10,000,000

CONTRACTED MANAGEMENT COMPANY COVERAGE AND SURCHARGE

Management Companies contracted to manage operations of the Policyholder may be extended coverage as provided by endorsement to the policy for their management duties. A 10% surcharge of the policy premium will apply.

Management Companies may also be extended coverage by endorsement to the policy for their vicarious liability exposures as a result of the actions of the Policyholder's insured operations. A 5% surcharge of the policy premium will apply.

MINIMUM PREMIUM FOR HOSPITAL POLICY

\$34,416 if the sum of the premium developed for professional and general liability from the rated exposures is less than \$28,560  
\$28,560 if the sum of the premium developed for professional liability from the rated exposures is less than \$2,856  
\$2,856 if the sum of the premium developed for general liability from the rated exposures is less than \$2,856

MINIMUM PREMIUM FOR SURGICAL CENTER/OUTPATIENT SURGICAL CENTER POLICY

\$8,500 if the sum of the premium developed for professional and general liability from the rated exposures is less than \$6,000  
\$6,000 if the sum of the premium developed for professional liability from the rated exposures is less than \$2,500  
\$2,500 if the sum of the premium developed for general liability from the rated exposures is less than \$2,500

MINIMUM PREMIUM FOR MENTAL FACILITIES

\$15,708 if the sum of the premium developed for professional and general liability from the rated exposures is less than \$14,280  
\$14,280 if the sum of the premium developed for professional liability from the rated exposures is less than \$1,428  
\$1,428 if the sum of the premium developed for general liability from the rated exposures is less than \$1,428

MINIMUM PREMIUM FOR NURSING HOME FACILITIES

\$2,199 if the sum of the premium developed for professional and general liability from the rated exposures is less than \$1,999  
\$1,999 if the sum of the premium developed for professional liability from the rated exposures is less than \$200  
\$200 if the sum of the premium developed for general liability from the rated exposures is less than \$200

MINIMUM PREMIUM FOR HOSPICE/SANITARIUM FACILITIES

~~\_\_\_\_\_ \$9,425 if the sum of the premium developed for professional and general liability from the rated exposures is less~~

~~\_\_\_\_\_ \$8,568 if the sum of the premium developed for professional liability from the rated exposures is less~~

~~\_\_\_\_\_ \$857     \$2,500 if the sum of the premium developed for general liability from the rated exposures is less~~

MINIMUM PREMIUM FOR OTHER HEALTH RELATED FACILITIES

~~\_\_\_\_\_ \$5,000 if the sum of the premium developed for professional and general liability from the rated exposures is less~~

\$3,500 if the sum of the premium developed for professional liability from the rated exposures is less

\$1,500 if the sum of the premium developed for general liability from the rated exposures is less

SCHEDULE RATING TABLE -- GENERAL LIABILITY

STANDARD HOSPITAL PROGRAM

	Maximum <u>Credit%</u>	Maximum <u>Debit%</u>
A. <u>Exposures</u>		
Day Care Center	10%	10%
Restaurant	10%	10%
Helicopter Landing Pad	5%	5%
Retail Pharmacy	10%	10%
Major Construction in the last or next 12 months	15%	15%
Health or Fitness Center	10%	10%
Habitational Risk (Apt. or Hotel)	15%	15%
Special Events that attract the general public	5%	5%
B. <u>Risk Management</u>	15%	15%
1. Administration commitment/ involvement as exhibited by an established and enforced policy statement.		
2. Existence of an effective management level risk management committee or position.		
3. Reporting/trending/analysis system in all high risk areas of the facility to generate data for use in quality assurance/risk management efforts.		
C. <u>NFPA Compliance</u>	5%	5%
Compliance with National Fire Protection Association Standards.		
D. <u>Continuing Education</u>	3%	3%
Existence of continuing education programs which include risk management topics for administrative, governing board and department heads.		
E. <u>Compliance</u>	3%	3%
Compliance with the Company's recommendations relating to critical findings other than the above.		
F. <u>Claims Experience</u>	25%	25%
Claims experience of the insured, if the Experience Rating plan is not utilized.		

GENERAL LIABILITY SCHEDULE RATING PLAN  
COMMUNITY BASED HOSPITAL PROGRAM

A general liability rate modification reflecting specified characteristics of the risk may be applied in accordance with the Schedule Rating Plan table below. The Maximum aggregate schedule credit or debit is limited to 75%.

<u>General Liability Criteria</u>	<u>Maximum Credit</u>	<u>Maximum Credit</u>
<u>Location:</u>		
(1) Exposure inside premises	10%	10%
(2) Exposure outside premises	10%	10%
Premises- Care and condition	20%	20%
Equipment- Type, condition and care	20%	20%
Classification peculiarities	20%	20%
<u>Employees- Selection, training, supervision And experience</u>	10%	10%
<u>Cooperation:</u>		
(1) Medical facilities	5%	5%
(2) Safety program	5%	5%

## SCHEDULE RATING TABLE – PROFESSIONAL LIABILITY

### Maximum Credit/Debit 25% Total STANDARD HOSPITAL PROGRAM

	<u>Maximum Credit%</u>	<u>Maximum Debit%</u>
<b>A. <u>Claims Experience</u></b> Claims experience of the insured, if the Experience Rating plan is not utilized.	25%	25%
<b>B. <u>Management</u></b>	15%	15%
1. Quality/Consistency/Stability		
2. Cooperation with insurer		
3. Safety/Loss Control/Equipment/Maintenance		
4. Security		
<b>C. <u>Risk Management Program</u></b>		
1. Administrative and Medical Staff commitment/involvement as exhibited by an established enforced policy statement.	15%	15%
2. The existence of an effective management level risk management committee or position.	5%	5%
3. Utilization of an occurrence/generic screening system in all high risk areas on the facility including surgical, anesthesia, obstetrical and emergency services. This system provides data utilized in the medical staff reappointment process, the quality assurance activities of the medical staff and risk management efforts.	10%	10%
4. Patient Advocate Policy: A mechanism exists for visitors, patients or their families to formally or informally communicate concerns regarding the institution (i.e., satisfaction surveys).	4%	4%
5. Continuing Education of Staff: Regular provision of in-service education programs for nursing and allied health professionals.	6%	6%
<b>D. <u>JCAHO or Equivalent Accreditation</u></b> Joint Commission on Accreditation of Hospitals (JCAHO) American Osteopathic Assn. (AOA) accreditation with no outstanding contingencies.	10%	10%
<b>E. <u>Compliance with Applicable Regulations</u></b>	5%	0%
1. OSHA regulations regarding employee exposure to blood-borne pathogens (e.g., Hepatitis B vaccination, protective barrier equipment).		
2. CLIA regulation for on-site laboratory testing.		
3. Federal regulations regarding mammography testing (including training and credentialing of technicians).		
<b>F. <u>Medical Professional Staffing</u> (including qualifications/continuing education)</b>	5%	5%
<b>G. <u>Other Staffing</u> (employee selection, training, supervision and experience)</b>	5%	5%

HOSPITAL PROFESSIONAL LIABILITY SCHEDULE RATING PLAN  
COMMUNITY BASED HOSPITAL PROGRAM

A rate modification reflecting specified characteristics of the risk may be applied in accordance with the Schedule Rating Plan table below. The maximum aggregate schedule credit or debit is limited to 75%.

<u>Hospital Professional Liability</u> <u>Criteria</u>	<u>Maximum</u> <u>Credit</u>	<u>Maximum</u> <u>Debit</u>
<u>Existence of an effective medical audit system that includes Surgical procedures and ties into the physician credentialing Process</u>	<u>20%</u>	<u>20%</u>
<u>Existence of an effective management-level patient safety Committee</u>	<u>10%</u>	<u>10%</u>
<u>Existence of an effective patient incident-reporting and Analysis system that includes all hospital and medical staff</u>	<u>10%</u>	<u>10%</u>
<u>Existence of effective continuing educational programs for:</u>		
<u>Nurses</u>	<u>5%</u>	<u>5%</u>
<u>Physicians</u>	<u>5%</u>	<u>5%</u>
<u>Accreditation by JCAHO or the American Osteopathic Association (or Certification by Medicare)</u>	<u>10%</u>	<u>10%</u>
<u>Compliance with National Fire Protection Association Standards</u>	<u>10%</u>	<u>10%</u>
<u>Effective preventive maintenance of professional and other Equipment</u>	<u>5%</u>	<u>5%</u>
<u>Compliance with insurance company loss prevention Recommendations, if any</u>	<u>20%</u>	<u>20%</u>

Limits Factor Table – Standard and Community Based Programs

Limit	Limits Factor
\$200,000/\$600,000	0.641
\$250,000/\$750,000	0.645
\$500,000/\$1,500,000	0.806
\$1,000,000/\$3,000,000	1.000

General Liability

Per Claim (000's)	Aggregate (000's)										
	75	150	200	300	600	900	1000	1500	2000	3000	5000
<u>25</u>	0.586	0.610	0.614	0.622	0.629	0.642	0.648	0.662	0.675	0.688	0.702
<u>50</u>		0.637	0.709	0.717	0.740	0.753	0.760	0.776	0.787	0.800	0.815
<u>75</u>		0.764	0.780	0.789	0.809	0.817	0.825	0.837	0.842	0.851	0.863
<u>100</u>			0.787	0.795	0.819	0.825	0.827	0.839	0.851	0.863	0.874
<u>200</u>			0.827	0.835	0.858	0.864	0.866	0.874	0.882	0.894	0.905
<u>300</u>				0.866	0.883	0.894	0.898	0.906	0.913	0.929	0.940
<u>500</u>					0.929	0.935	0.937	0.945	0.953	0.969	0.984
<u>1000</u>							0.959	0.976	0.984	1.000	1.016

Professional Liability

Per Claim (000's)	Aggregate (000's)											
	300	400	500	600	750	900	1000	1250	1500	2000	2500	3000
<u>100</u>	0.562	0.577	0.583	0.592	0.600	0.608	0.615	0.623	0.631	0.646	0.654	0.662
<u>200</u>		0.669	0.677	0.685	0.692	0.700	0.708	0.715	0.723	0.738	0.746	0.754
<u>250</u>			0.715	0.723	0.731	0.738	0.746	0.754	0.762	0.777	0.785	0.792
<u>300</u>				0.754	0.762	0.769	0.777	0.785	0.792	0.808	0.823	0.838
<u>500</u>							0.854	0.862	0.869	0.885	0.900	0.915
<u>1000</u>							0.931	0.946	0.954	0.969	0.985	1.000

Other Health Care Facility Professional Liability

Per Claim (000's)	Aggregate (000's)											
	300	400	500	600	750	900	1000	1250	1500	2000	2500	3000
<u>100</u>	0.541	0.557	0.562	0.572	0.578	0.584	0.589	0.595	0.605	0.622	0.638	0.649
<u>200</u>		0.642	0.659	0.665	0.676	0.68	0.686	0.692	0.703	0.714	0.730	0.741
<u>250</u>			0.692	0.697	0.708	0.714	0.719	0.724	0.735	0.751	0.762	0.773
<u>300</u>				0.719	0.730	0.741	0.751	0.758	0.773	0.784	0.795	0.805
<u>500</u>							0.832	0.838	0.849	0.865	0.876	0.892
<u>1000</u>							0.941	0.951	0.962	0.973	0.989	1.000

Hospital and Health Care Facilities  
 Deductible and SIR Credits<sup>2</sup> as a Percentage of \$1M/\$3M Rate  
 Standard Hospital Program

Deductible Amount		Deductible Applies to			
Per Occurrence	Annual Aggregate	Loss & ALAE		Loss Only	
		Small & Med.	Large	Small & Med.	Large
\$5,000	None	3.50%	3.50%	2.50%	2.50%
\$5,000	\$25,000	3.25%	2.25%	2.25%	2.00%
\$10,000	None	7.00%	7.00%	5.50%	5.50%
\$10,000	\$50,000	6.75%	5.50%	5.25%	4.25%
\$25,000	None	13.00%	13.00%	11.50%	11.50%
\$25,000	\$75,000	12.25%	7.00%	10.50%	6.50%
\$25,000	\$100,000	12.50%	9.00%	11.00%	8.00%
\$25,000	\$150,000	12.75%	9.50%	11.25%	8.50%
\$50,000	None	22.00%	22.00%	17.50%	17.50%
\$50,000	\$150,000	21.00%	12.25%	16.25%	11.50%
\$50,000	\$250,000	21.25%	16.50%	16.50%	13.50%
\$100,000	None	33.00%	33.00%	25.00%	25.00%
\$100,000	\$300,000	31.50%	21.00%	23.50%	20.00%
\$100,000	\$500,000	32.25%	26.00%	24.50%	24.25%
\$150,000	None	40.25%	40.25%	28.50%	28.50%
\$200,000	None	47.50%	47.50%	31.50%	31.50%
\$200,000	\$600,000	46.25%	42.00%	30.00%	27.50%
\$250,000	None	55.00%	55.00%	35.00%	35.00%
\$250,000	\$750,000	52.50%	49.00%	33.50%	30.50%
\$500,000	None	65.00%	65.00%	45.00%	45.00%
\$500,000	\$1,500,000	63.25%	60.00%	43.00%	40.50%

SIR Limit		SIR Applies to		
Per Occurrence	Annual Aggregate	Loss & ALAE	Loss & ALAE (Reduces S.I.R.)	Loss Only
\$250,000	None	55.00%	53.00%	41.00%
\$250,000	\$1,250,000	41.25%	40.00%	27.25%
\$500,000	None	65.00%	64.00%	49.00%
\$500,000	\$2,500,000	48.75%	47.00%	32.75%

\*Small to medium risks are defined as those with 500 or fewer occupied beds, and large risks are defined as those with more than 500 occupied beds.

\*Deductibles or SIR options not indicated above shall be interpolated.

\*Amount of the deductible credit may never exceed 80% of the annual aggregate, if any.

\*Credits applicable to Professional and General Liability/general liability coverages.

\*Deductibles mandated by the Company due to adverse experience or unusual exposures may result in the reduction or elimination of any credits.

Hospital and Health Care Facilities  
Deductible and SIR Credits as a Percentage of \$200K/\$600K Rate  
Community Based Hospital Program

The base rates contemplate no deductible on the policy. Deductible credits listed below are based on \$200,000/\$600,000 limits for Hospital Professional Liability.

**PROFESSIONAL LIABILITY**

<u>Per Occurrence</u>	<u>Per Credit %**</u>
5,000	5.0%
10,000	9.0%
25,000	17.5%
50,000	27.0%
100,000	39.0%

\* % of \$200,000/\$600,000 HPL Premium

Note: If a mandatory deductible is imposed, the deductible credit will not apply.

Deductible credits listed below are for General Liability.

**GENERAL LIABILITY**

<u>Per Occurrence</u>	<u>Per Credit % **</u>
1,000	8.4%
2,000	12.7%
3,000	15.4%
5,000	19.2%
10,000	21.9%
25,000	28.1%

\*\* % of \$1,000,000 GL Premium

Note: For deductibles not shown, refer to company.

Pollution Liability  
Guide (a) Rates  
Standard Hospital Program

Group Class Codes
A - Hospitals
B - Clinic
C - Laboratories
D - Nursing Homes
E - All Other "Rateable Sites"

Rate Table 1  
Claims-Made Base Rates  
Pollution Liability Classification Code 90100

Claims-Made Year	Group Class	Limits of Liability: (\$2,500 Deductible)			
		25,000/1M 1M/1M 100,000	<del>100K/100K</del> 1 million/ 100,000	100,000/ 1 million	500,000/1M 1 million
2 or More	A	5,000\$1,125	<del>6,145\$1,450</del>	10,110\$2,275	10,995\$2,475
2 or More	B	4,375\$985	<del>5,640\$1,270</del>	8,845\$1,990	9,620\$2,165
2 or More	C	2,500\$565	<del>3,225\$725</del>	5,055\$1,140	5,500\$1,240
2 or More	D	4,500\$1,015	<del>5,800\$1,305</del>	9,100\$2,050	9,895\$2,230
2 or More	E	2,500\$565	<del>3,225\$725</del>	5,055\$1,140	5,500\$1,240

- ◆ See Limited Pollution Liability Endorsement, MA/PRA-HF-460.
- ◆ "Rateable Sites" means other sites which have minimum pollution exposure.
- ◆ Rates apply separately to each risk location of an exposure group.
- ◆ Refer to the General Liability Increased Limits tables to compute other desired limits.
- ◆ Pollution Liability coverage ~~limits~~ shall not exceed \$1,000,000/\$1,000,000 limits.
- ◆ ~~PNPRA Casualty's~~ total liability for all damages (including damages for care and loss of service) because of all bodily injury and property damage, for all clean-up costs and for all other costs, expenses, charges, legal expenses and legal fees to which this endorsement applies shall not exceed the limit of liability stated in the Schedule as the "aggregate".
- ◆ With respect to coverage under Coverage P only, regardless of the number of (1) insureds under this policy, (2) claims-made, (3) persons or organizations who sustain bodily injury, property damage or environmental damage to which this endorsement applies or (4) governmental actions taken or consents granted by ~~PNPRA Casualty~~ with respect to clean-up costs, ~~PNPRA Casualty's~~ liability is limited as follows:
  - ~~PNPRA Casualty's~~ total liability for all damages (including damages for care and loss of service) because of all bodily injury and property damage, for all clean-up costs and for all other costs, expenses, charges, legal expenses and legal fees to which this endorsement applies shall not exceed the limit of liability stated in the Schedule as the "aggregate".
  - Subject to the above provisions with respect to the "aggregate", ~~PNPRA Casualty's~~ total liability for all damages because of bodily injury and property damage sustained by one or more persons as a result of any one pollution incident, for all related clean-up costs and for all other related costs, expenses, charges, legal expenses and legal fees to which this endorsement applies shall not exceed the limit of liability stated in the Schedule as applicable to "each pollution incident".
- ◆ Pollution Liability minimum premium - \$1,500.
- ◆ Extended Reporting Endorsement will extend the reporting period for one year from the date of the endorsement effective date. The extended reporting charge will be 150% of the current annual premium.

Pollution Liability  
Guide (a) Rates

Rate Table 2  
Analysis of Underground Storage Tanks: Flat Rates

Age of Tank	0 - 5	6 - 10	11 - 14	15 or More
Tank in Vault	9,885\$2,225	14,330\$2,550	12,885\$2,900	14,885\$3,350
Double Wall Tank	10,380\$2,335	14,895\$2,680	13,530\$3,045	15,630\$3,520
Fiberglass Steel Coats	10,875\$2,450	12,465\$2,805	14,175\$3,190	16,375\$3,685
Cathodically Protected Steel	10,875\$2,450	12,465\$2,805	14,175\$3,190	16,375\$3,685
Fiberglass	13,345\$3,005	15,205\$3,445	17,395\$3,915	20,095\$4,525
Fiberglass Lined Steel Tank	11,370\$2,560	13,400\$2,935	14,820\$3,335	17,120\$3,850
Unprotected	Not Insurable			

Credits may be given for those with one of the following leak detection systems: (See Schedule Rating Plan)

- A. Automatic Tank Gauging
- B. Vapor Monitoring Systems (Alarm)
- C. Interstitial Monitoring (Liquid/Vapor Monitoring within the wall of the tank - Alarm)
- D. Ground Water Monitoring

Rate Table 3  
Infectious Waste Incinerators: Flat Rates  
(Charge is per incinerator if more than one)

Pounds Per Day	Flat Rate
0 - 100 Lbs.	5,000\$1,125
101 - 250 Lbs.	5,750\$1,295
251 - 400 Lbs.	6,500\$1,465
401 - 600 Lbs.	7,250\$1,630
601 - 850 Lbs.	8,000\$1,800
851 - 1,000 Lbs.	8,750\$1,970
1,001 - 1,250 Lbs.	9,500\$2,140
1,251 - 1,500 Lbs.	10,250\$2,305
1,501 - 1,750 Lbs.	11,000\$2,475
1,751 - 2,000 Lbs.	11,750\$2,645
More than 1 Ton	15,000\$3,375

Rate Table 4  
Claims-Made Factors

Year	Factor
2 or More	1.00
1	.50

Pollution Liability  
Community Based Hospital Program

<u>Group Class Codes</u>
A - Hospitals
B - Clinic
C - Laboratories
D - Nursing Homes
E - All Other "Rateable Sites"

Claims-Made Base Rates  
Pollution Liability Classification Code 90100

Provides defense and payment for compensatory damages because of bodily injury or contamination damage. The bodily injury or contamination damage must be caused by a pollution incident from an insured site or waste facility, commencing on or after the General Liability retroactive date. The endorsement has a standard \$250,000 limit (per claim and annual aggregate), with a \$2,500 deductible.

- ◆ See Limited Pollution Liability Endorsement, PRA-HF-460.05.07.
- ◆ Pollution Liability coverage shall not exceed \$250,000/\$250,000 limits.
- ◆ The Company's total liability for all damages (including damages for care and loss of service) because of all bodily injury and property damage, for all clean-up costs and for all other costs, expenses, charges, legal expenses and legal fees to which this endorsement applies shall not exceed \$250,000.
- ◆ With respect to coverage under Coverage P only, regardless of the number of (1) insureds under this policy, (2) claims-made, (3) persons or organizations who sustain bodily injury, property damage or environmental damage to which this endorsement applies or (4) governmental actions taken or consents granted by the Company with respect to clean-up costs, the Company's liability is limited as follows:
  - The Company's total liability for all damages (including damages for care and loss of service) because of all bodily injury and property damage, for all clean-up costs and for all other costs, expenses, charges, legal expenses and legal fees to which this endorsement applies shall not exceed an aggregate limit of liability of \$250,000.
  - Subject to the above provisions with respect to the "aggregate", the Company's total liability for all damages because of bodily injury and property damage sustained by one or more persons as a result of any one pollution incident, for all related clean-up costs and for all other related costs, expenses, charges, legal expenses and legal fees to which this endorsement applies shall not exceed the "each pollution incident" limit of liability of \$250,000.
- ◆ Extended Reporting Endorsement coverage will not apply for Pollution Liability coverage.

## PREMIUM PAYMENTS

1. Annual Payment Plan – The premium must be paid in full prior to the inception date of the policy.
2. Semi Annual Plan – 60% down and 40% due in six months. No interest or installment charges.
3. Quarterly Installment Option One – (40/20/20/20)
  - a. A minimum initial deposit required, which shall be 40 percent of the estimated total premium due at policy inception;
  - b. The remaining premium spread equally among the second, third and fourth installments at 20 percent of the estimated total premium, and due 3, 6 and 9 months from policy inception, respectively;
  - c. No interest or installment charges;
  - d. Additional premium resulting from charges to the policy shall be spread equally over the remaining installments, if any. If there are no remaining installments, additional premium resulting from charges to the policy shall be billed immediately as a separate transaction; and
  - e. The installment plan will be limited to insureds whose premium exceeds \$500.00 per year.
4. Quarterly Installment Option Two – (35/25/25/15)
  - a. A minimum initial deposit required, which shall be 35 percent of the estimated total premium due at policy inception;
  - b. The remaining premium will be 25 percent for the second and third installments and 15 percent for the fourth installment, and due 3, 6 and 9 months from policy inception, respectively;
  - c. No interest or installment charges;
  - d. Additional premium resulting from charges to the policy shall be spread equally over the remaining installments, if any. If there are no remaining installments, additional premium resulting from charges to the policy shall be billed immediately as a separate transaction; and
  - e. The installment plan will be limited to insureds whose premium exceeds \$500.00 per year.
5. Nine Payment Plan – 20% down and eight consecutive monthly installments of 10% each. This plan requires that the policyholder participate in the Electronic Payment Plan in which premiums are automatically deducted from the policyholder's bank account. No interest or installment charges.

**Neuman, Gayle**

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**From:** Goodwin, LaQuita [LGoodwin@proassurance.com]  
**Sent:** Wednesday, March 10, 2010 10:59 AM  
**To:** Neuman, Gayle  
**Subject:** RE: ProAssurance Casualty Company - Filing #HPL/CBH/0410

I apologize Gayle. Due to the addition of the CBH program, it's taking more time that I realized. I'm shooting for the end of the day, no later than tomorrow. Thanks for the reminder.

---

**From:** Neuman, Gayle [mailto:Gayle.Neuman@illinois.gov]  
**Sent:** Wednesday, March 10, 2010 10:51 AM  
**To:** Goodwin, LaQuita  
**Subject:** FW: ProAssurance Casualty Company - Filing #HPL/CBH/0410

Ms. Goodwin,

I have not received a response or a request for an extension. Please advise.

*Gayle Neuman*

Illinois Department of Insurance  
(217)524-6497

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**From:** Neuman, Gayle  
**Sent:** Friday, February 26, 2010 9:40 AM  
**To:** 'Goodwin, LaQuita'  
**Subject:** ProAssurance Casualty Company - Filing #HPL/CBH/0410

Ms. Goodwin,

I am in receipt of the above referenced filing submitted by your letter dated February 22, 2010.

Pursuant to 50 Ill. Adm. Code 929, identification of all changes in all superseding filings, as well as identification of all superseded filings is required. Additionally, we require you certify that nothing else has changed from what was previously filed except for the changes brought to our attention in this filing.

I request receipt of your response by March 8, 2010.

*Gayle Neuman*

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

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

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

3/10/2010

 Right-click here to download pictures. To help protect your privacy, Outlook prevented automatic download of this picture from the Internet.

[www.proassurance.com](http://www.proassurance.com)

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Contact Person:  
 Gayle Neuman  
 217-524-6497  
 Gayle.Neuman@illinois.gov

Illinois Division of Insurance  
 Review Requirements Checklist

320 West Washington Street  
 Springfield, IL 62767-0001

Effective as of 8/25/06

<u>Line(s) of Business</u>	<u>Code(s)</u>	
<input checked="" type="checkbox"/> <u>MEDICAL MALPRACTICE</u>	11.0000	***This checklist is for rate/rule filings only.
<input checked="" type="checkbox"/> Claims Made	11.10000	
<input type="checkbox"/> Occurrence	11.2000	See separate form checklist.

<u>Line(s) of Insurance</u>	<u>Code(s)</u>	<u>Line(s) of Insurance</u>	<u>Code(s)</u>	<u>Line(s) of Insurance</u>	<u>Code(s)</u>
<input type="checkbox"/> Acupuncture	11.0001	<input checked="" type="checkbox"/> Hospitals	11.0009	<input type="checkbox"/> Optometry	11.0019
<input type="checkbox"/> Ambulance Services	11.0002	<input type="checkbox"/> Professional Nurses	11.0032	<input type="checkbox"/> Osteopathy	11.0020
<input type="checkbox"/> Anesthetist	11.0031	<input type="checkbox"/> Nurse – Anesthetists	11.0010	<input type="checkbox"/> Pharmacy	11.0021
<input type="checkbox"/> Assisted Living Facility	11.0033	<input type="checkbox"/> Nurse – Lic. Practical	11.0011	<input type="checkbox"/> Physical Therapy	11.0022
<input type="checkbox"/> Chiropractic	11.0003	<input type="checkbox"/> Nurse – Midwife	11.0012	<input type="checkbox"/> Physicians & Surgeons	11.0023
<input type="checkbox"/> Community Health Center	11.0004	<input type="checkbox"/> Nurse – Practitioners	11.0013	<input type="checkbox"/> Physicians Assistants	11.0024
<input type="checkbox"/> Dental Hygienists	11.0005	<input type="checkbox"/> Nurse – Private Duty	11.0014	<input type="checkbox"/> Podiatry	11.0025
<input type="checkbox"/> Dentists	11.0030	<input type="checkbox"/> Nurse – Registered	11.0015	<input type="checkbox"/> Psychiatry	11.0026
<input type="checkbox"/> Dentists – General Practice	11.0006	<input type="checkbox"/> Nursing Homes	11.0016	<input type="checkbox"/> Psychology	11.0027
<input type="checkbox"/> Dentists – Oral Surgeon	11.0007	<input type="checkbox"/> Occupational Therapy	11.0017	<input type="checkbox"/> Speech Pathology	11.0028
<input type="checkbox"/> Home Care Service Agencies	11.0008	<input type="checkbox"/> Ophthalmic Dispensing	11.0018	<input type="checkbox"/> Other	11.0029

<b>Illinois Insurance Code Link</b>	<a href="#">Illinois Compiled Statutes Online</a>	
<b>Illinois Administrative Code Link</b>	<a href="#">Administrative Regulations Online</a>	
<b>Product Coding Matrix Link</b>	<a href="#">Product Coding Matrix</a>	
<b>NAIC Uniform Transmittal Form</b>	<a href="#">50 IL Adm. Code 929</a> <a href="#">NAIC Uniform Transmittal Form</a>	If insurers wish to use the NAIC Uniform Transmittal form in lieu of a cover letter/explanatory memorandum, the Division will accept such form, as long as all information required in the "Cover Letter & Explanatory Memorandum" section below are properly included.
<b>NAIC Self-Certification Pilot Program</b>	<a href="#">Newsletter Article regarding Division's Participation</a> <a href="#">Self-Certification form</a>	If an authorized company officer completes the Self-Certification form, and submits such form as the 1 <sup>st</sup> page of the filing, the Division will expedite review of the filing ahead of all other filings received to date. The Division will track company compliance with the laws, regulations, bulletins, and this checklist and report such information to the NAIC.
<b>Location of Standard within Filing Column</b>	See checklist format below.	To expedite review of your filing, use this column to indicate location of the standard within the filing (e.g. page #, section title, etc.)
<b>Description of Review Standards Requirements Column</b>	See checklist format below.	These brief summaries do not include all requirements of all laws, regulations, bulletins, or requirements, so review actual law, regulation, bulletin, or requirement for details to ensure that forms are fully compliant before filing with the Division of Insurance.

FILING REQUIREMENTS FOR FORM FILINGS	REFERENCE	DESCRIPTION OF REVIEW STANDARD REQUIREMENT	LOCATION OF STANDARD WITHIN FILING
See separate form filing checklist.		<p>To assist insurers in submitting compliant medical liability rate/rule filings as a result of newly-passed PA94-677 (SB475), the Division has created this separate, comprehensive rate/rule filing checklist for medical liability filings.</p> <p>Please see the separate form filing checklist for requirements related to medical liability forms.</p>	No forms being submitted for review or approval in this filing submission
<b>GENERAL FILING REQUIREMENTS FOR ALL RATE/RULE FILINGS</b>			
<b>LINE OF AUTHORITY</b>			
Must have proper Class and Clause authority to conduct this line of business in Illinois.	<p><u>215 ILCS 5/4</u></p> <p><u>List of Classes/Clauses</u></p>	<p>To write Medical Liability insurance in Illinois, companies must be licensed to write:</p> <p>1. Class 2, Clause (c)</p>	Acknowledged
<b>RATES AND RULES REQUIRED TO BE FILED</b>			
<b>Rates/Rules Must be Filed Separately from Forms</b>			
Insurers shall make separate filings for rate/rules and for forms/endorsements, etc.		<p>The laws and regulations for medical liability forms/endorsements and the laws for medical liability rates/rules are different and each must be reviewed according to its own set of laws/regulations/procedures. Therefore, insurers are required to file forms and rates/rules separately.</p> <p>For requirements regarding form filings, see separate form filing checklist.</p>	Acknowledged
<b>New Insurers</b>			
New insurers must file their rates, rules, plans for gathering statistics, etc. upon commencement of business.	<p><u>215 ILCS 5/155.18</u></p> <p><u>50 IL Adm. Code 929</u></p>	<p>"New Insurers" are insurers who are:</p> <ul style="list-style-type: none"> <li>• New to Illinois.</li> <li>• New writers of medical liability insurance in Illinois.</li> <li>• Writing a new Line of Insurance listed on Page 1 of this checklist,</li> </ul> <p>New insurers must file the following:</p> <p>a) Medical liability insurance rate manual, including</p>	N/A

		<p>all rates.</p> <p>b) Rules, including underwriting rule manuals which contain rules for applying rates or rating plans,</p> <p>c) Classifications and other such schedules used in writing medical liability insurance.</p> <p>d) Statement regarding whether the insurer:</p> <ul style="list-style-type: none"> <li>• Has its own plan for the gathering of medical liability statistics; or</li> <li>• Reports its medical liability statistics to a statistical agent (and if so, which agent).</li> </ul> <p>The Director, at any time, may request a copy of the insurer's statistical plan or request the insurer to provide written verification of membership and reporting status from the insurer's reported statistical agency.</p> <p>Insurers are instructed to review all requirements in this checklist, including the requirements for applicable actuarial documentation, as well as all medical liability laws and regulations, to ensure that the filing contains all essential elements before submitting the filing to the Division.</p>	
<p><b>Amendments to Initial Rate/Rule Filings</b></p>			
<p>After a new insurer has filed the rates/rules/information described above, insurers must file rates/rules, or advise of changes to statistical plans, as often as they are amended.</p>	<p><u>215 ILCS 5/155.18</u></p> <p><u>50 IL Adm. Code 929</u></p>	<p>After a new insurer has filed the rates/rules/information described above, insurers must file rates/rules/rating schedules (as described above for new business) as often as such filings are changed or amended, or when any new rates or rules are added.</p> <p>Any change in premium to the company's insureds as a result of a change in the company's base rates or a change in its increased limits factors shall constitute a change in rates and shall require a filing with the Director.</p> <p>Insurers shall also advise the Director if its plans for the gathering of statistics has changed, or if the insurer has changed statistical agents.</p> <p>The Director, at any time, may request a copy of the insurer's statistical plan or request the insurer to provide written verification of membership and reporting status from the insurer's reported statistical agency.</p> <p>Insurers are instructed to review all requirements in this checklist, including the requirements for applicable actuarial documentation, as well as all medical liability laws and regulations, to ensure that the filing contains all essential elements before submitting the filing to the Division.</p>	<p>Not a new insurer</p> <p>The company uses ISO to gather statistics.</p> <p>Acknowledged</p>
<p><b>EFFECTIVE DATES OF</b></p>			

<b>RATE/RULE FILINGS</b>			
Illinois is "file and use" for medical liability rates and rules.	<u>215 ILCS 5/155.18</u>  <u>50 IL Adm. Code 929</u>	A rate/rating plan/rule filing shall go into effect no earlier than the date the filing is received by the Division of Insurance, Property & Casualty Compliance Section, except as otherwise provided in Section 155.18.	Effective 4/1/2010
<b>ADOPTIONS OF ADVISORY ORGANIZATION FILINGS</b>			
Insurer must file all rates and rules on its own behalf.	<u>50 IL Adm. Code 929</u>	Although Rule 929 allows for insurers to adopt advisory organization rule filings, advisory organizations no longer file rules in Illinois.	N/A
<b>COPIES, RETURN ENVELOPES, ETC.</b>			
Requirement for duplicate copies and return envelope with adequate postage.	<u>50 IL Adm. Code 929</u>	Insurers that desire a stamped returned copy of the filing or submission letter must submit a duplicate copy of the filing/letter, along with a return envelope large enough and containing enough postage to accommodate the return filing.	Included
<b>COVER LETTER &amp; EXPLANATORY MEMORANDUM</b>			
<p>Two copies of a submission letter are required, and the submission letter must contain the information specified.</p> <p>"Me too" filings are not allowed.</p> <p>Use of NAIC Uniform Transmittal form is acceptable as long as all required information is included.</p>	<u>215 ILCS 5/155.18</u>  <u>50 IL Adm. Code 929</u>  <u>Company Bulletin 88-53</u>  <u>Actuarial Certification Form</u>  <u>NAIC Uniform Transmittal Form</u>	<p>All filings must be accompanied by a submission letter which includes <u>all</u> of the following information:</p> <ol style="list-style-type: none"> <li>1) Exact name of the company making the filing.</li> <li>2) Federal Employer Identification Number (FEIN) of the company making the filing.</li> <li>3) Unique filing identification number – may be alpha, numeric, or both. Each filing number must be unique within a company and may not be repeated on subsequent filings. If filing subsequent revisions to a pending filing, use the same filing number as the pending filing or the revision(s) will be considered a new filing.</li> <li>4) Identification of the classes of medical liability insurance to which the filing applies (for identifying classes, refer to Lines of Insurance shown on Page 1 of this checklist, in compliance with the NAIC Product Coding Matrix).</li> <li>5) Notification of whether the filing is new or supersedes a present filing. If filing supersedes a present filing, insurer must identify <u>all</u> changes in superseding filings, <u>and all</u> superseded filings, including the following information: <ul style="list-style-type: none"> <li>• Copy of the complete rate/rule manual section(s) being changed by the filing with all changes clearly highlighted or otherwise identified.</li> <li>• Written statement that all changes made to the superseded filing have been disclosed.</li> <li>• List of all pages that are being completely</li> </ul> </li> </ol>	<p>Acknowledged</p> <p>See Cover Letter</p> <p>Supersedes filing # File # HPL031204-R effective 5/1/04</p> <p>See enclosed manual with marked revisions</p>

		<p>superseded or replaced with new pages.</p> <ul style="list-style-type: none"> <li>List of pages that are being withdrawn and not being replaced.</li> <li>List of new pages that are being added to the superseded filing.</li> <li>Copies of all manual pages that are affected by the new filing, including but not limited to subsequent pages that are amended solely by receiving new page numbers.</li> </ul> <p>6) Effective date of use.</p> <p>7) Actuarial certification (see Actuarial Certification section below). Insurers may use their own form or may use the sample form developed by the Division.</p> <p>8) Statement that the insurer, in offering, administering, or applying the filed rate/rule manual and/or any amended provisions, does not unfairly discriminate.</p> <p>Companies under the same ownership or general management are required to make <u>separate, individual company filings</u>. Company Group ("Me too") filings are unacceptable.</p> <p>If insurers wish to use the NAIC Uniform Transmittal form in lieu of a cover letter/explanatory memorandum, the Division will accept such form, as long as all information required in this section is properly included.</p>	<p>Effective 4/1/2010</p> <p>Enclosed</p> <p>See Cover Letter</p> <p>N/A</p> <p>N/A</p>
<b>FORM RF-3 Summary Sheet</b>			
For any rate change, duplicate copies of Form RF-3 must be filed, no later than the effective date.	<p><u>50 IL Adm. Code 929</u></p> <p><u>Form RF-3 Summary Sheet</u></p>	<p>For any rate level change, insurers must file two copies of Form RF-3 (Summary Sheet) which provides information on changes in rate level based on the company's premium volume, rating system, and distribution of business with respect to the classes of medical liability insurance to which the rate revision applies. Such forms must be received by the Division's Property &amp; Casualty Compliance Section no later than the stated effective date of use.</p> <p>Insurers must report the rate change level and premium volume amounts on the "Other" Line and insert the words "Medical Liability" on the "Other" descriptive line. Do not list the information on the "Other Liability" line.</p> <p>If the Medical Liability premium is combined with any other Lines of Business (e.g. CGL, commercial property, etc.), the insurer must report the effect of rate changes to each line separately on the RF-3, indicating the premium written and percent of rate change for each line of business.</p> <p>The RF-3 form must indicate whether the information is "exact" or "estimated."</p>	Included
<b>PAYMENT PLANS</b>			

<p>Quarterly premium payment installment plan required as prescribed by the Director.</p>	<p><u>215 ILCS 5/155.18</u></p>	<p>A company writing medical liability insurance in Illinois shall offer to each of its medical liability insureds the option to make premium payments in quarterly installments as prescribed by and filed with the Director. Such option must be offered in the initial offer of the policy or in the first policy renewal occurring after January 1, 2006. Thereafter, the insurer need not offer the option, but if the insured requests it, must make it available. Such plans are subject to the following minimum requirements:</p> <ul style="list-style-type: none"> <li>• May not require more than 40% of the estimated total premium to be paid as the initial payment;</li> <li>• Must spread the remaining premium equally among the 2<sup>nd</sup>, 3<sup>rd</sup>, and 4<sup>th</sup> installments, with the maximum set at 30% of the estimated total premium, and due 3, 6, and 9 months from policy inception, respectively;</li> <li>• May not apply interest charges;</li> <li>• May include an installment charge or fee of no more than the lesser of 1% of the total premium or \$25;</li> <li>• Must spread any additional premium resulting from changes to the policy equally over the remaining installments, if any. If there are no remaining installments, the additional premium may be billed immediately as a separate transaction; and</li> <li>• May, but is not required to offer payment plan for extensions of a reporting period, or to insureds whose annual premiums are less than \$500. However, if offered to either, the plan must be made available to all within that group.</li> </ul>	
<b>DEDUCTIBLES</b>			
<p>Deductible plans should be filed if offered.</p>	<p><u>215 ILCS 5/155.18</u></p>	<p>A company writing medical liability insurance in Illinois is encouraged, but not required, to offer the opportunity for participation in a plan offering deductibles to its medical liability insureds. Any such plan shall be contained in a filed rate/rule manual section entitled "Deductibles Offered" or substantially similar title. If an insurer uses a substantially similar title, the Rate/Rule Submission Letter or NAIC Uniform Transmittal form must indicate the name of the section that applies.</p>	<p>Page 10</p>
<b>DISCOUNTS</b>			

<p>Premium discount for risk management activities should be filed if offered.</p>	<p><u>215 ILCS 5/155.18</u></p>	<p>A company writing medical liability insurance in Illinois is encouraged, but not required, to offer their medical liability insureds a plan providing premium discounts for participation in risk management activities. Any such plan shall be contained in a filed rate/rule manual section entitled "Risk Management Activities Discounts" or substantially similar title. If an insurer uses a substantially similar title, the Rate/Rule Submission Letter or NAIC Uniform Transmittal form must indicate the name of the section that applies.</p>	<p>Page 7 and 8</p>
<p><b>CLAIMS MADE REQUIREMENTS</b></p>			
<p>Extended reporting period (tail coverage) requirements.</p>	<p><u>215 ILCS 5/143(2)</u>  <u>Company Bulletin 88-50</u></p>	<p>When issuing claims-made medical liability insurance policies, insurers must include the following specific information in their rate/rule manuals:</p> <ul style="list-style-type: none"> <li>• Offer of an extended reporting period (tail coverage) of <u>at least 12 months</u>. The rate/rule manual must <u>specify</u> whether the extended reporting period is unlimited or indicate its term (i.e. number of years).***</li> <li>• Cost of the extended reporting period, which <u>must</u> be priced as a factor of one of the following:*** <ul style="list-style-type: none"> <li>○ the last 12 months' premium.</li> <li>○ the premium in effect at policy issuance.</li> <li>○ the expiring annual premium.</li> </ul> </li> <li>• List of any credits, discounts, etc. that will be added or removed when determining the final extended reporting period premium.</li> <li>• Insurer will inform the insured of the extended reporting period premium at the time the last policy is purchased. The insurer may not wait until the insured requests to purchase the extended reporting period coverage to tell the insured what the premium will be or how the premium would be calculated.</li> <li>• Insurer will offer the extended reporting period when the policy is terminated for any reason, including non-payment of premium, and whether the policy is terminated at the company's or insured's request.</li> <li>• Insurer will allow the insured 30 days after the policy is terminated to purchase the extended reporting period coverage.***</li> <li>• Insurer will trigger the claims made coverage when notice of claim is received and recorded by the insured or company, whichever comes first.</li> </ul>	<p>PRA-HCP-629 that was approved by Illinois Department of Insurance under SERFF Filing Number PCWA-126039333 (copy attached)</p>

		<p>***If the medical liability coverage is combined with other professional or general liability coverages, the medical liability insurer must meet all of the above requirements, except those indicated with ***, in which case, the insurer must:</p> <ul style="list-style-type: none"> <li>• Offer free 5-year extended reporting period (tail coverage) or</li> <li>• Offer an unlimited extended reporting period with the limits reinstated (100% of aggregate expiring limits for the duration)</li> <li>• Cap the premium at 200% of the annual premium of the expiring policy; and</li> <li>• Give the insured a free-60 day period after the end of the policy to request the coverage.</li> </ul>	
<b>GROUP MEDICAL LIABILITY</b>			
Group medical liability insurance is not specifically allowed under the Illinois Insurance Code.	<u>50 IL Adm. Code 906</u>	Part 906 of the Illinois Administrative Code prohibits writing of group casualty (liability) insurance unless specifically authorized by statute. The Illinois Insurance Code does not specifically authorize the writing of group medical liability insurance.	N/A
<b>CANCELLATION &amp; NONRENEWAL PROVISION REQUIREMENTS</b>			
If rate/rule manuals contain language pertaining to cancellation or nonrenewal, must comply with all cancellation/nonrenewal laws.	See Medical Liability Forms Checklist for Specific Information about Illinois Cancellation & Nonrenewal Laws and Regulations,	If a rate or rule manual contains language pertaining to cancellation or nonrenewal of any medical liability insurance coverage, such provisions must comply with all cancellation and nonrenewal provisions of the Illinois Insurance Code, including but not limited to the following: 143.10, 143.16, 143.16a, 143.17a. See Medical Liability Forms Checklist for Specific Information about Illinois Cancellation & Nonrenewal Laws and Regulations,	PRA-HCP-629 that was approved by Illinois Department of Insurance under SERFF Filing Number PCWA-126039333 (copy attached)
<b>ACTUARIAL REVIEW REQUIREMENTS</b>			
Rates shall not be excessive, inadequate, or unfairly discriminatory.	<u>215 ILCS 5/155.18</u>	<p>In the making or use of rates pertaining to all classes of medical liability insurance, rates shall not be excessive, or inadequate, nor shall they be unfairly discriminatory.</p> <p>Rate and rule manual provisions should be defined and explained in a manner that allows the Division to ascertain whether the provision could be applied in an unfairly discriminatory manner. For example, if a rate/rule manual contains ranges of premiums or discounts, the provision must specify the criteria to determine the specific premium/discount an insured or applicant would receive.</p> <p>The Director may, by order, adjust a rate or take any other appropriate action at the conclusion of a public hearing.</p>	See Filing Memorandum and its Exhibits
<b>PRICING</b>			

Insurers shall consider certain information when developing medical liability rates.	<u>215 ILCS 5/155.18</u>	<p>Consideration shall be given, to the extent applicable, to past and prospective loss experience within and outside this State, to a reasonable margin for underwriting profit and contingencies, to past and prospective expenses both countrywide and those especially applicable to Illinois, and to all other factors, including judgment factors, deemed relevant within and outside Illinois.</p> <p>Consideration may also be given in the making and use of rates to dividends, savings or unabsorbed premium deposits allowed or returned by companies to their policyholders, members or subscribers.</p> <p>The systems of expense provisions included in the rates for use by any company or group of companies may differ from those of other companies or groups of companies to reflect the operating methods of any such company or group with respect to any kind of insurance, or with respect to any subdivision or combination thereof.</p>	See enclosed rate analysis
<b>Minimum Premium Rules</b>			
Insurers may group or classify risks for establishing rates and minimum premiums.	<u>215 ILCS 5/155.18</u>	Risks may be grouped by classifications for the establishment of rates and minimum premiums.	Pages 24-39 and Exhibit 12
<b>"A" RATED RISKS</b>			
<b>Individual Risk Rating</b>			
Risks may be rated on an individual basis as long as all provisions required in Section 155.18 are met.	<u>215 ILCS 5/155.18</u>	Classification rates may be modified 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 classifications or 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. The rate for an established classification should be related generally to the anticipated loss and expense factors or the class.	Page 6
<b>RISK CLASSIFICATION</b>			
Risks may be grouped by classifications.	<u>215 ILCS 5/155.18</u>	Risks may be grouped by classifications for the establishment of rates and minimum premiums.	Acknowledged
Rating decisions based solely on domestic violence.	<u>215 ILCS 5/155.22b</u>	No insurer may that issues a property and casualty policy may use the fact that an applicant or insured incurred bodily injury as a result of a battery committed against him/her by a spouse or person in the same household as a sole reason for a rating decision.	N/A
Unfair methods of	<u>215 ILCS 5/424(3)</u>	It is an unfair method of competition or unfair and	

competition or unfair or deceptive acts or practices defined.		deceptive act or practice if a company makes or permits any unfair discrimination between individuals or risks of the same class or of essentially the same hazard and expense element because of the race, color, religion, or national origin of such insurance risks or applicants.	Acknowledged
Procedure as to unfair methods of competition or unfair or deceptive acts or practices not defined.	<u>215 ILCS 5/429</u>	Outlines the procedures the Director follows when he has reason to believe that a company is engaging in unfair methods of competition or unfair or deceptive acts or practices.	Acknowledged
<b>Territorial Definitions</b>			
Rate/rule manuals must contain correct and adequate definitions of Illinois territories.	<u>215 ILCS 5/155.18</u>	When an insurer's rate/rule program includes differing territories within the State of Illinois, rate/rule manuals must contain correct and adequate definitions of those territories, and that all references to the territories or definitions are accurate, so the Division does not need to request additional information.	Pages 24-39
<b>ACTUARIAL SUPPORT INFORMATION REQUIRED</b>			
<b>ACTUARIAL CERTIFICATION</b>			
Actuarial certification must accompany all rate filings and all rule filings that affect rates.	<u>215 ILCS 5/155.18</u> <u>50 IL Adm. Code 929</u> <u>Actuarial Certification Form</u>	Every rate and/or rating rule filing must include a certification by an officer of the company <u>and</u> a qualified actuary that the company's rates and/or rules are based on sound actuarial principles and are not inconsistent with the company's experience.  Insurers may use their own form or may use the sample form created by the Division.	Included
<b>ACTUARIAL OR STATISTICAL INFORMATION</b>			
Director may request actuarial and statistical information.	<u>215 ILCS 5/155.18</u> <u>50 IL Adm. Code 929</u>	The Director may require the filing of statistical data and any other pertinent information necessary to determine the manner of promulgation and the acceptability or unacceptability of a filing for rules, minimum premiums, rates, forms or any combination thereof.  If the Director requests information or statistical data to determine the manner the insurer used to set the filed rates and/or to determine the reasonableness of those rates, as well as the manner of promulgation and the acceptability or unacceptability of a filing for rules, minimum premiums, or any combination thereof, the insurer shall provide such data or information within 14 calendar days of the Director's request.	Acknowledged
<b>Explanatory</b>			

<b>Memorandum</b>			
Insurers shall include actuarial explanatory memorandum with any rate filing, as well as any rule filing that affects the ultimate premium.	<u>215 ILCS 5/155.18</u> <u>50 IL Adm. Code 929</u>	Insurers shall include actuarial explanatory memorandum with any rate filing, as well as any rule filing that affects the ultimate premium. The explanatory memorandum shall contain, at minimum, the following information: <ul style="list-style-type: none"> <li>• Explanation of ratemaking methodologies.</li> <li>• Explanations of specific changes included in the filing.</li> <li>• Narrative that will assist in understanding the filing.</li> </ul>	Included
<b>Summary of Effects Exhibit</b>			
Insurers shall include an exhibit illustrating the effect of each change and calculation indicating how the final effect was derived.	<u>215 ILCS 5/155.18</u> <u>50 IL Adm. Code 929</u>	Insurers shall include an exhibit illustrating the effect of each individual change being made in the filing (e.g. territorial base rates, classification factor changes, number of exposures affected by each change being made, etc.), and include a supporting calculation indicating how the final effect was derived.	See Appendix
<b>Actuarial Indication</b>			
Insurers shall include actuarial support justifying the overall changes being made.	<u>215 ILCS 5/155.18</u> <u>50 IL Adm. Code 929</u>	Insurers shall include actuarial support justifying the overall changes being made, including but not limited to: <ul style="list-style-type: none"> <li>• Pure premiums (if used).</li> <li>• Earned premiums.</li> <li>• Incurred losses.</li> <li>• Loss development factors.</li> <li>• Trend factors.</li> <li>• On-Level factors.</li> <li>• Permissible loss ratios, etc.</li> </ul>	Included
<b>Loss Development Factors and Analysis</b>			
Insurers shall include support for loss development factors and analysis.	<u>215 ILCS 5/155.18</u> <u>50 IL Adm. Code 929</u>	Insurers shall include actuarial support for loss development factors and analysis, including but not limited to loss triangles and selected factors, as well as support for the selected factors.	Included
<b>Ultimate Loss Selections</b>			
Insurers shall include support for ultimate loss selections.	<u>215 ILCS 5/155.18</u> <u>50 IL Adm. Code 929</u>	Insurers shall include support for ultimate loss selections, including an explanation of selected losses if results from various methods differ significantly.	Included
<b>Trend Factors and Analysis</b>			
Insurers shall include support for trend factors and analysis.	<u>215 ILCS 5/155.18</u> <u>50 IL Adm. Code 929</u>	Insurers shall include support for trend factors and analysis, including loss and premium trend exhibits demonstrating the basis for the selections used.	Included
<b>On-Level Factors and</b>			

<b>Analysis</b>			
Insurers shall include support for on-level factors and analysis.	<u>215 ILCS 5/155.18</u> <u>50 IL Adm. Code 929</u>	Insurers shall include support for on-level factors and analysis, including exhibits providing on-level factors and past rate changes included in calculations.	Included
<b>Loss Adjustment Expenses</b>			
Insurers shall include support for loss adjustment expenses.	<u>215 ILCS 5/155.18</u> <u>50 IL Adm. Code 929</u>	Insurers shall include support for loss adjustment expenses, including exhibits providing documentation to support factors used for ALAE and ULAE. If ALAE is included in loss development analysis, no additional ALAE exhibit is required.	Included
<b>Expense Exhibit</b>			
Insurers shall include an expense exhibit.  Insurers may use expense provisions that differ from those of other companies or groups of companies.	<u>215 ILCS 5/155.18</u> <u>50 IL Adm. Code 929</u>	Insurers shall include an exhibit indicating all expenses used in the calculation of the permissible loss ratio, including explanations and support for selections.  The systems of expense provisions included in the rates for use by any company or group of companies may differ from those of other companies or groups of companies to reflect the operating methods of any such company or group with respect to any kind of insurance, or with respect to any subdivision or combination thereof.	Included
<b>Investment Income Calculation</b>			
Insurers shall include an exhibit for investment income calculation.	<u>215 ILCS 5/155.18</u> <u>50 IL Adm. Code 929</u>	Insurers shall include an exhibit demonstrating the calculation for the investment income factor used in the indication.	Included
<b>Profit and Contingencies Calculation</b>			
Insurers shall include an exhibit for profit and contingencies load.	<u>215 ILCS 5/155.18</u> <u>50 IL Adm. Code 929</u>	Insurers shall include an exhibit illustrating the derivation of any profit and contingencies load.	Included
<b>Credibility Standard Used</b>			
Insurers shall include the number of claims being used to calculate the credibility factor.	<u>215 ILCS 5/155.18</u> <u>50 IL Adm. Code 929</u>	Insurers should include the number of claims being used to calculate the credibility factor. If another method of calculating credibility is utilized, insurers should include a description of the method used.	Included
<b>Other Actuarial Information Required</b>			
Insurers must include the information described in this section.	<u>215 ILCS 5/155.18</u> <u>50 IL Adm. Code 929</u>	Insurers shall also include the following information:  <ul style="list-style-type: none"> <li>• All actuarial support/justification for all rates being changed, including but not limited to changes in: <ul style="list-style-type: none"> <li>○ Base rates;</li> <li>○ Territory definitions;</li> <li>○ Territory factor changes;</li> <li>○ Classification factor changes;</li> </ul> </li> </ul>	Included

		<ul style="list-style-type: none"> <li>○ Classification definition changes;</li> <li>○ Changes to schedule credits/debits, etc.</li> </ul> <ul style="list-style-type: none"> <li>• Exhibits containing current and proposed rates/factors for all rates and classification factors, etc. being changed.</li> <li>• Any exhibits necessary to support the filing that are not mentioned elsewhere in this checklist.</li> </ul>	
<b>Schedule Rating</b>			
Insurers must include the described information described at right.	<u>215 ILCS 5/155.18</u> <u>50 IL Adm. Code 929</u>	Insurers should include appropriate actuarial justification when filing schedule rating plans and/or changes to schedule rating plans.	Pages 16, 18, 45-48



**PROASSURANCE**<sup>®</sup>

Treated Fairly

## **HEALTH CARE FACILITY PROGRAM MANUAL**

ProAssurance Casualty Company  
100 Brookwood Place  
PO Box 590009 (35259-0009)  
Birmingham, AL 35209  
(800) 282-6242  
(205) 877-4400

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APR 01 2010

STATE OF ILLINOIS  
DEPARTMENT OF INSURANCE  
SPRINGFIELD, ILLINOIS

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## Introduction

ProAssurance Casualty Company (PRA Casualty) will provide coverage for the indicated lines of insurance based upon the policy forms and endorsements specifically developed for the Health Care Facility Liability program. Rates contained in the rate section of this manual have been specifically adapted based on the coverages provided by the respective policy forms, endorsements and industry data compiled by companies in the industry (which provide such coverages) and our actuarial consultants.

If any discrepancy or conflict arises between other PRA Casualty filings and this manual regarding which coverage is being provided in the Health Care Facility program, the Health Care Facility Liability manual will prevail unless otherwise indicated.

There are two distinct hospital programs for which we will provide coverage:

- Standard Hospital Program
- Community Based Hospital Program

All hospitals and facilities will fall under the Standard Hospital Program, unless the following criteria are met:

### Community Based Hospital Profile:

1. Community / rural based;
2. 100 licensed acute care beds or less;
3. Single ownership / decision making;
4. Deductible at or under \$200,000 / \$600,000;
5. Primary limits of \$1,000,000 / \$3,000,000 unless other limits are required by state statute or the existence of a state Fund (such as patients compensation fund or health care stabilization fund);
6. No more than 25 employed physicians.

Hospitals that don't meet most of these criteria (exceptions can be made if substantially all requirements are met) are not Community Based Hospitals, and would be fall under the Standard Hospital Program.

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## Rating Plans and Programs

### ***Experience Rating Plan***

#### **Eligibility**

This plan applies only to the hospital professional liability exposures of any one insured including allied or subsidiary interests if the insured either holds a majority financial interest or exercises management control.

Any risk that will, at renewal, develop at least a \$75,000 annual premium for hospital professional liability exposures (using manual rates and renewal policy limits) is eligible for rating under this plan.

#### **Application of Modifications**

The experience modifications, determined according to the following described procedures, applies to the manual hospital professional liability premium at \$1,000,000/\$3,000,000 limits.

In addition to any experience modification, a modification reflecting specific risk characteristics may be applied to the professional liability premium in accordance with the Schedule Rating Table which is part of this plan. Schedule rating applies only to the extent that such risk characteristics are not already recognized in the experience of the risk.

#### **Experience Period**

The experience modification will be determined from this company's latest available, complete, ten-year experience excluding the expiring 12-month period. In the event that the experience for the full ten-year period is not available, the total experience which is available (subject to a minimum of one completed policy year) will be used in determining the experience modification.

The experience period will end at least six months prior, but no more than eighteen months prior, to the effective date of the experience modification being established. Experience incurred by other companies, or self-insured experience, may be used to the extent that the loss data appears credible and the loss reserves are consistent with this company's valuation practices.

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**Experience Period Premium at Present Rates**

The experience period premium at present rates is the total of the premiums computed by extending the actual exposures developed during the experience period at present manual rates for \$200,000 limits. If loss data is available such that each report year is mature (that is, if the retroactive date is at least 10 years prior to the effective date of the experience year), then the experience premium will be the mature claims-made premium extended by the exposures. If the retroactive date is less than 10 years before the effective date of the experience year, then the exposures will be extended by the appropriate claims-made rates.

**Experience Period Premium Subject to Experience Rating**

The experience period premium is the experience period premium at present rates as previously defined, multiplied by the following adjustments for trend and undeveloped losses and ALAE:

<u>Experience Period Year</u>	<u>Trend Multiplier</u>	<u>Loss Development Multiplier</u>	<u>Composite Multiplier</u>
Latest Report Year	.826	.500	.413
2 <sup>nd</sup> Latest Report Year	.751	1.000	.751
3 <sup>rd</sup> Latest Report Year	.683	1.000	.683
4 <sup>th</sup> Latest Report Year	.621	1.000	.621
5 <sup>th</sup> Latest Report Year	.564	1.000	.564
6 <sup>th</sup> Latest Report Year	.513	1.000	.513
7 <sup>th</sup> Latest Report Year	.467	1.000	.467
8 <sup>th</sup> Latest Report Year	.424	1.000	.424
9 <sup>th</sup> Latest Report Year	.386	1.000	.386
10 <sup>th</sup> Latest Report Year	.350	1.000	.350

**Losses Subject to Experience Rating**

The losses subject to experience rating include paid and outstanding losses. The indemnity portion of each claim is to be limited to \$200,000 per claim, with no aggregate limit. Allocated loss adjustment expenses are then added and are subject to no limitation.

**Actual Loss Ratio**

The actual loss ratio for the risk is determined by dividing "Losses Subject to Experience Rating" by "Experience Period Premium Subject to Experience Rating."

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**Credibility**

The credibility is calculated as follows:

$$\frac{\text{Experience Period Premium Subject to Experience Rating}}{\text{Experience Period Premium Subject to Experience Rating} + K}$$

K is a constant. Its value will depend on the average company basic limit per bed rate for the risk. The K values are as follows:

<b>Average Rate Range (Average Company Basic Limits Per Bed Rate For The Risk)</b>	<b>K Value</b>
\$ 1 - \$ 600	563,800
\$ 601 - \$1,200	1,283,000
\$1,201 – and Over	2,644,000

**Experience Modification**

The experience modification shall be determined by application of the following formula, with the expected indemnity and ALAE loss ratio (ELR) equal to 63%.

$$((\text{Actual Loss Ratio} - \text{Expected Loss Ratio}) / (\text{Expected Loss Ratio})) \times \text{Credibility}$$

For rate calculation, the experience modification must be added to 1.00 to produce an experience rating multiplier. This multiplier is limited to a minimum of 0.50 and a maximum of 2.00.

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***Retrospective Rating Plan***

TO BE FILED AT A LATER DATE

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**(a) Rating Guidelines**

RULES FOR (a) RATING SIZABLE MEDICAL RISKS

These rules apply to the following PRA Casualty insurance programs:

- ◆ Health Care Facility Liability Program
  - ◆ Health Care Provider Liability Program
- A. PRA Casualty programs developing \$100,000 or more annual manual premium are eligible for (a) Rating.
- B. Excess and umbrella coverage will be rated based on negotiated reinsurance treaties. Reinsurance treaty factors will be grossed up to include a 25% company and agent commission.
- C. The following rule applies to these special rating procedures to the extent they are available in the various states:

Rating procedures applicable to the headquarters location of the risk shall govern the rating of all operations regardless of location. This rule applies provided the state where risk headquarters are maintained has adopted the identical programs as the other states where exposures exist.

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## ***Risk Management Program***

### **Introduction**

Our litigious tort system is escalating the cost of insuring health care professionals. Research of claims data indicates that 80% of lawsuits against physicians originate in the hospital setting. Further, 80% of all lawsuits involve hospitals and physicians. One of the best solutions to the medical malpractice problem is for hospitals and physicians to work together with their insurance company to reduce losses.

### **Program Benefits**

The PRA Casualty Risk Management Program is a risk control program that provides a proven methodology for decreasing medical liability exposure for physicians and hospitals.

By joining together in this coordinated program, the hospital and its physicians can:

- ◆ Minimize professional liability risks;
- ◆ Enhance quality assessment and improvement programs;
- ◆ Increase physician interest and involvement in quality improvement and risk management activities; and
- ◆ Assist hospitals in preparation for surveys by the Joint Commission on Accreditation of Health Care Organizations.

This program introduces strategies which are designed to improve hospital systems and processes. Our research has identified certain patient care systems which have the propensity to produce medical malpractice claims. With the Risk Management Program, these systems are routinely reviewed, risks identified and appropriate interventions suggested. Hospitals will be assisted in gaining necessary knowledge and developing specific plans for reducing risks in these known areas of liability. It is anticipated that this knowledge and planning will be integrated and applied throughout the hospital for continuous improvement of these processes.

On-site Risk Management surveys are performed each year depending on the complexity of services offered by the facility. These reviews are conducted by registered nurses who are experienced in risk management and quality improvement processes. Each survey consists of interviews with clinical or risk management personnel and physicians, medical records review and a review of other specific hospital documents. The high risk areas of obstetrics, surgery, anesthesia and emergency services are addressed individually utilizing national standards of care and patient care events which are recognized through claims data to produce litigation.

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A report is sent to the hospital and physician through the appropriate risk management and quality improvement channels. The report identifies potential risks and possible areas for improvement of the hospital's clinical risk management program.

### **Qualification Requirements**

To qualify for the Risk Management Program, hospitals must:

- ◆ Acquire their professional liability insurance through PRA Casualty;
- ◆ Enhance their quality assessment and improvement and risk control programs with strong support from their medical staffs;
- ◆ Develop comprehensive risk control programs based on the following ten Risk Management Loss Reduction Components:
  1. Quality Improvement
  2. Obstetrical
  3. Surgery/Anesthesia
  4. Emergency Department
  5. Competency
  6. Medication Administration
  7. Systems/Adverse Outcomes
  8. Systems/Biomedical/Safety
  9. Systems/Codes
  10. Systems/Diagnostic Imaging

### **Grid Score**

A Grid Score is calculated based on the individual hospital's compliance with the Risk Management Program. Each of the ten components has a percentage value. To determine the percentage value, objective criteria are used to provide a numerical grid score for each requirement contained in the ten Risk Management Loss Reduction Components. A premium discount may be awarded at the Underwriting Manager's discretion subject to current market conditions, exposures and experience with regards to the hospital. The maximum possible premium discount available for the hospital is 20%. A hospital will be required to have an account-incurred loss ratio of 75% or less to be eligible for a Risk Management discount.

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# Rating Plans and Programs – Community Based Hospital Program

## **General Rules**

### I. General Instructions

This manual contains the rules, classifications and rates governing the underwriting of hospital professional/general liability insurance. The rules, classifications and rates in this manual become effective as of the date indicated upon each page.

For any changes made to a location included at policy inception and for locations added after the policy inception, use the rates and rules in effect on the Inception Date of the policy.

The following requirements must be observed in the preparation of policies for insurance covered by this manual:

Appropriate wording identifying the classifications applicable for each risk will be specified on the policy Coverage Summary or Declarations, including the appropriate code number.

Any language in classification phraseology or footnotes affecting the scope of the classification applicable or assigned to operations to be insured will be incorporated in the Coverage Summary or Declarations of the policy.

For each classification, the proper premium will be calculated either as actual or as an adequate estimate subject to audit, dependent on the case.

### II. Scope of Coverage

The policy provides the details of the coverages, conditions and exclusions that are incorporated into the terms of the policy.

The General Liability coverage may be written on an occurrence basis or on a claims-made basis. Please refer to state exception pages for the applicable coverage trigger(s). The Hospital Professional Liability coverage will be written on a claims-made basis.

### III. Entity and Persons Insured

The entity and persons insured under the policy are specified on the Coverage Summary or Declarations of the policy, or in the policy or in endorsements to the policy.

### IV. Limits of Liability

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- A. Hospital Professional Liability: In some states, the limits of liability for professional liability for hospitals are statutorily specified. Accordingly, all primary insurance coverage for hospitals must provide the minimum level of limits, as specified in the applicable statutes. In other states, or in states where the limit can be increased above the statutory limit if applicable, the limits of liability may vary. In all cases, the applicable limit is that specified on the Coverage Summary. The inclusion of more than one insured does not increase the limits of liability.
- B. General Liability: The limits of liability will be specified on the Declarations. The inclusion of more than one insured does not increase the limits of liability.

V. Deductibles

Deductibles are a method of financing risk under which the insured agrees to reimburse us for damages and / or expenses we pay on the insured's behalf. The amount of reimbursement will be the amount of the deductible or the damages plus expenses paid on the insured's behalf, whichever is less. See various forms for specifics.

VI. Policy Period

Policies may be written for any period of time up to and including one year. Policies of up to 13 months may be issued on an exception basis.

VII. Rates and Premium Calculation

- A. Rates, as presented in this manual and/or the applicable rate filings, apply on an annual basis to each entity or individual insured.
- B. Additional Charges: The additional charges provided under the coverages in this manual measure the liability of the insured for increased levels of exposure. Additional charges shall be obtained only where coverage for such exposures is provided.
- C. Calculation of Premium: One-Year Policies or Longer: The premium shall be determined on the basis of the units of exposure existing at policy inception. Policies longer than one year will have a pro-rata charge for each additional day.

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- D. Calculation of Premium: Short-Term Policies: The premium on policies written for a period of less than one year shall be computed on a pro rata basis.
- E. Minimum Premium: Hospital Professional Liability policies are subject to the following minimum premiums:
  - 1. Hospitals: See state exception pages
  - 2. Hospice Care Centers: \$7,500 for professional liability

VIII. Premium Calculation Upon Cancellation

- A. By the Insuring Company: The earned premium shall be determined on a pro rata basis by multiplying the number of units of exposure for the period the policy was in force by the applicable rates but shall not be less than the pro rata amount of the minimum premium. If the policy is not audited, the earned premium shall be the annualized exposures or premium in effect at the time of cancellation by the applicable rates.
- B. By the Insured: Return premium will be computed on a pro rata basis, except as follows. If the insured cancels their policy midterm to obtain coverage from another carrier, their premium will be calculated on a short rate basis. Short rate calculation means that total earned premium shall equal actual earned premium as of the date of cancellation plus a short rate penalty equal to ten percent (10%) of unearned premium for the remainder of the policy period.

IX. Additional Interests

All additional interests shall be submitted to Underwriting for rating.

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X. Classification Procedures

**Exposure Bases**

- A. **Occupied Beds** – the estimated daily average number of beds (acute, cribs, bassinets, psychiatric care, extended care (long term), skilled nursing care, and personal care) that are occupied during the policy period. This is equivalent to licensed beds times the occupancy rate or the number of inpatient days divided by 365. The rates apply per bed.
- B. **Births** – the estimated total number of births during the policy period.
- C. **Inpatient Surgeries** (100 surgeries) -- the estimated total number of surgeries performed for patients who receive bed and board service. The rates apply per 100 inpatient surgeries.
- D. **Outpatient Surgeries** (100 surgeries) - the estimated total number of surgeries performed for patients who do not receive bed and board service. The rates apply per 100 outpatient surgeries.
- E. **Emergency Room Visits** (100 visits) - the estimated total number of unscheduled outpatient visits to the emergency room. The rates apply per 100 emergency room visits.
- F. **Other Outpatient Visits** (100 visits) -- the estimated total number of outpatient visits for visits other than outpatient surgeries or emergency room visits. Use visits rather than occasions of service. The rates apply per 100 visits. A visit may involve multiple occasions of service.

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XI. Extended Reporting Endorsement (Tail Coverage)-Professional Liability Coverage. *Applies to claims-made policies only*

- A. General Instructions: When coverage under the claims-made policy ends (for any reason) the Insured has a right to purchase an extension of coverage called extended reporting coverage. If purchased, the extended reporting coverage will be added to the policy by attaching an Extended Reporting Endorsement. In some instances, the insured may wish to limit the cost of their Extended Reporting Endorsement by limiting the term of the endorsement. If the insured does not purchase an Extended Reporting Endorsement within the time allowed by statute or policy language, there is no coverage for claims that are first received by the insured and reported to us after the end of the policy period.
- B. Scope of Coverage: The Extended Reporting Endorsement will extend the insured's coverage to include all valid professional liability claims that: (1) began on or after the Retroactive Date and prior to the Expiration Date; and (2) are first received by the insured and reported to us during the time period the Extended Reporting Endorsement is in effect.

**Options:**

**Unlimited Reporting Period**

An unlimited extension of time is provided for reporting claims.

**Limited Reporting Period**

**Claims reported within a specified number of years after the date the reporting endorsement is issued**

- C. Request Notification  
The option to purchase the Extended Reporting Endorsement must be exercised by the named insured by paying the premium due for the Extended Reporting Coverage by the due date. The endorsement will not be issued until payment is received in full.
- D. Limits of Liability: The limits of liability that apply to the unlimited extended reporting period will be inclusive of the limits that were carried on the policy. The limits of liability cannot be increased from those on the policy.
- E. Premiums: The premiums for the reporting period will be the expiring annual premium of the policy multiplied by the appropriate tail factor, or by using the extended reporting endorsement rates. Expiring annual premium means the annual premium invoiced to the policyholder. Please see the specific state rate pages.

To determine the appropriate charge for extended reporting coverage, we must determine the appropriate risk classification, calculate the period of

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time during which coverage existed under the claims-made policy, and apply these factors to our rating model to determine the appropriate rates.

The premium will be based on the extended reporting endorsement rate shown on the state rate pages. A credit will be offered if the insured elects to purchase a limited reporting period extended reporting endorsement. See state exception pages for applicable credits and options.

XII. Employee Professional Liability Coverage

On a shared limit basis, the policy will cover the liability of employees for whom the policyholder covered is legally responsible. Employees may obtain separate limits for professional liability coverage through a separate policy or endorsement issued by our company for a charge. Some categories of employees are charged for even if they share in the facility's limit of liability.

XIII. Prior Acts Coverage

For insureds who have been covered under a claims-made policy with another insurance carrier and who do not wish to purchase extended reporting coverage from that carrier, we may offer Prior Acts coverage, subject to underwriting approval. However, special rules apply to Prior Acts coverage, as specified in the policy for Prior Acts coverage.

Rating for Prior Acts coverage is based on the same criteria as the insured's base coverage. Exceptions to this rule may be made if the Prior Acts exposure is from a state where ProAssurance is licensed to write the appropriate line of business. Refer to Underwriting.

XIV (a). Modifications to Manual Premium (Professional Liability)

The hospital professional liability manual premium may be modified using the following:

1. Loss Experience Modification
2. Schedule Rating Plan (refer to state pages)
3. Cross Discount
4. Multi-Hospital Discount
5. Voluntary Deductible

The manual premium may be modified by one or more of the above referenced factors. Note that the factors are multiplicative, unless otherwise indicated in the filings.

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DEPARTMENT OF INSURANCE  
Effective April 1, 2010  
SPRINGFIELD, ILLINOIS

## **Professional Liability Loss Experience Modification**

The Loss Experience Modification provides an adjustment to a policyholder's current premium, based on the loss history of that particular policyholder. For the Community Based Hospital Program, loss experience, both while insured with ProAssurance, and with a prior carrier(s), is used to modify the manual premium. The grid shown below is based on incurred losses, indemnity and expenses (does not include reported incidents that are not considered a claim). This is in addition to the other modifiers, such as the schedule rating plan, which is used to deviate from manual rates based on non-claim experience factors.

### **Plan Overview**

The plan develops a modification factor based on actual losses, premium, and years of loss information available. More experience and more premium gives a better idea of actual and projected premium, therefore, the range increases as the premium increases and there are more years of loss experience to review.

### **Experience Used for Actual Losses**

The minimum experience is at least three completed policy years, and should be 5 years, not including the expiring policy period (most recent year). Experience while insured with previous insurers may be used based on its apparent reliability. Losses are capped at a maximum single loss of \$250,000.

### **Loss Experience Modification Factors**

<u>Annual Premium</u>	<u>Loss Ratio 5 Years</u>				<u>Loss Ratio 6-10 Years</u>			
	<40%	41-60%	61-80%	>80%	<40%	41-60%	61-80%	>80%
<\$25,000	3/6	0/3	0/-3	-3/-6	4/8	0/4	0/-4	-4/-8
\$25,001-\$50,000	5/10	0/5	0/-5	-5/-10	7/15	0/7	0/-7	-7/-15
\$50,001-\$75,000	7/16	0/7	0/-7	-7/-16	9/18	0/9	0/-9	-9/-18
\$75,001-\$100,000	10/18	0/10	0/-10	-10/-18	12/20	0/12	0/-12	-12/-20
\$100,001-\$200,000	15/25	0/15	0/-15	-15/-25	17/28	0/17	0/-17	-17/-28
>\$200,000	20/32	0/20	0/-20	-20/-32	22/35	0/22	0/-22	-22/-35

Numbers shown are ranges, a negative number is a debit.

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### ***Schedule Rating Plan***

The schedule rating plan provides an adjustment to a policyholder's premium, debit or credit, based on characteristics defined in the filed schedule rating plan. (Note: The Schedule Rating Plan does not apply in Nebraska.) Refer to the State Pages for the Debit – Credit range.

Other adjustments may be made, including Multi-hospital discounts (insuring two or more affiliated hospitals) or "Cross Discounts" (insuring both the hospital and affiliated clinics or physicians), if the appropriate filings have been approved, and the policyholder is eligible.

### ***Cross-Discount***

If a particular hospital obtains coverage through the ProAssurance Group of Companies and the physicians employed by that hospital obtain medical professional liability coverage through the ProAssurance Group of Companies, the insured hospital will be eligible to receive a cross-discount of 7.5%. This percentage will be applied only against the professional liability portion of the premium. The discount also applies in the event a contract requires the hospital to obtain professional liability coverage for the contracted physician, and the coverage is obtained through the ProAssurance Group of Companies.

### ***Multi-Hospital Discount***

The multi-hospital discount is available to a chain of affiliated hospitals if a group of such affiliated hospitals obtains coverage with the ProAssurance Group of Companies. Under this discount program, the insured hospital will be eligible to receive a discount of 7.5%, applied only against the professional liability portion of the premium.

### ***Voluntary Deductible***

Finally, if the insured chooses a voluntary deductible, the premium savings is based on the filed deductible credit for the applicable deductible. An involuntary deductible may be used as an underwriting tool, and a deductible premium credit will not apply. Refer to the deductible credit chart.

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XIV(b)            Modification to Manual Premium (General Liability)

The general liability manual premium may be modified using the following:

1. Loss Experience Modification (applies only to General Liability Guide “a” rates)
2. Schedule Rating Plan (refer to state pages)
3. Voluntary Deductible Credit

The manual premium may be modified by one or more of the above referenced factors. Note that the factors are multiplicative, unless otherwise indicated in the filings.

**General Liability Loss Experience Modification**

For the Community Based Hospital Program, loss experience, both while insured with ProAssurance, and with a prior carrier(s), is used to modify the manual premium. The grid shown below is based on incurred losses, indemnity and expenses (does not include reported incidents that are not considered a claim). This is in addition to other modifiers, such as the schedule rating plan, which is used to deviate from manual rates based on non-claim experience factors.

**Plan Overview**

The plan develops a modification factor based on actual losses, premium, and years of loss information available. More experience and more premium gives a better idea of actual and projected premium, therefore, the range increases as the premium increases and there are more years of loss experience to review.

**Experience Used for Actual Losses**

The minimum experience is at least three completed policy years, and should be 5 years, not including the expiring policy period (most recent year). Experience while insured with previous insurers may be used based on its apparent reliability. Losses are capped at a maximum single loss \$100,000.

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**Loss Experience Modification Factors**

<u>Annual Premium</u>	<u>Loss Ratio 5 Years</u>				<u>Loss Ratio 6-10 Years</u>			
	<40%	41-60%	61-80%	>80%	<40%	41-60%	61-80%	>80%
<\$25,000	5/10	0/5	0/-5	-5/-10	6/12	0/6	0/-6	-6/-12
\$25,001-\$50,000	8/15	0/8	0/-8	-8/-15	10/20	0/10	0/-10	-10/-20
>\$50,001	12/20	0/12	0/-12	-12/-20	15/25	0/15	0/-15	-15/-25

Numbers shown are ranges; a negative number is a debit.

***Schedule Rating Plan***

The schedule rating plan provides an adjustment to a policyholder’s premium, debit or credit, based on characteristics defined in the filed schedule rating plan. (Note: The Schedule Rating Plan does not apply in Nebraska.) Refer to the State Pages for the Debit – Credit range.

***Voluntary Deductible***

Finally, if the insured chooses a voluntary deductible, the premium savings is based on the filed deductible credit for the applicable deductible. An involuntary deductible may be used as an underwriting tool, and a deductible premium credit will not apply. Refer to the deductible credit chart.

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## **Professional Liability Endorsements**

### Contractual Liability for Management Company (see form PRA-HF 451 05 07)

This optional coverage offers separate limits for damages the insured is obligated to pay because of the liability of others assumed by the insured under a contract with a named management company. This coverage is offered at a cost of \$1,000 per \$1,000,000 policy limit.

### Medicare/Medicaid Billing Errors and Omissions - Medical Records Confidentiality (see form PRA-HF-310 05 07)

This standard coverage offers a \$25,000 limit separate from the per incident limit provided to each healthcare provider. An optional increased limit of \$50,000 is available if purchased, at a rate of \$500 for each set of limits issued. Note that some association programs may waive this charge.

### Contractual Liability Shared Primary (see form PRA-HF-403 05 07)

This standard coverage waives the contractual liability exclusion and will defend and indemnify our insured in the event our insured becomes legally obligated to defend and / or indemnify a third party, such as a hospital or managed care organization. However, we limit this to professional healthcare services provided by or on behalf of our insured (including employees). Coverage limits are part of the PL policy. There is no charge for this endorsement.

### Contractual Liability Separate Excess (see form PRA-HF-403.SEP 07 07)

This optional coverage waives the contractual liability exclusion and will defend and indemnify our insured in the event our insured becomes legally obligated to defend and / or indemnify a third party, such as a hospital or managed care organization. However, we limit this to professional healthcare services provided by or on behalf of our insured (including employees). This coverage only applies after all applicable coverage carried by the third party is exhausted. Coverage limits are as specified on the endorsement issued, at a rate of \$100 for each set of limits issued.

### Vicarious Liability (coverage is included in the policy)

It is the intent to insure all employed physicians with an insured entity, however, vicarious liability will be offered on an exception basis for acceptable employed physicians who elect to retain coverage with another carrier. The entity will be charged 10 to 25% of the appropriate specialty class mature claims-made rate, regardless of maturity, or the first year claims-made rate. Use form PRA-HF-310 05 07 if Vicarious Liability is to be excluded.

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## Optional Higher Limits for Policy Coverage

### Legal Expense Coverage

This standard coverage is provided with a limit of \$10,000. Optional increased limit are available as follows:

\$25,000 Limit at \$1,500 (or \$100 per \$1,000 of additional limits)

Note that some association programs waive this charge.

- ◆ Additional Insured Charges for employed or contracted Physicians, Surgeons, Interns, Residents, Dentists, other physicians in training or personnel will be made in accordance with the ProAssurance physician rates filed in the Physician Manual unless otherwise indicated. When sharing the hospital's limit, a 25% shared limit credit shall apply. The above referenced employed or contracted employees will be added on a fully earned basis on Health Care Facility Liability policies.

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## **General Liability Endorsements**

Pollution Liability Endorsement (see form PRA-HF-460 05 07)

Provides defense and payment for compensatory damages because of bodily injury or contamination damage. The bodily injury or contamination damage must be caused by a pollution incident from an insured site or waste facility, commencing on or after the retro date. The endorsement has a standard \$250,000 limit (per claim and annual aggregate), with a \$2,500 deductible. There is no charge for this.

Bodily Injury to Patients Endorsement (see form PRA-HF-491 03 08)

When a Bodily Injury to Patients Exclusion Endorsement is attached to the General Liability Coverage Part and Bodily Injury to Patients is not endorsed onto the Professional Liability Coverage Part, a credit of up to 20% may apply to the General Liability Coverage Part. When the Company provides both general liability and professional liability, no credit will be given to move the bodily injury to patients coverage from the General Liability Coverage Part to the Professional Liability Coverage Part.

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## State Rates and Exception

### General Liability Illinois Rates for GL Exposures for Hospitals Standard Hospital Program

Claims-Made Multipliers:	1st Yr. 0.89	2nd Yr. 0.95	3rd Yr. 0.99	4th Yr. 1.00	5th Yr. 1.00
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I. Premises and Operations - Subline 334

FP = For profit;      NFP = Not for profit

Code	Description	Premium Base	Claims Made Rates \$1,000,000 Occurrence \$3,000,000 Aggregate
12014	Dental Laboratories	Per \$1,000	1      0.85
		Gross Sales	2      0.72
			3      0.48
			4      0.72
12374	Drugstore - Retail	Per \$1,000	1      5.64
		Gross Sales	2      4.79
			3      3.16
			4      4.79
13759	Hearing Aid Store	Per \$1,000	1      1.47
		Gross Sales	2      1.25
			3      0.82
			4      1.25
15300	Medical, Hospital, Surgical, Equipment - Rental	Per \$1,000	To be filed at a later date
		Gross Sales	
15314	Medical, Hospital, Surgical, Supply Store – Sales	Per \$1,000	1      2.00
		Gross Sales	2      1.70
			3      1.12
			4      1.70
15839	Optical Goods Stores	Per \$1,000	1      2.85
		Gross Sales	2      2.42
			3      1.59
			4      2.42
16901	Restaurants — self-service or self-ordering	Per \$1,000	1      9.33
		Gross Sales	2      7.93
			3      5.22
			4      7.93
40101	FP      Blood Banks	Per 1,000 SF	1      88.57
			2      75.29
			3      49.60
			4      75.29

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Code	Description	Premium Base	Claims Made Rates	
			\$1,000,000 Occurrence	\$3,000,000 Aggregate
40102	NFP Blood Banks	Per 1,000 SF	1	71.04
			2	60.38
			3	39.78
			4	60.38
41715	FP Day Care Centers	Per Person	1	22.91
			2	19.48
			3	12.83
			4	19.48
41716	NFP Day Care Centers	Per Person	1	19.53
			2	16.60
			3	10.94
			4	16.60
44311	Health Club	Per \$1,000 Gross Sales	1	30.91
			2	26.27
			3	17.31
			4	26.27
44427	FP Health Care Facilities – Alcohol & Drugs (Sanitariums/Rehabs)	Per 1,000 SF	1	274.95
			2	233.70
			3	153.97
			4	233.70
44428	NFP Health Care Facilities – Alcohol & Drugs (Sanitariums/Rehabs)	Per 1,000 SF	1	365.83
			2	310.96
			3	204.87
			4	310.96
44429	FP Health Care Facilities — Convalescent or Nursing Homes	Per \$1,000 Gross Sales	1	8.00
			2	6.80
			3	4.48
			4	6.80
44430	NFP Health Care Facilities — Convalescent or Nursing Homes	Per \$1,000 Gross Sales	1	2.89
			2	2.45
			3	1.62
			4	2.45
44431	FP Health Care Facilities – Homes for the Aged	Per \$1,000 Gross Sales	1	9.20
			2	7.82
			3	5.15
			4	7.82
44432	NFP Health Care Facilities – Homes for the Aged	Per \$1,000 Gross Sales	1	2.93
			2	2.49
			3	1.64
			4	2.49

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Code	Description	Premium Base	Claims Made Rates	
			\$1,000,000 Occurrence	\$3,000,000 Aggregate
44433	FP Health Care Facilities – Homes for the Physically Handicapped or Orphaned	Per 1,000 SF	1	108.65
			2	92.35
			3	60.84
			4	92.35
44434	NFP Health Care Facilities – Homes for the Physically Handicapped or Orphaned	Per 1,000 SF	1	207.75
			2	176.59
			3	116.34
			4	176.59
44435	FP Health Care Facilities — Hospitals	Per 1,000 SF	1	293.71
			2	249.65
			3	164.48
			4	249.65
44436	NFP Health Care Facilities — Hospitals	Per 1,000 SF	1	231.33
			2	196.63
			3	129.54
			4	196.63
44437	FP Health Care Facilities — Mental-Psychopathic Institutions	Per 1,000 SF	1	178.18
			2	151.45
			3	99.78
			4	151.45
44438	NFP Health Care Facilities — Mental-Psychopathic Institutions	Per 1,000 SF	1	140.66
			2	119.56
			3	78.77
			4	119.56
44439	FP Health Care Facilities — Clinics, Dispensaries or Infirmarys treating outpatients only	Per 1,000 SF	1	293.85
			2	249.78
			3	164.56
			4	249.78
44440	NFP Health Care Facilities — Clinics, Dispensaries or Infirmarys treating outpatients only	Per 1,000 SF	1	234.37
			2	199.22
			3	131.25
			4	199.22
46112	Diagnostic Testing Laboratories	Per \$1,000 Gross Sales	1	0.45
			2	0.38
			3	0.25
			4	0.38
46604	Private Parking, Open Air	Per \$1,000 Gross Sales	1	15.11
			2	12.85
			3	8.46
			4	12.85

**FILED**

APR 01 2010

FP = For profit; NFP = Not for profit

Code	Description	Premium Base	Terr.	Claims Made Rates	
				\$1,000,000 Occurrence	\$3,000,000 Aggregate
46622	Private Parking	Per 1,000 SF	1	100.84	
			2	85.71	
			3	56.47	
			4	85.71	
49451	FP Vacant Land	Per Acre	1	2.25	
			2	1.91	
			3	1.26	
			4	1.91	
49452	NFP Vacant Land	Per Acre	1	3.66	
			2	3.11	
			3	2.05	
			4	3.11	
56805	Medical, Dental, Hospital, Surgical, Equipment or Supplies – Expendable Mfg.	Per \$1,000 Gross Sales	1	1.50	
			2	1.28	
			3	0.84	
			4	1.28	
56806	Medical, Dental, Hospital, Surgical, Equipment or Supplies – Non-Expendable Mfg.	Per \$1,000 Gross Sales	1	1.21	
			2	1.03	
			3	0.68	
			4	1.03	
60010	Apartment Buildings	Per Unit	1	136.46	
			2	115.99	
			3	76.42	
			4	115.99	
61217	FP Buildings or Premises — bank or office — (Lessor's risk only)	Per 1,000 SF	1	117.91	
			2	100.22	
			3	66.03	
			4	100.22	
61218	NFP Buildings or Premises — bank or office — (Lessor's risk only)	Per 1,000 SF	1	96.70	
			2	82.19	
			3	54.15	
			4	82.19	
61224	FP Buildings or Premises – Employees of the Insured	Per 1,000 SF	1	181.67	
			2	154.42	
			3	101.74	
			4	154.42	
61225	NFP Buildings or Premises – Employees of the Insured	Per 1,000 SF	1	228.94	
			2	194.60	
			3	128.21	
			4	194.60	

**FILED**

APR 01 2010

FP = For profit; NFP = Not for profit

Code	Description	Premium Base	Terr.	Claims Made Rates	
				\$1,000,000 Occurrence	\$3,000,000 Aggregate
61226	FP Buildings or Premises — Office	Per 1,000 SF	1	402.86	
			2	342.43	
			3	225.60	
			4	342.43	
61227	NFP Buildings or Premises — Office	Per 1,000 SF	1	378.86	
			2	322.03	
			3	212.16	
			4	322.03	
63010	Dwellings — one-family (Lessor's risk only)	Per Dwelling	1	287.85	
			2	244.68	
			3	161.20	
			4	244.68	
63011	Dwellings — two-family (Lessor's risk only)	Per Dwelling	1	305.26	
			2	259.47	
			3	170.95	
			4	259.47	
63012	Dwellings — three-family (Lessor's risk only)	Per Dwelling	1	409.10	
			2	347.73	
			3	229.09	
			4	347.73	
63013	Dwellings — four-family (Lessor's risk only)	Per Dwelling	1	469.21	
			2	398.83	
			3	262.76	
			4	398.83	
66561	Medical Offices	Per 1,000 SF	1	284.40	
			2	241.74	
			3	159.26	
			4	241.74	
68606	FP Vacant Buildings (Not Factories)	Per 1,000 SF	1	46.11	
			2	39.20	
			3	25.82	
			4	39.20	
68607	NFP Vacant Buildings (Not Factories)	Per 1,000 SF	1	37.82	
			2	32.15	
			3	21.18	
			4	32.15	
<b>II. INDEPENDENT CONTRACTORS</b>					
16292	Construction Operations — Subline 335 Owner NOC (Not railroads) Excluding operations onboard ships.	Per \$1,000 Total Cost	1	0.56	
			2	0.48	
			3	0.31	
			4	0.48	

**FILED**

APR 01 2010

STATE OF ILLINOIS  
DEPARTMENT OF INSURANCE  
Effective April 1, 2010  
SPRINGFIELD, ILLINOIS

A \$500 charge shall be made for each swimming pool, fountain or lake on the premises.

Non-Owned Auto Endorsement Rates:

<u># of Vehicles</u>	<u>Premium</u>
0 – 10	\$350
11 – 25	\$500
26 – 49	\$750
50 – 100	\$1,000
101 – 250	\$1,500
251 – Up	\$2,500

Helipad Endorsement Rates:

<u># of Landings</u>	<u>Premium</u>
0 – 365	\$500
366 – 1,000	\$1,000
1,001 – Up	\$2,500

Bodily Injury to Patients Endorsements - When a Bodily Injury to Patients Exclusion Endorsement is attached to the General Liability Coverage Part and Bodily Injury to Patients is not endorsed onto the Professional Liability Coverage Part, a credit up to 20% may apply to the General Liability Coverage Part. When PRA Casualty provides both general liability and professional liability, no credits will be given to move the bodily injury to patients' coverage from the General Liability Coverage Part to the Professional Liability Coverage Part.

Reporting Endorsements - Premiums for claims-made general liability coverage may not be greater than 200% of the current expiring coverage premium.

**FILED**

APR 01 2010

STATE OF ILLINOIS  
DEPARTMENT OF INSURANCE  
SPRINGFIELD, ILLINOIS

General Liability  
Illinois Rates for GL Exposures for Hospitals and Health Care Facilities  
Community Based Hospital Program

**General Liability General Rates**

Calculated as 15% of the final, gross Professional Liability rate for the Community Based Hospital (rate before applying discounts or surcharges)

**General Liability Guide “a” Rates for Additional, Specified Exposures**

**Non-Facility Dwelling Units:**

**Independent living / apartments / dwellings / Ronald McDonald House\***

- Frame / Joisted Masonry           \$100 / Unit
- Other Construction                 \$50 / Unit

\*20 dwelling units included in the GL % charge. Assumes sprinklers if multi-story, or one story if senior or bed ridden

**Day Care Center:**

- Employees only (Child) \$60 / student
- Open to public (Child) \$75 / student
- Adult Daycare                 \$75 / student

Only available if all GL Daycare questions are answered satisfactorily

**Medical, Hospital Surgical Equipment**

- Sales                                 \$1.00 / \$1,000 of receipts
- Rental                                \$10.00 / \$1,000 of receipts
- Manufacture or Modify           Refer to VP of Underwriting

Charge only if separate corporation is used, and a separate location

**Parking Lots / Garages (fee)**

Open to Public – Fee                 \$40 / 1,000 square feet

**Fitness Centers/ Pools**

- Employees Only – No Charge (no diving)
  
- Employees and Family
  - No Pool – Scheduled Debit
  - Pool/No Diving Board – Up to 30% debit, \$1,000 minimum
  - Pool/Diving Board – Refer to VP Underwriting
  
- Open to Public
  - No Pool – \$500 minimum, \$2.25 / \$1,000 of receipts
  - Pool/No Diving Board – \$2,500 minimum, \$5.39 / \$1,000 of receipts
  - Pool/Diving Board – Refer to VP Underwriting

**FILED**

APR 01 2010

STATE OF ILLINOIS  
DEPARTMENT OF INSURANCE  
SPRINGFIELD, ILLINOIS  
Effective April 1, 2010

Basic Professional Liability  
Rates for \$1,000,000/\$3,000,000  
Illinois – Territory 1  
Cook, Madison and St. Clair Counties  
Standard Hospital Programs

Classification	Rating Basis*	Code	Claims-Made Rates by Year				
			1	2	3	4	5+
<b>HOSPITAL-NOC</b>							
For Profit	Per Bed	80611	\$2,000.27	\$3,524.28	\$4,000.53	\$4,238.66	\$4,762.54
	OPV's	80610	\$120.02	\$211.46	\$240.03	\$254.32	\$285.75
Not for Profit	Per Bed	80612	\$2,000.27	\$3,524.28	\$4,000.53	\$4,238.66	\$4,762.54
	OPV's	80617	\$120.02	\$211.46	\$240.03	\$254.32	\$285.75
<b>MENTAL-PSYCHOPATHIC INSTITUTIONS</b>							
For Profit	Per Bed	80997	\$1,400.19	\$2,467.00	\$2,800.37	\$2,967.06	\$3,333.78
	OPV's	80999	\$76.01	\$133.92	\$152.02	\$161.07	\$180.98
Not for Profit	Per Bed	80916	\$1,400.19	\$2,467.00	\$2,800.37	\$2,967.06	\$3,333.78
	OPV's	80917	\$76.01	\$133.92	\$152.02	\$161.07	\$180.98
<b>BASSINETS - staff enh. EFM training</b>							
For Profit	Per Bed	85004(A)	\$4,500.60	\$7,929.63	\$9,001.20	\$9,536.99	\$10,715.72
Not for Profit	Per Bed	85005(A)	\$4,500.60	\$7,929.63	\$9,001.20	\$9,536.99	\$10,715.72
<b>BASSINETS - standard</b>							
For Profit	Per Bed	85004(B)	\$6,000.80	\$10,572.84	\$12,001.60	\$12,715.98	\$14,287.62
Not for Profit	Per Bed	85005(B)	\$6,000.80	\$10,572.84	\$12,001.60	\$12,715.98	\$14,287.62
<b>EXTENDED CARE / RESIDENTIAL CARE / INDEPENDENT LIVING</b>							
For Profit	Per Bed	80955	\$200.03	\$352.43	\$400.05	\$423.87	\$476.25
Not for Profit	Per Bed	80956	\$200.03	\$352.43	\$400.05	\$423.87	\$476.25
<b>CONVALESCENT OR NURSING HOMES / ACUTE EXTENDED CARE</b>							
For Profit	Per Bed	80923	\$500.07	\$881.07	\$1,000.13	\$1,059.67	\$1,190.64
Not for Profit	Per Bed	80924	\$500.07	\$881.07	\$1,000.13	\$1,059.67	\$1,190.64
<b>ASSISTED LIVING</b>							
For Profit	Per Bed	80522	\$260.03	\$458.16	\$520.07	\$551.03	\$619.13
Not for Profit	Per Bed	80524	\$260.03	\$458.16	\$520.07	\$551.03	\$619.13
<b>HOSPICES (SANITARIUMS)</b>							
For Profit	Per Bed	80925	\$600.08	\$1,057.28	\$1,200.16	\$1,271.60	\$1,428.76
Not for Profit	Per Bed	80926	\$600.08	\$1,057.28	\$1,200.16	\$1,271.60	\$1,428.76
<b>EMERGENCY ROOM</b>							
For Profit	OPV's	80653	\$350.05	\$616.75	\$700.09	\$741.77	\$833.44
Not for Profit	OPV's	80654	\$350.05	\$616.75	\$700.09	\$741.77	\$833.44
<b>CLINICS, DISPENSARIES OR INFIRMARIES</b>							
For Profit	OPV'S	80613	\$100.01	\$176.21	\$200.03	\$211.93	\$238.13
Not for Profit	OPV's	80614	\$100.01	\$176.21	\$200.03	\$211.93	\$238.13
<b>SURGICAL OR OTHER HEALTH RELATED FACILITIES/HOSPITAL OUTPATIENT SURGERIES</b>							
	Per 100 Procedures	80453	\$800.11	\$1,409.71	\$1,600.21	\$1,695.46	\$1,905.02

\*Per Bed = Per occupied bed, crib or bassinets  
OPV's = Per 100 outpatient visits

**FILED**

APR 01 2010

Basic Professional Liability  
Rates for \$1,000,000/\$3,000,000  
Illinois – Territory 2  
Champaign, Jackson, Macon, Sangamon and Vermillion Counties  
Standard Hospital Programs

Classification	Rating Basis*	Code	Claims-Made Rates by Year				
			1	2	3	4	5+
<b>HOSPITAL-NOG</b>							
For Profit	Per Bed	80611	\$1,700.23	\$2,995.64	\$3,400.45	\$3,602.86	\$4,048.16
	OPV's	80610	\$102.01	\$179.74	\$204.03	\$216.17	\$242.89
Not for Profit	Per Bed	80612	\$1,700.23	\$2,995.64	\$3,400.45	\$3,602.86	\$4,048.16
	OPV's	80617	\$102.01	\$179.74	\$204.03	\$216.17	\$242.89
<b>MENTAL-PSYCHOPATHIC INSTITUTIONS</b>							
For Profit	Per Bed	80997	\$1,190.16	\$2,096.95	\$2,380.32	\$2,522.00	\$2,833.71
	OPV's	80999	\$64.61	\$113.83	\$129.22	\$136.91	\$153.83
Not for Profit	Per Bed	80916	\$1,190.16	\$2,096.95	\$2,380.32	\$2,522.00	\$2,833.71
	OPV's	80917	\$64.61	\$113.83	\$129.22	\$136.91	\$153.83
<b>BASSINETS - staff enh. EFM training</b>							
For Profit	Per Bed	85004(A)	\$3,825.51	\$6,740.19	\$7,651.02	\$8,106.44	\$9,108.36
Not for Profit	Per Bed	85005(A)	\$3,825.51	\$6,740.19	\$7,651.02	\$8,106.44	\$9,108.36
<b>BASSINETS - standard</b>							
For Profit	Per Bed	85004(B)	\$5,100.68	\$8,986.92	\$10,201.36	\$10,808.59	\$12,144.48
Not for Profit	Per Bed	85005(B)	\$5,100.68	\$8,986.92	\$10,201.36	\$10,808.59	\$12,144.48
<b>EXTENDED CARE / RESIDENTIAL CARE / INDEPENDENT LIVING</b>							
For Profit	Per Bed	80955	\$170.02	\$299.56	\$340.05	\$360.29	\$404.82
Not for Profit	Per Bed	80956	\$170.02	\$299.56	\$340.05	\$360.29	\$404.82
<b>CONVALESCENT OR NURSING HOMES / ACUTE EXTENDED CARE</b>							
For Profit	Per Bed	80923	\$425.06	\$748.91	\$850.11	\$900.72	\$1,012.04
Not for Profit	Per Bed	80924	\$425.06	\$748.91	\$850.11	\$900.72	\$1,012.04
<b>ASSISTED LIVING</b>							
For Profit	Per Bed	80522	\$221.03	\$389.43	\$442.06	\$468.37	\$526.26
Not for Profit	Per Bed	80524	\$221.03	\$389.43	\$442.06	\$468.37	\$526.26
<b>HOSPICES (SANITARIUMS)</b>							
For Profit	Per Bed	80925	\$510.07	\$898.69	\$1,020.14	\$1,080.86	\$1,214.45
Not for Profit	Per Bed	80926	\$510.07	\$898.69	\$1,020.14	\$1,080.86	\$1,214.45
<b>EMERGENCY ROOM</b>							
For Profit	OPV's	80653	\$297.54	\$524.24	\$595.08	\$630.50	\$708.43
Not for Profit	OPV's	80654	\$297.54	\$524.24	\$595.08	\$630.50	\$708.43
<b>CLINICS, DISPENSARIES OR INFIRMARIES</b>							
For Profit	OPV'S	80613	\$85.01	\$149.78	\$170.02	\$180.14	\$202.41
Not for Profit	OPV's	80614	\$85.01	\$149.78	\$170.02	\$180.14	\$202.41
<b>SURGICAL OR OTHER HEALTH RELATED FACILITIES/HOSPITAL OUTPATIENT SURGERIES</b>							
	Per 100 Procedures	80453	\$680.09	\$1,198.26	\$1,360.18	\$1,441.14	\$1,619.26

\*Per Bed = Per occupied bed, crib or bassinet  
OPV's = Per 100 outpatient visits

**FILED**

APR 01 2010

STATE OF ILLINOIS  
DEPARTMENT OF INSURANCE  
SPRINGFIELD, ILLINOIS  
Effective April 1, 2010

Basic Professional Liability  
Rates for \$1,000,000/\$3,000,000  
Illinois – Territory 3  
Remainder of State  
Standard Hospital Programs

Classification	Rating Basis*	Code	Claims-Made Rates by Year				
			1	2	3	4	5+
<b>HOSPITAL-NOC</b>							
For Profit	Per Bed	80611	\$1,120.15	\$1,973.60	\$2,240.30	\$2,373.65	\$2,667.02
	OPV's	80610	\$67.21	\$118.42	\$134.42	\$142.42	\$160.02
Not for Profit	Per Bed	80612	\$1,120.15	\$1,973.60	\$2,240.30	\$2,373.65	\$2,667.02
	OPV's	80617	\$67.21	\$118.42	\$134.42	\$142.42	\$160.02
<b>MENTAL-PSYCHOPATHIC INSTITUTIONS</b>							
For Profit	Per Bed	80997	\$784.10	\$1,381.52	\$1,568.21	\$1,661.56	\$1,866.92
	OPV's	80999	\$42.57	\$75.00	\$85.13	\$90.20	\$101.35
Not for Profit	Per Bed	80916	\$784.10	\$1,381.52	\$1,568.21	\$1,661.56	\$1,866.92
	OPV's	80917	\$42.57	\$75.00	\$85.13	\$90.20	\$101.35
<b>BASSINETS - staff enh. EFM training</b>							
For Profit	Per Bed	85004(A)	\$2,520.34	\$4,440.59	\$5,040.67	\$5,340.71	\$6,000.80
Not for Profit	Per Bed	85005(A)	\$2,520.34	\$4,440.59	\$5,040.67	\$5,340.71	\$6,000.80
<b>BASSINETS - standard</b>							
For Profit	Per Bed	85004(B)	\$3,360.45	\$5,920.79	\$6,720.90	\$7,120.95	\$8,001.07
Not for Profit	Per Bed	85005(B)	\$3,360.45	\$5,920.79	\$6,720.90	\$7,120.95	\$8,001.07
<b>EXTENDED CARE / RESIDENTIAL CARE / INDEPENDENT LIVING</b>							
For Profit	Per Bed	80955	\$112.01	\$197.36	\$224.03	\$237.37	\$266.70
Not for Profit	Per Bed	80956	\$112.01	\$197.36	\$224.03	\$237.37	\$266.70
<b>CONVALESCENT OR NURSING HOMES / ACUTE EXTENDED CARE</b>							
For Profit	Per Bed	80923	\$280.04	\$493.40	\$560.07	\$593.41	\$666.76
Not for Profit	Per Bed	80924	\$280.04	\$493.40	\$560.07	\$593.41	\$666.76
<b>ASSISTED LIVING</b>							
For Profit	Per Bed	80522	\$145.62	\$256.57	\$291.24	\$308.57	\$346.71
Not for Profit	Per Bed	80524	\$145.62	\$256.57	\$291.24	\$308.57	\$346.71
<b>HOSPICES (SANITARIUMS)</b>							
For Profit	Per Bed	80925	\$336.04	\$592.08	\$672.09	\$712.10	\$800.11
Not for Profit	Per Bed	80926	\$336.04	\$592.08	\$672.09	\$712.10	\$800.11
<b>EMERGENCY ROOM</b>							
For Profit	OPV's	80653	\$196.03	\$345.38	\$392.05	\$415.39	\$466.73
Not for Profit	OPV's	80654	\$196.03	\$345.38	\$392.05	\$415.39	\$466.73
<b>CLINICS, DISPENSARIES OR INFIRMARIES</b>							
For Profit	OPV'S	80613	\$56.01	\$98.68	\$112.01	\$118.68	\$133.35
Not for Profit	OPV's	80614	\$56.01	\$98.68	\$112.01	\$118.68	\$133.35
<b>SURGICAL OR OTHER HEALTH RELATED FACILITIES/HOSPITAL OUTPATIENT SURGERIES</b>							
	Per 100 Procedures	80453	\$448.06	\$789.44	\$896.12	\$949.46	\$1,066.81

\*Per Bed = Per occupied bed, crib or bassinet  
OPV's = Per 100 outpatient visits

**FILED**

APR 01 2010

STATE OF ILLINOIS  
DEPARTMENT OF INSURANCE  
SPRINGFIELD, ILLINOIS  
Effective April 1, 2010

Basic Professional Liability  
 Rates for \$1,000,000/\$3,000,000  
 Illinois – Territory 4  
 DuPage, Kane, Lake, McHenry and Will Counties  
 Standard Hospital Programs

Classification	Rating Basis*	Code	Claims-Made Rates by Year				
			1	2	3	4	5+
<b>HOSPITAL-NOC</b>							
For Profit	Per Bed	80611	\$1,700.23	\$2,995.64	\$3,400.45	\$3,602.86	\$4,048.16
	OPV's	80610	\$102.01	\$102.01	\$102.01	\$102.01	\$102.01
Not for Profit	Per Bed	80612	\$1,700.23	\$2,995.64	\$3,400.45	\$3,602.86	\$4,048.16
	OPV's	80617	\$102.01	\$102.01	\$102.01	\$102.01	\$102.01
<b>MENTAL-PSYCHOPATHIC INSTITUTIONS</b>							
For Profit	Per Bed	80997	\$1,190.16	\$2,096.95	\$2,380.32	\$2,522.00	\$2,833.71
	OPV's	80999	\$64.61	\$113.83	\$129.22	\$136.91	\$153.83
Not for Profit	Per Bed	80916	\$1,190.16	\$2,096.95	\$2,380.32	\$2,522.00	\$2,833.71
	OPV's	80917	\$64.61	\$113.83	\$129.22	\$136.91	\$153.83
<b>BASSINETS - staff enh. EFM training</b>							
For Profit	Per Bed	85004(A)	\$3,825.51	\$6,740.19	\$7,651.02	\$8,106.44	\$9,108.36
Not for Profit	Per Bed	85005(A)	\$3,825.51	\$6,740.19	\$7,651.02	\$8,106.44	\$9,108.36
<b>BASSINETS - standard</b>							
For Profit	Per Bed	85004(B)	\$5,100.68	\$8,986.92	\$10,201.36	\$10,808.59	\$12,144.48
Not for Profit	Per Bed	85005(B)	\$5,100.68	\$8,986.92	\$10,201.36	\$10,808.59	\$12,144.48
<b>EXTENDED CARE / RESIDENTIAL CARE / INDEPENDENT LIVING</b>							
For Profit	Per Bed	80955	\$170.02	\$299.56	\$340.05	\$360.29	\$404.82
Not for Profit	Per Bed	80956	\$170.02	\$299.56	\$340.05	\$360.29	\$404.82
<b>CONVALESCENT OR NURSING HOMES / ACUTE EXTENDED CARE</b>							
For Profit	Per Bed	80923	\$425.06	\$748.91	\$850.11	\$900.72	\$1,012.04
Not for Profit	Per Bed	80924	\$425.06	\$748.91	\$850.11	\$900.72	\$1,012.04
<b>ASSISTED LIVING</b>							
For Profit	Per Bed	80522	\$221.03	\$389.43	\$442.06	\$468.37	\$526.26
Not for Profit	Per Bed	80524	\$221.03	\$389.43	\$442.06	\$468.37	\$526.26
<b>HOSPICES (SANITARIUMS)</b>							
For Profit	Per Bed	80925	\$510.07	\$898.69	\$1,020.14	\$1,080.86	\$1,214.45
Not for Profit	Per Bed	80926	\$510.07	\$898.69	\$1,020.14	\$1,080.86	\$1,214.45
<b>EMERGENCY ROOM</b>							
For Profit	OPV's	80653	\$297.54	\$524.24	\$595.08	\$630.50	\$708.43
Not for Profit	OPV's	80654	\$297.54	\$524.24	\$595.08	\$630.50	\$708.43
<b>CLINICS, DISPENSARIES OR INFIRMARIES</b>							
For Profit	OPV'S	80613	\$85.01	\$149.78	\$170.02	\$180.14	\$202.41
Not for Profit	OPV's	80614	\$85.01	\$149.78	\$170.02	\$180.14	\$202.41
<b>SURGICAL OR OTHER HEALTH RELATED FACILITIES/HOSPITAL OUTPATIENT SURGERIES</b>							
	Per 100	80453	\$680.09	\$1,198.26	\$1,360.18	\$1,441.14	\$1,619.26
	Procedures						

\*Per Bed = Per occupied bed, crib or bassinet  
 OPV's = Per 100 outpatient visits

**FILED**

APR 01 2010

STATE OF ILLINOIS  
 DEPARTMENT OF INSURANCE  
 SPRINGFIELD, ILLINOIS

Basic Professional Liability  
Reporting Endorsement OPTION  
Rates for \$1,000,000/\$3,000,000 Limits  
Illinois – Territory 1  
Cook, Madison and St. Clair Counties  
Standard Hospital Programs

Classification	Rating Basis*	Code	Claims-Made Rates by Year				
			1	2	3	4	5+
<b>HOSPITAL-NOC</b>							
For Profit	Per Bed	80611	\$3,238.53	\$5,000.67	\$6,286.55	\$7,334.31	\$7,953.44
	OPV's	80610	\$194.31	\$300.04	\$377.19	\$440.06	\$477.21
Not for Profit	Per Bed	80612	\$3,238.53	\$5,000.67	\$6,286.55	\$7,334.31	\$7,953.44
	OPV's	80617	\$194.31	\$300.04	\$377.19	\$440.06	\$477.21
<b>MENTAL-PSYCHOPATHIC INSTITUTIONS</b>							
For Profit	Per Bed	80997	\$2,266.97	\$3,500.47	\$4,400.59	\$5,134.02	\$5,567.41
	OPV's	80999	\$123.06	\$190.03	\$238.89	\$278.70	\$302.23
Not for Profit	Per Bed	80916	\$2,266.97	\$3,500.47	\$4,400.59	\$5,134.02	\$5,567.41
	OPV's	80917	\$123.06	\$190.03	\$238.89	\$278.70	\$302.23
<b>BASSINETS - staff enh. EFM training</b>							
For Profit	Per Bed	85004(A)	\$7,286.69	\$11,251.50	\$14,144.75	\$16,502.21	\$17,895.25
Not for Profit	Per Bed	85005(A)	\$7,286.69	\$11,251.50	\$14,144.75	\$16,502.21	\$17,895.25
<b>BASSINETS - standard</b>							
For Profit	Per Bed	85004(B)	\$9,715.58	\$15,002.00	\$18,859.66	\$22,002.94	\$23,860.33
Not for Profit	Per Bed	85005(B)	\$9,715.58	\$15,002.00	\$18,859.66	\$22,002.94	\$23,860.33
<b>EXTENDED CARE / RESIDENTIAL CARE / INDEPENDENT LIVING</b>							
For Profit	Per Bed	80955	\$323.85	\$500.07	\$628.66	\$733.43	\$795.34
Not for Profit	Per Bed	80956	\$323.85	\$500.07	\$628.66	\$733.43	\$795.34
<b>CONVALESCENT OR NURSING HOMES / ACUTE EXTENDED CARE</b>							
For Profit	Per Bed	80923	\$809.63	\$1,250.17	\$1,571.64	\$1,833.58	\$1,988.36
Not for Profit	Per Bed	80924	\$809.63	\$1,250.17	\$1,571.64	\$1,833.58	\$1,988.36
<b>ASSISTED LIVING</b>							
For Profit	Per Bed	80522	\$421.01	\$650.09	\$817.25	\$953.46	\$1,033.95
Not for Profit	Per Bed	80524	\$421.01	\$650.09	\$817.25	\$953.46	\$1,033.95
<b>HOSPICES (SANITARIUMS)</b>							
For Profit	Per Bed	80925	\$971.56	\$1,500.20	\$1,885.97	\$2,200.29	\$2,386.03
Not for Profit	Per Bed	80926	\$971.56	\$1,500.20	\$1,885.97	\$2,200.29	\$2,386.03
<b>EMERGENCY ROOM</b>							
For Profit	OPV's	80653	\$566.74	\$875.12	\$1,100.15	\$1,283.50	\$1,391.85
Not for Profit	OPV's	80654	\$566.74	\$875.12	\$1,100.15	\$1,283.50	\$1,391.85
<b>CLINICS, DISPENSARIES OR INFIRMARIES</b>							
For Profit	OPV'S	80613	\$161.93	\$250.03	\$314.33	\$366.72	\$397.67
Not for Profit	OPV's	80614	\$161.93	\$250.03	\$314.33	\$366.72	\$397.67
<b>SURGICAL OR OTHER HEALTH RELATED FACILITIES/HOSPITAL OUTPATIENT SURGERIES</b>							
	Per 100 Procedures	80453	\$1,295.41	\$2,000.27	\$2,514.62	\$2,933.73	\$3,181.38

Extended Reporting Endorsement rates calculated by multiplying the mature claims made rate for the applicable territory, limit, and specialty by the appropriate factor from the following table:

ERE Step 1	0.680
ERE Step 2	1.050
ERE Step 3	1.320
ERE Step 4	1.540
ERE Step 5	1.670

Reporting Endorsement rates not indicated will be charged a Reporting Endorsement premium equal to 200% of the expiring or current policy year's premium.

Five Year Reporting Endorsement – 5% Credit applied to Reporting Endorsement premium.

Three Year Reporting Endorsement – 15% Credit applied to Reporting Endorsement premium.

**FILED**

Basic Professional Liability  
Reporting Endorsement OPTION  
Rates for \$1,000,000/\$3,000,000 Limits  
Illinois – Territory 2  
Champaign, Jackson, Macon, Sangamon and Vermillion Counties  
Standard Hospital Programs

Classification	Rating Basis*	Code	Claims-Made Rates by Year				
			1	2	3	4	5+
<b>HOSPITAL-NOG</b>							
For Profit	Per Bed	80611	\$2,752.75	\$4,250.57	\$5,343.57	\$6,234.17	\$6,760.43
	OPV's	80610	\$165.16	\$255.03	\$320.61	\$374.05	\$405.63
Not for Profit	Per Bed	80612	\$2,752.75	\$4,250.57	\$5,343.57	\$6,234.17	\$6,760.43
	OPV's	80617	\$165.16	\$255.03	\$320.61	\$374.05	\$405.63
<b>MENTAL-PSYCHOPATHIC INSTITUTIONS</b>							
For Profit	Per Bed	80997	\$1,926.92	\$2,975.40	\$3,740.50	\$4,363.92	\$4,732.30
	OPV's	80999	\$104.60	\$161.52	\$203.06	\$236.90	\$256.90
Not for Profit	Per Bed	80916	\$1,926.92	\$2,975.40	\$3,740.50	\$4,363.92	\$4,732.30
	OPV's	80917	\$104.60	\$161.52	\$203.06	\$236.90	\$256.90
<b>BASSINETS - staff enh. EFM training</b>							
For Profit	Per Bed	85004(A)	\$6,193.68	\$9,563.78	\$12,023.04	\$14,026.87	\$15,210.96
Not for Profit	Per Bed	85005(A)	\$6,193.68	\$9,563.78	\$12,023.04	\$14,026.87	\$15,210.96
<b>BASSINETS - standard</b>							
For Profit	Per Bed	85004(B)	\$8,258.25	\$12,751.70	\$16,030.71	\$18,702.50	\$20,281.28
Not for Profit	Per Bed	85005(B)	\$8,258.25	\$12,751.70	\$16,030.71	\$18,702.50	\$20,281.28
<b>EXTENDED CARE / RESIDENTIAL CARE / INDEPENDENT LIVING</b>							
For Profit	Per Bed	80955	\$275.27	\$425.06	\$534.36	\$623.42	\$676.04
Not for Profit	Per Bed	80956	\$275.27	\$425.06	\$534.36	\$623.42	\$676.04
<b>CONVALESCENT OR NURSING HOMES / ACUTE EXTENDED CARE</b>							
For Profit	Per Bed	80923	\$688.19	\$1,062.64	\$1,335.89	\$1,558.54	\$1,690.11
Not for Profit	Per Bed	80924	\$688.19	\$1,062.64	\$1,335.89	\$1,558.54	\$1,690.11
<b>ASSISTED LIVING</b>							
For Profit	Per Bed	80522	\$357.86	\$552.57	\$694.66	\$810.44	\$878.86
Not for Profit	Per Bed	80524	\$357.86	\$552.57	\$694.66	\$810.44	\$878.86
<b>HOSPICES (SANITARIUMS)</b>							
For Profit	Per Bed	80925	\$825.82	\$1,275.17	\$1,603.07	\$1,870.25	\$2,028.13
Not for Profit	Per Bed	80926	\$825.82	\$1,275.17	\$1,603.07	\$1,870.25	\$2,028.13
<b>EMERGENCY ROOM</b>							
For Profit	OPV's	80653	\$481.73	\$743.85	\$935.12	\$1,090.98	\$1,183.07
Not for Profit	OPV's	80654	\$481.73	\$743.85	\$935.12	\$1,090.98	\$1,183.07
<b>CLINICS, DISPENSARIES OR INFIRMARIES</b>							
For Profit	OPV'S	80613	\$137.64	\$212.53	\$267.18	\$311.71	\$338.02
Not for Profit	OPV's	80614	\$137.64	\$212.53	\$267.18	\$311.71	\$338.02
<b>SURGICAL OR OTHER HEALTH RELATED FACILITIES/HOSPITAL OUTPATIENT SURGERIES</b>							
	Per 100 Procedures	80453	\$1,101.10	\$1,700.23	\$2,137.43	\$2,493.67	\$2,704.17

Extended Reporting Endorsement rates calculated by multiplying the mature claims made rate for the applicable territory, limit, and specialty by the appropriate factor from the following table:

ERE Step 1	0.680
ERE Step 2	1.050
ERE Step 3	1.320
ERE Step 4	1.540
ERE Step 5	1.670

Reporting Endorsement rates not indicated will be charged a Reporting Endorsement premium equal to 200% of the expiring or current policy year's premium.

Five Year Reporting Endorsement – 5% Credit applied to Reporting Endorsement premium.

Three Year Reporting Endorsement – 15% Credit applied to Reporting Endorsement premium.

**FILED**

Basic Professional Liability  
Reporting Endorsement OPTION  
Rates for \$1,000,000/\$3,000,000 Limits  
Illinois – Territory 3  
Remainder of State  
Standard Hospital Programs

Classification	Rating Basis*	Code	Claims-Made Rates by Year				
			1	2	3	4	5+
<b>HOSPITAL-NOC</b>							
For Profit	Per Bed	80611	\$1,813.58	\$2,800.37	\$3,520.47	\$4,107.22	\$4,453.93
	OPV's	80610	\$108.81	\$168.02	\$211.23	\$246.43	\$267.24
Not for Profit	Per Bed	80612	\$1,813.58	\$2,800.37	\$3,520.47	\$4,107.22	\$4,453.93
	OPV's	80617	\$108.81	\$168.02	\$211.23	\$246.43	\$267.24
<b>MENTAL-PSYCHOPATHIC INSTITUTIONS</b>							
For Profit	Per Bed	80997	\$1,269.50	\$1,960.26	\$2,464.33	\$2,875.05	\$3,117.75
	OPV's	80999	\$68.92	\$106.41	\$133.78	\$156.07	\$169.25
Not for Profit	Per Bed	80916	\$1,269.50	\$1,960.26	\$2,464.33	\$2,875.05	\$3,117.75
	OPV's	80917	\$68.92	\$106.41	\$133.78	\$156.07	\$169.25
<b>BASSINETS - staff enh. EFM training</b>							
For Profit	Per Bed	85004(A)	\$4,080.55	\$6,300.84	\$7,921.06	\$9,241.23	\$10,021.34
Not for Profit	Per Bed	85005(A)	\$4,080.55	\$6,300.84	\$7,921.06	\$9,241.23	\$10,021.34
<b>BASSINETS - standard</b>							
For Profit	Per Bed	85004(B)	\$5,440.73	\$8,401.12	\$10,561.41	\$12,321.65	\$13,361.79
Not for Profit	Per Bed	85005(B)	\$5,440.73	\$8,401.12	\$10,561.41	\$12,321.65	\$13,361.79
<b>EXTENDED CARE / RESIDENTIAL CARE / INDEPENDENT LIVING</b>							
For Profit	Per Bed	80955	\$181.36	\$280.04	\$352.05	\$410.72	\$445.39
Not for Profit	Per Bed	80956	\$181.36	\$280.04	\$352.05	\$410.72	\$445.39
<b>CONVALESCENT OR NURSING HOMES / ACUTE EXTENDED CARE</b>							
For Profit	Per Bed	80923	\$453.39	\$700.09	\$880.12	\$1,026.80	\$1,113.48
Not for Profit	Per Bed	80924	\$453.39	\$700.09	\$880.12	\$1,026.80	\$1,113.48
<b>ASSISTED LIVING</b>							
For Profit	Per Bed	80522	\$235.76	\$364.05	\$457.66	\$533.94	\$579.01
Not for Profit	Per Bed	80524	\$235.76	\$364.05	\$457.66	\$533.94	\$579.01
<b>HOSPICES (SANITARIUMS)</b>							
For Profit	Per Bed	80925	\$544.07	\$840.11	\$1,056.14	\$1,232.16	\$1,336.18
Not for Profit	Per Bed	80926	\$544.07	\$840.11	\$1,056.14	\$1,232.16	\$1,336.18
<b>EMERGENCY ROOM</b>							
For Profit	OPV's	80653	\$317.38	\$490.07	\$616.08	\$718.76	\$779.44
Not for Profit	OPV's	80654	\$317.38	\$490.07	\$616.08	\$718.76	\$779.44
<b>CLINICS, DISPENSARIES OR INFIRMARIES</b>							
For Profit	OPV'S	80613	\$90.68	\$140.02	\$176.02	\$205.36	\$222.70
Not for Profit	OPV's	80614	\$90.68	\$140.02	\$176.02	\$205.36	\$222.70
<b>SURGICAL OR OTHER HEALTH RELATED FACILITIES/HOSPITAL OUTPATIENT SURGERIES</b>							
	Per 100 Procedures	80453	\$725.43	\$1,120.15	\$1,408.19	\$1,642.89	\$1,781.57

Extended Reporting Endorsement rates calculated by multiplying the mature claims made rate for the applicable territory, limit, and specialty by the appropriate factor from the following table:

ERE Step 1	0.680
ERE Step 2	1.050
ERE Step 3	1.320
ERE Step 4	1.540
ERE Step 5	1.670

Reporting Endorsement rates not indicated will be charged a Reporting Endorsement premium equal to 200% of the expiring or current policy year's premium.

Five Year Reporting Endorsement – 5% Credit applied to Reporting Endorsement premium.

Three Year Reporting Endorsement – 15% Credit applied to Reporting Endorsement premium.

**FILED**

APR 01 2010

Effective April 1, 2010

STATE OF ILLINOIS  
DEPARTMENT OF INSURANCE  
SPRINGFIELD, ILLINOIS

Basic Professional Liability  
Reporting Endorsement OPTION  
Rates for \$1,000,000/\$3,000,000 Limits  
Illinois – Territory 4  
DuPage, Kane, Lake, McHenry and Will Counties  
Standard Hospital Programs

Classification	Rating Basis*	Code	Claims-Made Rates by Year				
			1	2	3	4	5+
<b>HOSPITAL-NOG</b>							
For Profit	Per Bed	80611	\$2,752.75	\$4,250.57	\$5,343.57	\$6,234.17	\$6,760.43
	OPV's	80610	\$165.16	\$255.03	\$320.61	\$374.05	\$405.63
Not for Profit	Per Bed	80612	\$2,752.75	\$4,250.57	\$5,343.57	\$6,234.17	\$6,760.43
	OPV's	80617	\$165.16	\$255.03	\$320.61	\$374.05	\$405.63
<b>MENTAL-PSYCHOPATHIC INSTITUTIONS</b>							
For Profit	Per Bed	80997	\$1,926.92	\$2,975.40	\$3,740.50	\$4,363.92	\$4,732.30
	OPV's	80999	\$104.60	\$161.52	\$203.06	\$236.90	\$256.90
Not for Profit	Per Bed	80916	\$1,926.92	\$2,975.40	\$3,740.50	\$4,363.92	\$4,732.30
	OPV's	80917	\$104.60	\$161.52	\$203.06	\$236.90	\$256.90
<b>BASSINETS - staff enh. EFM training</b>							
For Profit	Per Bed	85004(A)	\$6,193.68	\$9,563.78	\$12,023.04	\$14,026.87	\$15,210.96
Not for Profit	Per Bed	85005(A)	\$6,193.68	\$9,563.78	\$12,023.04	\$14,026.87	\$15,210.96
<b>BASSINETS - standard</b>							
For Profit	Per Bed	85004(B)	\$8,258.25	\$12,751.70	\$16,030.71	\$18,702.50	\$20,281.28
Not for Profit	Per Bed	85005(B)	\$8,258.25	\$12,751.70	\$16,030.71	\$18,702.50	\$20,281.28
<b>EXTENDED CARE / RESIDENTIAL CARE / INDEPENDENT LIVING</b>							
For Profit	Per Bed	80955	\$275.27	\$425.06	\$534.36	\$623.42	\$676.04
Not for Profit	Per Bed	80956	\$275.27	\$425.06	\$534.36	\$623.42	\$676.04
<b>CONVALESCENT OR NURSING HOMES / ACUTE EXTENDED CARE</b>							
For Profit	Per Bed	80923	\$688.19	\$1,062.64	\$1,335.89	\$1,558.54	\$1,690.11
Not for Profit	Per Bed	80924	\$688.19	\$1,062.64	\$1,335.89	\$1,558.54	\$1,690.11
<b>ASSISTED LIVING</b>							
For Profit	Per Bed	80522	\$357.86	\$552.57	\$694.66	\$810.44	\$878.86
Not for Profit	Per Bed	80524	\$357.86	\$552.57	\$694.66	\$810.44	\$878.86
<b>HOSPICES (SANITARIUMS)</b>							
For Profit	Per Bed	80925	\$825.82	\$1,275.17	\$1,603.07	\$1,870.25	\$2,028.13
Not for Profit	Per Bed	80926	\$825.82	\$1,275.17	\$1,603.07	\$1,870.25	\$2,028.13
<b>EMERGENCY ROOM</b>							
For Profit	OPV's	80653	\$481.73	\$743.85	\$935.12	\$1,090.98	\$1,183.07
Not for Profit	OPV's	80654	\$481.73	\$743.85	\$935.12	\$1,090.98	\$1,183.07
<b>CLINICS, DISPENSARIES OR INFIRMARIES</b>							
For Profit	OPV'S	80613	\$137.64	\$212.53	\$267.18	\$311.71	\$338.02
Not for Profit	OPV's	80614	\$137.64	\$212.53	\$267.18	\$311.71	\$338.02
<b>SURGICAL OR OTHER HEALTH RELATED FACILITIES/HOSPITAL OUTPATIENT SURGERIES</b>							
	Per 100 Procedures	80453	\$1,101.10	\$1,700.23	\$2,137.43	\$2,493.67	\$2,704.17

Extended Reporting Endorsement rates calculated by multiplying the mature claims made rate for the applicable territory, limit, and specialty by the appropriate factor from the following table:

ERE Step 1	0.680
ERE Step 2	1.050
ERE Step 3	1.320
ERE Step 4	1.540
ERE Step 5	1.670

Reporting Endorsement rates not indicated will be charged a Reporting Endorsement premium equal to 200% of the expiring or current policy year's premium.

Five Year Reporting Endorsement – 5% Credit applied to Reporting Endorsement premium.

Three Year Reporting Endorsement – 15% Credit applied to Reporting Endorsement premium.

**FILED**

APR 01 2010

Effective April 1, 2010

STATE OF ILLINOIS  
DEPARTMENT OF INSURANCE

Basic Professional Liability  
Rates for \$1,000,000/\$3,000,000  
Illinois – Territory 1  
Cook, Madison and St. Clair Counties  
Community Based Hospital Program

Classification	Rating Basis*	Code	Claims-Made Rates by Year				
			1	2	3	4	5+
<b>HOSPITAL-NOC</b>							
For Profit	Per Bed	80611	\$700.09	\$1,233.50	\$1,400.19	\$1,483.53	\$1,666.89
	OPV's	80610	\$42.01	\$74.01	\$84.01	\$89.01	\$100.01
Not for Profit	Per Bed	80612	\$700.09	\$1,233.50	\$1,400.19	\$1,483.53	\$1,666.89
	OPV's	80617	\$42.01	\$74.01	\$84.01	\$89.01	\$100.01
<b>MENTAL-PSYCHOPATHIC INSTITUTIONS</b>							
For Profit	Per Bed	80997	\$490.07	\$863.45	\$980.13	\$1,038.47	\$1,166.82
	OPV's	80999	\$26.60	\$46.87	\$53.21	\$56.37	\$63.34
Not for Profit	Per Bed	80916	\$490.07	\$863.45	\$980.13	\$1,038.47	\$1,166.82
	OPV's	80917	\$26.60	\$46.87	\$53.21	\$56.37	\$63.34
<b>BASSINETS - staff enh. EFM training</b>							
For Profit	Per Bed	85004(A)	\$1,575.21	\$2,775.37	\$3,150.42	\$3,337.95	\$3,750.50
Not for Profit	Per Bed	85005(A)	\$1,575.21	\$2,775.37	\$3,150.42	\$3,337.95	\$3,750.50
<b>BASSINETS - standard</b>							
For Profit	Per Bed	85004(B)	\$2,100.28	\$3,700.49	\$4,200.56	\$4,450.59	\$5,000.67
Not for Profit	Per Bed	85005(B)	\$2,100.28	\$3,700.49	\$4,200.56	\$4,450.59	\$5,000.67
<b>EXTENDED CARE / RESIDENTIAL CARE / INDEPENDENT LIVING</b>							
For Profit	Per Bed	80955	\$70.01	\$123.35	\$140.02	\$148.35	\$166.69
Not for Profit	Per Bed	80956	\$70.01	\$123.35	\$140.02	\$148.35	\$166.69
<b>CONVALESCENT OR NURSING HOMES / ACUTE EXTENDED CARE</b>							
For Profit	Per Bed	80923	\$175.02	\$308.37	\$350.05	\$370.88	\$416.72
Not for Profit	Per Bed	80924	\$175.02	\$308.37	\$350.05	\$370.88	\$416.72
<b>ASSISTED LIVING</b>							
For Profit	Per Bed	80522	\$91.01	\$160.36	\$182.02	\$192.86	\$216.70
Not for Profit	Per Bed	80524	\$91.01	\$160.36	\$182.02	\$192.86	\$216.70
<b>HOSPICES (SANITARIUMS)</b>							
For Profit	Per Bed	80925	\$210.03	\$370.05	\$420.06	\$445.06	\$500.07
Not for Profit	Per Bed	80926	\$210.03	\$370.05	\$420.06	\$445.06	\$500.07
<b>EMERGENCY ROOM</b>							
For Profit	OPV's	80653	\$122.52	\$215.86	\$245.03	\$259.62	\$291.70
Not for Profit	OPV's	80654	\$122.52	\$215.86	\$245.03	\$259.62	\$291.70
<b>CLINICS, DISPENSARIES OR INFIRMARIES</b>							
For Profit	OPV'S	80613	\$35.00	\$61.67	\$70.01	\$74.18	\$83.35
Not for Profit	OPV's	80614	\$35.00	\$61.67	\$70.01	\$74.18	\$83.35
<b>SURGICAL OR OTHER HEALTH RELATED FACILITIES/HOSPITAL OUTPATIENT SURGERIES</b>							
	Per 100 Procedures	80453	\$280.04	\$493.40	\$560.07	\$593.41	\$666.76

\*Per Bed = Per occupied bed, crib or bassinet  
OPV's = Per 100 outpatient visits

**FILED**

APR 01 2010

Basic Professional Liability  
Rates for \$1,000,000/\$3,000,000  
Illinois – Territory 2  
Champaign, Jackson, Macon, Sangamon and Vermillion Counties  
Community Based Hospital Program

Classification	Rating Basis*	Code	Claims-Made Rates by Year				
			1	2	3	4	5+
<b>HOSPITAL-NOC</b>							
For Profit	Per Bed	80611	\$595.08	\$1,048.47	\$1,190.16	\$1,261.00	\$1,416.86
	OPV's	80610	\$35.70	\$62.91	\$71.41	\$75.66	\$85.01
Not for Profit	Per Bed	80612	\$595.08	\$1,048.47	\$1,190.16	\$1,261.00	\$1,416.86
	OPV's	80617	\$35.70	\$62.91	\$71.41	\$75.66	\$85.01
<b>MENTAL-PSYCHOPATHIC INSTITUTIONS</b>							
For Profit	Per Bed	80997	\$416.56	\$733.93	\$833.11	\$882.70	\$991.80
	OPV's	80999	\$22.61	\$39.84	\$45.23	\$47.92	\$53.84
Not for Profit	Per Bed	80916	\$416.56	\$733.93	\$833.11	\$882.70	\$991.80
	OPV's	80917	\$22.61	\$39.84	\$45.23	\$47.92	\$53.84
<b>BASSINETS - staff enh. EFM training</b>							
For Profit	Per Bed	85004(A)	\$1,338.93	\$2,359.07	\$2,677.86	\$2,837.25	\$3,187.93
Not for Profit	Per Bed	85005(A)	\$1,338.93	\$2,359.07	\$2,677.86	\$2,837.25	\$3,187.93
<b>BASSINETS - standard</b>							
For Profit	Per Bed	85004(B)	\$1,785.24	\$3,145.42	\$3,570.48	\$3,783.01	\$4,250.57
Not for Profit	Per Bed	85005(B)	\$1,785.24	\$3,145.42	\$3,570.48	\$3,783.01	\$4,250.57
<b>EXTENDED CARE / RESIDENTIAL CARE / INDEPENDENT LIVING</b>							
For Profit	Per Bed	80955	\$59.51	\$104.85	\$119.02	\$126.10	\$141.69
Not for Profit	Per Bed	80956	\$59.51	\$104.85	\$119.02	\$126.10	\$141.69
<b>CONVALESCENT OR NURSING HOMES / ACUTE EXTENDED CARE</b>							
For Profit	Per Bed	80923	\$148.77	\$262.12	\$297.54	\$315.25	\$354.21
Not for Profit	Per Bed	80924	\$148.77	\$262.12	\$297.54	\$315.25	\$354.21
<b>ASSISTED LIVING</b>							
For Profit	Per Bed	80522	\$77.36	\$136.30	\$154.72	\$163.93	\$184.19
Not for Profit	Per Bed	80524	\$77.36	\$136.30	\$154.72	\$163.93	\$184.19
<b>HOSPICES (SANITARIUMS)</b>							
For Profit	Per Bed	80925	\$178.52	\$314.54	\$357.05	\$378.30	\$425.06
Not for Profit	Per Bed	80926	\$178.52	\$314.54	\$357.05	\$378.30	\$425.06
<b>EMERGENCY ROOM</b>							
For Profit	OPV's	80653	\$104.14	\$183.48	\$208.28	\$220.68	\$247.95
Not for Profit	OPV's	80654	\$104.14	\$183.48	\$208.28	\$220.68	\$247.95
<b>CLINICS, DISPENSARIES OR INFIRMARIES</b>							
For Profit	OPV'S	80613	\$29.75	\$52.42	\$59.51	\$63.05	\$70.84
Not for Profit	OPV's	80614	\$29.75	\$52.42	\$59.51	\$63.05	\$70.84
<b>SURGICAL OR OTHER HEALTH RELATED FACILITIES/HOSPITAL OUTPATIENT SURGERIES</b>							
	Per 100 Procedures	80453	\$238.03	\$419.39	\$476.06	\$504.40	\$566.74

\*Per Bed = Per occupied bed, crib or bassinet  
OPV's = Per 100 outpatient visits

**FILED**

APR 01 2010

STATE OF ILLINOIS  
Effective April 1, 2010 INSURANCE  
SPRINGFIELD, ILLINOIS

Basic Professional Liability  
Rates for \$1,000,000/\$3,000,000  
Illinois – Territory 3  
Remainder of State  
Community Based Hospital Program

Classification	Rating Basis*	Code	Claims-Made Rates by Year				
			1	2	3	4	5+
<b>HOSPITAL-NOC</b>							
For Profit	Per Bed	80611	\$392.05	\$690.76	\$784.11	\$830.78	\$933.46
	OPV's	80610	\$23.52	\$41.45	\$47.05	\$49.85	\$56.01
Not for Profit	Per Bed	80612	\$392.05	\$690.76	\$784.11	\$830.78	\$933.46
	OPV's	80617	\$23.52	\$41.45	\$47.05	\$49.85	\$56.01
<b>MENTAL-PSYCHOPATHIC INSTITUTIONS</b>							
For Profit	Per Bed	80997	\$274.44	\$483.53	\$548.87	\$581.55	\$653.42
	OPV's	80999	\$14.90	\$26.25	\$29.80	\$31.57	\$35.47
Not for Profit	Per Bed	80916	\$274.44	\$483.53	\$548.87	\$581.55	\$653.42
	OPV's	80917	\$14.90	\$26.25	\$29.80	\$31.57	\$35.47
<b>BASSINETS - staff enh. EFM training</b>							
For Profit	Per Bed	85004(A)	\$882.12	\$1,554.21	\$1,764.23	\$1,869.25	\$2,100.28
Not for Profit	Per Bed	85005(A)	\$882.12	\$1,554.21	\$1,764.23	\$1,869.25	\$2,100.28
<b>BASSINETS - standard</b>							
For Profit	Per Bed	85004(B)	\$1,176.16	\$2,072.28	\$2,352.32	\$2,492.33	\$2,800.37
Not for Profit	Per Bed	85005(B)	\$1,176.16	\$2,072.28	\$2,352.32	\$2,492.33	\$2,800.37
<b>EXTENDED CARE / RESIDENTIAL CARE / INDEPENDENT LIVING</b>							
For Profit	Per Bed	80955	\$39.20	\$69.08	\$78.41	\$83.08	\$93.35
Not for Profit	Per Bed	80956	\$39.20	\$69.08	\$78.41	\$83.08	\$93.35
<b>CONVALESCENT OR NURSING HOMES / ACUTE EXTENDED CARE</b>							
For Profit	Per Bed	80923	\$98.01	\$172.69	\$196.02	\$207.69	\$233.37
Not for Profit	Per Bed	80924	\$98.01	\$172.69	\$196.02	\$207.69	\$233.37
<b>ASSISTED LIVING</b>							
For Profit	Per Bed	80522	\$50.97	\$89.80	\$101.93	\$108.00	\$121.35
Not for Profit	Per Bed	80524	\$50.97	\$89.80	\$101.93	\$108.00	\$121.35
<b>HOSPICES (SANITARIUMS)</b>							
For Profit	Per Bed	80925	\$117.61	\$207.23	\$235.23	\$249.24	\$280.04
Not for Profit	Per Bed	80926	\$117.61	\$207.23	\$235.23	\$249.24	\$280.04
<b>EMERGENCY ROOM</b>							
For Profit	OPV's	80653	\$68.61	\$120.88	\$137.22	\$145.39	\$163.36
Not for Profit	OPV's	80654	\$68.61	\$120.88	\$137.22	\$145.39	\$163.36
<b>CLINICS, DISPENSARIES OR INFIRMARIES</b>							
For Profit	OPV'S	80613	\$19.60	\$34.54	\$39.20	\$41.54	\$46.67
Not for Profit	OPV's	80614	\$19.60	\$34.54	\$39.20	\$41.54	\$46.67
<b>SURGICAL OR OTHER HEALTH RELATED FACILITIES/HOSPITAL OUTPATIENT SURGERIES</b>							
	Per 100 Procedures	80453	\$156.82	\$276.30	\$313.64	\$332.31	\$373.38

\*Per Bed = Per occupied bed, crib or bassinet  
OPV's = Per 100 outpatient visits

**FILED**

APR 01 2010

STATE OF ILLINOIS  
Effective April 1, 2010  
DEPARTMENT OF INSURANCE  
SPRINGFIELD, ILLINOIS

Basic Professional Liability  
Rates for \$1,000,000/\$3,000,000  
Illinois – Territory 4  
DuPage, Kane, Lake, McHenry and Will Counties  
Community Based Hospital Program

Classification	Rating Basis*	Code	Claims-Made Rates by Year				
			1	2	3	4	5+
<b>HOSPITAL-NOC</b>							
For Profit	Per Bed	80611	\$595.08	\$1,048.47	\$1,190.16	\$1,261.00	\$1,416.86
	OPV's	80610	\$35.70	\$35.70	\$35.70	\$35.70	\$35.70
Not for Profit	Per Bed	80612	\$595.08	\$1,048.47	\$1,190.16	\$1,261.00	\$1,416.86
	OPV's	80617	\$35.70	\$35.70	\$35.70	\$35.70	\$35.70
<b>MENTAL-PSYCHOPATHIC INSTITUTIONS</b>							
For Profit	Per Bed	80997	\$416.56	\$733.93	\$833.11	\$882.70	\$991.80
	OPV's	80999	\$22.61	\$39.84	\$45.23	\$47.92	\$53.84
Not for Profit	Per Bed	80916	\$416.56	\$733.93	\$833.11	\$882.70	\$991.80
	OPV's	80917	\$22.61	\$39.84	\$45.23	\$47.92	\$53.84
<b>BASSINETS - staff enh. EFM training</b>							
For Profit	Per Bed	85004(A)	\$1,338.93	\$2,359.07	\$2,677.86	\$2,837.25	\$3,187.93
Not for Profit	Per Bed	85005(A)	\$1,338.93	\$2,359.07	\$2,677.86	\$2,837.25	\$3,187.93
<b>BASSINETS - standard</b>							
For Profit	Per Bed	85004(B)	\$1,785.24	\$3,145.42	\$3,570.48	\$3,783.01	\$4,250.57
Not for Profit	Per Bed	85005(B)	\$1,785.24	\$3,145.42	\$3,570.48	\$3,783.01	\$4,250.57
<b>EXTENDED CARE / RESIDENTIAL CARE / INDEPENDENT LIVING</b>							
For Profit	Per Bed	80955	\$59.51	\$104.85	\$119.02	\$126.10	\$141.69
Not for Profit	Per Bed	80956	\$59.51	\$104.85	\$119.02	\$126.10	\$141.69
<b>CONVALESCENT OR NURSING HOMES / ACUTE EXTENDED CARE</b>							
For Profit	Per Bed	80923	\$148.77	\$262.12	\$297.54	\$315.25	\$354.21
Not for Profit	Per Bed	80924	\$148.77	\$262.12	\$297.54	\$315.25	\$354.21
<b>ASSISTED LIVING</b>							
For Profit	Per Bed	80522	\$77.36	\$136.30	\$154.72	\$163.93	\$184.19
Not for Profit	Per Bed	80524	\$77.36	\$136.30	\$154.72	\$163.93	\$184.19
<b>HOSPICES (SANITARIUMS)</b>							
For Profit	Per Bed	80925	\$178.52	\$314.54	\$357.05	\$378.30	\$425.06
Not for Profit	Per Bed	80926	\$178.52	\$314.54	\$357.05	\$378.30	\$425.06
<b>EMERGENCY ROOM</b>							
For Profit	OPV's	80653	\$104.14	\$183.48	\$208.28	\$220.68	\$247.95
Not for Profit	OPV's	80654	\$104.14	\$183.48	\$208.28	\$220.68	\$247.95
<b>CLINICS, DISPENSARIES OR INFIRMARIES</b>							
For Profit	OPV'S	80613	\$29.75	\$52.42	\$59.51	\$63.05	\$70.84
Not for Profit	OPV's	80614	\$29.75	\$52.42	\$59.51	\$63.05	\$70.84
<b>SURGICAL OR OTHER HEALTH RELATED FACILITIES/HOSPITAL OUTPATIENT SURGERIES</b>							
	Per 100 Procedures	80453	\$238.03	\$419.39	\$476.06	\$504.40	\$566.74

\*Per Bed = Per occupied bed, crib or bassinet  
OPV's = Per 100 outpatient visits

**FILED**

APR 01 2010

Basic Professional Liability  
Reporting Endorsement OPTION  
Rates for \$1,000,000/\$3,000,000 Limits  
Illinois – Territory 1  
Cook, Madison and St. Clair Counties  
Community Based Hospital Program

Classification	Rating Basis*	Code	Claims-Made Rates by Year				
			1	2	3	4	5+
<b>HOSPITAL-NOG</b>							
For Profit	Per Bed	80611	\$1,133.49	\$1,750.23	\$2,200.29	\$2,567.01	\$2,783.70
	OPV's	80610	\$68.01	\$105.01	\$132.02	\$154.02	\$167.02
Not for Profit	Per Bed	80612	\$1,133.49	\$1,750.23	\$2,200.29	\$2,567.01	\$2,783.70
	OPV's	80617	\$68.01	\$105.01	\$132.02	\$154.02	\$167.02
<b>MENTAL-PSYCHOPATHIC INSTITUTIONS</b>							
For Profit	Per Bed	80997	\$793.44	\$1,225.16	\$1,540.21	\$1,796.91	\$1,948.59
	OPV's	80999	\$43.07	\$66.51	\$83.61	\$97.55	\$105.78
Not for Profit	Per Bed	80916	\$793.44	\$1,225.16	\$1,540.21	\$1,796.91	\$1,948.59
	OPV's	80917	\$43.07	\$66.51	\$83.61	\$97.55	\$105.78
<b>BASSINETS - staff enh. EFM training</b>							
For Profit	Per Bed	85004(A)	\$2,550.34	\$3,938.03	\$4,950.66	\$5,775.77	\$6,263.34
Not for Profit	Per Bed	85005(A)	\$2,550.34	\$3,938.03	\$4,950.66	\$5,775.77	\$6,263.34
<b>BASSINETS - standard</b>							
For Profit	Per Bed	85004(B)	\$3,400.45	\$5,250.70	\$6,600.88	\$7,701.03	\$8,351.12
Not for Profit	Per Bed	85005(B)	\$3,400.45	\$5,250.70	\$6,600.88	\$7,701.03	\$8,351.12
<b>EXTENDED CARE / RESIDENTIAL CARE / INDEPENDENT LIVING</b>							
For Profit	Per Bed	80955	\$113.35	\$175.02	\$220.03	\$256.70	\$278.37
Not for Profit	Per Bed	80956	\$113.35	\$175.02	\$220.03	\$256.70	\$278.37
<b>CONVALESCENT OR NURSING HOMES / ACUTE EXTENDED CARE</b>							
For Profit	Per Bed	80923	\$283.37	\$437.56	\$550.07	\$641.75	\$695.93
Not for Profit	Per Bed	80924	\$283.37	\$437.56	\$550.07	\$641.75	\$695.93
<b>ASSISTED LIVING</b>							
For Profit	Per Bed	80522	\$147.35	\$227.53	\$286.04	\$333.71	\$361.88
Not for Profit	Per Bed	80524	\$147.35	\$227.53	\$286.04	\$333.71	\$361.88
<b>HOSPICES (SANITARIUMS)</b>							
For Profit	Per Bed	80925	\$340.05	\$525.07	\$660.09	\$770.10	\$835.11
Not for Profit	Per Bed	80926	\$340.05	\$525.07	\$660.09	\$770.10	\$835.11
<b>EMERGENCY ROOM</b>							
For Profit	OPV's	80653	\$198.36	\$306.29	\$385.05	\$449.23	\$487.15
Not for Profit	OPV's	80654	\$198.36	\$306.29	\$385.05	\$449.23	\$487.15
<b>CLINICS, DISPENSARIES OR INFIRMARIES</b>							
For Profit	OPV'S	80613	\$56.68	\$87.51	\$110.02	\$128.35	\$139.18
Not for Profit	OPV's	80614	\$56.68	\$87.51	\$110.02	\$128.35	\$139.18
<b>SURGICAL OR OTHER HEALTH RELATED FACILITIES/HOSPITAL OUTPATIENT SURGERIES</b>							
	Per 100 Procedures	80453	\$453.39	\$700.09	\$880.12	\$1,026.81	\$1,113.48

Extended Reporting Endorsement rates calculated by multiplying the mature claims made rate for the applicable territory, limit, and specialty by the appropriate factor from the following table:

ERE Step 1	0.680
ERE Step 2	1.050
ERE Step 3	1.320
ERE Step 4	1.540
ERE Step 5	1.670

Reporting Endorsement rates not indicated will be charged a Reporting Endorsement premium equal to 200% of the expiring or current policy year's premium.

Five Year Reporting Endorsement – 5% Credit applied to Reporting Endorsement premium.

Three Year Reporting Endorsement – 15% Credit applied to Reporting Endorsement premium.

**FILED**

APR 01 2010

Basic Professional Liability  
Reporting Endorsement OPTION  
Rates for \$1,000,000/\$3,000,000 Limits  
Illinois – Territory 2  
Champaign, Jackson, Macon, Sangamon and Vermillion Counties  
Community Based Hospital Program

Classification	Rating Basis*	Code	Claims-Made Rates by Year				
			1	2	3	4	5+
<b>HOSPITAL-NOG</b>							
For Profit	Per Bed	80611	\$963.46	\$1,487.70	\$1,870.25	\$2,181.96	\$2,366.15
	OPV's	80610	\$57.81	\$89.26	\$112.21	\$130.92	\$141.97
Not for Profit	Per Bed	80612	\$963.46	\$1,487.70	\$1,870.25	\$2,181.96	\$2,366.15
	OPV's	80617	\$57.81	\$89.26	\$112.21	\$130.92	\$141.97
<b>MENTAL-PSYCHOPATHIC INSTITUTIONS</b>							
For Profit	Per Bed	80997	\$674.42	\$1,041.39	\$1,309.18	\$1,527.37	\$1,656.31
	OPV's	80999	\$36.61	\$56.53	\$71.07	\$82.92	\$89.92
Not for Profit	Per Bed	80916	\$674.42	\$1,041.39	\$1,309.18	\$1,527.37	\$1,656.31
	OPV's	80917	\$36.61	\$56.53	\$71.07	\$82.92	\$89.92
<b>BASSINETS - staff enh. EFM training</b>							
For Profit	Per Bed	85004(A)	\$2,167.79	\$3,347.32	\$4,208.06	\$4,909.40	\$5,323.84
Not for Profit	Per Bed	85005(A)	\$2,167.79	\$3,347.32	\$4,208.06	\$4,909.40	\$5,323.84
<b>BASSINETS - standard</b>							
For Profit	Per Bed	85004(B)	\$2,890.39	\$4,463.10	\$5,610.75	\$6,545.88	\$7,098.45
Not for Profit	Per Bed	85005(B)	\$2,890.39	\$4,463.10	\$5,610.75	\$6,545.88	\$7,098.45
<b>EXTENDED CARE / RESIDENTIAL CARE / INDEPENDENT LIVING</b>							
For Profit	Per Bed	80955	\$96.34	\$148.77	\$187.03	\$218.20	\$236.61
Not for Profit	Per Bed	80956	\$96.34	\$148.77	\$187.03	\$218.20	\$236.61
<b>CONVALESCENT OR NURSING HOMES / ACUTE EXTENDED CARE</b>							
For Profit	Per Bed	80923	\$240.87	\$371.92	\$467.56	\$545.49	\$591.54
Not for Profit	Per Bed	80924	\$240.87	\$371.92	\$467.56	\$545.49	\$591.54
<b>ASSISTED LIVING</b>							
For Profit	Per Bed	80522	\$125.25	\$193.40	\$243.13	\$283.65	\$307.60
Not for Profit	Per Bed	80524	\$125.25	\$193.40	\$243.13	\$283.65	\$307.60
<b>HOSPICES (SANITARIUMS)</b>							
For Profit	Per Bed	80925	\$289.04	\$446.31	\$561.07	\$654.59	\$709.85
Not for Profit	Per Bed	80926	\$289.04	\$446.31	\$561.07	\$654.59	\$709.85
<b>EMERGENCY ROOM</b>							
For Profit	OPV's	80653	\$168.61	\$260.35	\$327.29	\$381.84	\$414.07
Not for Profit	OPV's	80654	\$168.61	\$260.35	\$327.29	\$381.84	\$414.07
<b>CLINICS, DISPENSARIES OR INFIRMARIES</b>							
For Profit	OPV'S	80613	\$48.17	\$74.39	\$93.51	\$109.10	\$118.31
Not for Profit	OPV's	80614	\$48.17	\$74.39	\$93.51	\$109.10	\$118.31
<b>SURGICAL OR OTHER HEALTH RELATED FACILITIES/HOSPITAL OUTPATIENT SURGERIES</b>							
	Per 100 Procedures	80453	\$385.39	\$595.08	\$748.10	\$872.78	\$946.46

Extended Reporting Endorsement rates calculated by multiplying the mature claims made rate for the applicable territory, limit, and specialty by the appropriate factor from the following table:

ERE Step 1	0.680
ERE Step 2	1.050
ERE Step 3	1.320
ERE Step 4	1.540
ERE Step 5	1.670

Reporting Endorsement rates not indicated will be charged a Reporting Endorsement premium equal to 200% of the expiring or current policy year's premium.

Five Year Reporting Endorsement – 5% Credit applied to Reporting Endorsement premium.

Three Year Reporting Endorsement – 15% Credit applied to Reporting Endorsement premium.

**FILED**

Effective April 1, 2010

Basic Professional Liability  
Reporting Endorsement OPTION  
Rates for \$1,000,000/\$3,000,000 Limits  
Illinois – Territory 3  
Remainder of State  
Community Based Hospital Program

Classification	Rating Basis*	Code	Claims-Made Rates by Year				
			1	2	3	4	5+
<b>HOSPITAL-NOG</b>							
For Profit	Per Bed	80611	\$634.75	\$980.13	\$1,232.16	\$1,437.53	\$1,558.88
	OPV's	80610	\$38.08	\$58.81	\$73.93	\$86.25	\$93.53
Not for Profit	Per Bed	80612	\$634.75	\$980.13	\$1,232.16	\$1,437.53	\$1,558.88
	OPV's	80617	\$38.08	\$58.81	\$73.93	\$86.25	\$93.53
<b>MENTAL-PSYCHOPATHIC INSTITUTIONS</b>							
For Profit	Per Bed	80997	\$444.33	\$686.09	\$862.52	\$1,006.27	\$1,091.21
	OPV's	80999	\$24.12	\$37.24	\$46.82	\$54.62	\$59.24
Not for Profit	Per Bed	80916	\$444.33	\$686.09	\$862.52	\$1,006.27	\$1,091.21
	OPV's	80917	\$24.12	\$37.24	\$46.82	\$54.62	\$59.24
<b>BASSINETS - staff enh. EFM training</b>							
For Profit	Per Bed	85004(A)	\$1,428.19	\$2,205.29	\$2,772.37	\$3,234.43	\$3,507.47
Not for Profit	Per Bed	85005(A)	\$1,428.19	\$2,205.29	\$2,772.37	\$3,234.43	\$3,507.47
<b>BASSINETS - standard</b>							
For Profit	Per Bed	85004(B)	\$1,904.26	\$2,940.39	\$3,696.49	\$4,312.58	\$4,676.63
Not for Profit	Per Bed	85005(B)	\$1,904.26	\$2,940.39	\$3,696.49	\$4,312.58	\$4,676.63
<b>EXTENDED CARE / RESIDENTIAL CARE / INDEPENDENT LIVING</b>							
For Profit	Per Bed	80955	\$63.48	\$98.01	\$123.22	\$143.75	\$155.89
Not for Profit	Per Bed	80956	\$63.48	\$98.01	\$123.22	\$143.75	\$155.89
<b>CONVALESCENT OR NURSING HOMES / ACUTE EXTENDED CARE</b>							
For Profit	Per Bed	80923	\$158.69	\$245.03	\$308.04	\$359.38	\$389.72
Not for Profit	Per Bed	80924	\$158.69	\$245.03	\$308.04	\$359.38	\$389.72
<b>ASSISTED LIVING</b>							
For Profit	Per Bed	80522	\$82.52	\$127.42	\$160.18	\$186.88	\$202.65
Not for Profit	Per Bed	80524	\$82.52	\$127.42	\$160.18	\$186.88	\$202.65
<b>HOSPICES (SANITARIUMS)</b>							
For Profit	Per Bed	80925	\$190.42	\$294.04	\$369.65	\$431.26	\$467.66
Not for Profit	Per Bed	80926	\$190.42	\$294.04	\$369.65	\$431.26	\$467.66
<b>EMERGENCY ROOM</b>							
For Profit	OPV's	80653	\$111.08	\$171.52	\$215.63	\$251.57	\$272.80
Not for Profit	OPV's	80654	\$111.08	\$171.52	\$215.63	\$251.57	\$272.80
<b>CLINICS, DISPENSARIES OR INFIRMARIES</b>							
For Profit	OPV'S	80613	\$31.74	\$49.01	\$61.61	\$71.88	\$77.95
Not for Profit	OPV's	80614	\$31.74	\$49.01	\$61.61	\$71.88	\$77.95
<b>SURGICAL OR OTHER HEALTH RELATED FACILITIES/HOSPITAL OUTPATIENT SURGERIES</b>							
	Per 100 Procedures	80453	\$253.90	\$392.05	\$492.87	\$575.01	\$623.55

Extended Reporting Endorsement rates calculated by multiplying the mature claims made rate for the applicable territory, limit, and specialty by the appropriate factor from the following table:

ERE Step 1	0.680
ERE Step 2	1.050
ERE Step 3	1.320
ERE Step 4	1.540
ERE Step 5	1.670

Reporting Endorsement rates not indicated will be charged a Reporting Endorsement premium equal to 200% of the expiring or current policy year's premium.

Five Year Reporting Endorsement – 5% Credit applied to Reporting Endorsement premium.

Three Year Reporting Endorsement – 15% Credit applied to Reporting Endorsement premium.

Basic Professional Liability  
Reporting Endorsement OPTION  
Rates for \$1,000,000/\$3,000,000 Limits  
Illinois – Territory 4  
DuPage, Kane, Lake, McHenry and Will Counties  
Community Based Hospital Program

Classification	Rating Basis*	Code	Claims-Made Rates by Year				
			1	2	3	4	5+
<b>HOSPITAL-NOC</b>							
For Profit	Per Bed	80611	\$963.46	\$1,487.70	\$1,870.25	\$2,181.96	\$2,366.15
	OPV's	80610	\$57.81	\$89.26	\$112.21	\$130.92	\$141.97
Not for Profit	Per Bed	80612	\$963.46	\$1,487.70	\$1,870.25	\$2,181.96	\$2,366.15
	OPV's	80617	\$57.81	\$89.26	\$112.21	\$130.92	\$141.97
<b>MENTAL-PSYCHOPATHIC INSTITUTIONS</b>							
For Profit	Per Bed	80997	\$674.42	\$1,041.39	\$1,309.18	\$1,527.37	\$1,656.31
	OPV's	80999	\$36.61	\$56.53	\$71.07	\$82.92	\$89.92
Not for Profit	Per Bed	80916	\$674.42	\$1,041.39	\$1,309.18	\$1,527.37	\$1,656.31
	OPV's	80917	\$36.61	\$56.53	\$71.07	\$82.92	\$89.92
<b>BASSINETS - staff enh. EFM training</b>							
For Profit	Per Bed	85004(A)	\$2,167.79	\$3,347.32	\$4,208.06	\$4,909.40	\$5,323.84
Not for Profit	Per Bed	85005(A)	\$2,167.79	\$3,347.32	\$4,208.06	\$4,909.40	\$5,323.84
<b>BASSINETS - standard</b>							
For Profit	Per Bed	85004(B)	\$2,890.39	\$4,463.10	\$5,610.75	\$6,545.88	\$7,098.45
Not for Profit	Per Bed	85005(B)	\$2,890.39	\$4,463.10	\$5,610.75	\$6,545.88	\$7,098.45
<b>EXTENDED CARE / RESIDENTIAL CARE / INDEPENDENT LIVING</b>							
For Profit	Per Bed	80955	\$96.34	\$148.77	\$187.03	\$218.20	\$236.61
Not for Profit	Per Bed	80956	\$96.34	\$148.77	\$187.03	\$218.20	\$236.61
<b>CONVALESCENT OR NURSING HOMES / ACUTE EXTENDED CARE</b>							
For Profit	Per Bed	80923	\$240.87	\$371.92	\$467.56	\$545.49	\$591.54
Not for Profit	Per Bed	80924	\$240.87	\$371.92	\$467.56	\$545.49	\$591.54
<b>ASSISTED LIVING</b>							
For Profit	Per Bed	80522	\$125.25	\$193.40	\$243.13	\$283.65	\$307.60
Not for Profit	Per Bed	80524	\$125.25	\$193.40	\$243.13	\$283.65	\$307.60
<b>HOSPICES (SANITARIUMS)</b>							
For Profit	Per Bed	80925	\$289.04	\$446.31	\$561.07	\$654.59	\$709.85
Not for Profit	Per Bed	80926	\$289.04	\$446.31	\$561.07	\$654.59	\$709.85
<b>EMERGENCY ROOM</b>							
For Profit	OPV's	80653	\$168.61	\$260.35	\$327.29	\$381.84	\$414.07
Not for Profit	OPV's	80654	\$168.61	\$260.35	\$327.29	\$381.84	\$414.07
<b>CLINICS, DISPENSARIES OR INFIRMARIES</b>							
For Profit	OPV'S	80613	\$48.17	\$74.39	\$93.51	\$109.10	\$118.31
Not for Profit	OPV's	80614	\$48.17	\$74.39	\$93.51	\$109.10	\$118.31
<b>SURGICAL OR OTHER HEALTH RELATED FACILITIES/HOSPITAL OUTPATIENT SURGERIES</b>							
	Per 100 Procedures	80453	\$385.39	\$595.08	\$748.10	\$872.78	\$946.46

Extended Reporting Endorsement rates calculated by multiplying the mature claims made rate for the applicable territory, limit, and specialty by the appropriate factor from the following table:

ERE Step 1	0.680
ERE Step 2	1.050
ERE Step 3	1.320
ERE Step 4	1.540
ERE Step 5	1.670

Reporting Endorsement rates not indicated will be charged a Reporting Endorsement premium equal to 200% of the expiring or current policy year's premium.

Five Year Reporting Endorsement – 5% Credit applied to Reporting Endorsement premium.  
Three Year Reporting Endorsement – 15% Credit applied to Reporting Endorsement premium.

**FILED**

Effective April 1, 2010

Other Health Care Facility  
Rates for \$1,000,000/\$3,000,000 Limits  
Illinois  
Standard and Community Based Programs

Classification	Rating Basis	Code	Factor
Blood or Plasma Bank	Donation	73301	0.002
Organ Bank - No Direct Processing	Receipt	73303	0.004
Organ Bank - Direct Processing	Receipt	73304	0.004
Optical Establishment	Receipt	73401	0.003
Ocular Laboratory	Receipt	73502	0.002
Dental Laboratory	Receipt	73503	0.002
X-Ray/Imaging Center	Receipt	73504	0.002
Pathology Laboratory	Receipt	73505	0.002
Medical Laboratory	Receipt	73506	0.002
Quality Control/Reference Laboratory	Receipt	73507	0.002
Community Health Center	Visit	73701	0.030
College/University Health Center	Visit	73702	0.020
Urgicenter	Visit	73703	0.050
Birthing Center	Visit	73704	0.250
Abortion Clinic	Visit	73705	0.160
Substance Abuse - Counseling	Visit	73706	0.030
Emergicenter	Visit	73707	0.060
Weight Loss Center	Visit	73708	0.006
Physical/Occupational Rehabilitation	Visit	73709	0.020
Cardiac Rehabilitation	Visit	73710	0.030
Surgicenter, Minor Procedures	Visit	73711(A)	0.140
Surgicenter, Major Procedures	Visit	73711(B)	0.300
Dialysis Center	Visit	73712	0.050
Mental Health – Counseling	Visit	88517	0.038
Developmental Health Counseling	Visit	73714	0.020
Crises Stabilization Center	Visit	73715	0.030
Developmental Disability	Visit	73716	0.100
Medical Registry Service	Staff	73717	To Be Filed at a Later Date
Municipal Health Department	Visit	73719	0.030
Trauma Rehabilitation - Skilled Medical	Visit	73720	0.050
Pharmacy	Receipt	73721	0.002
Ambulance Service	Staff	73722	To Be Filed at a Later Date
Trauma Rehabilitation - Therapy	Visit	73723	0.030
Trauma Rehabilitation - Transitional Living	Visit	73724	0.030
Substance Abuse - Skilled Medical	Visit	73726	0.050
Hospice Care	Visit	74503	0.005
Home Care - Personal Care	Visit	74504	0.008
Home Care - Skilled Care	Visit	74505	0.008
Home Care - Rehabilitation	Visit	74506	0.008
Home Care - Intravenous therapy	Visit	74507	0.010
Home Care - Respiratory Therapy	Visit	74508	0.020
Home Care - Durable Equipment	Receipt	74509	0.020
Independent Medical Evaluation	Receipt	88527	0.056
Cardiology Testing Centers	Receipt	88528	0.031
Medical or Dental Group-Primary Care	Receipt	88534	0.005
Medical or Dental Group-NOC	Receipt	88535	0.008
Medical or Dental Group-Surgical Practice	Receipt	88536	0.010

**FILED**

APR 01 2010

Other Health Care Facility  
 Rates for \$1,000,000/\$3,000,000 Limits  
 Illinois  
 Standard and Community Based Programs

Classification	Rating Basis	Code	Factor
Substance Abuse - Counseling	Bed	99005	0.150
Weight Loss Center	Bed	99006	0.030
Physical/Occupational Rehabilitation	Bed	99007	0.100
Cardiac Rehabilitation	Bed	99008	0.150
Developmental Disability Rehabilitation	Bed	99010	0.020
Trauma Rehabilitation - Skilled Medical	Bed	99011	0.500
Community Health Center	Bed	99012	0.150
College/University Health Center	Bed	99013	0.100
Urgicenter	Bed	99014	0.250
Mental Health - Counseling	Bed	99015	0.040
Crises Stabilization Center	Bed	99016	0.150
Hospice	Bed	99017	0.045
Birthing Center	Bed	99018	1.250
Abortion Clinic	Bed	99019	0.800
Emergicenter	Bed	99020	0.580
Surgicenter	Bed	99021	0.700
Substance Abuse - Skilled Medical	Bed	99024	0.250
Trauma Rehabilitation - Therapy	Bed	99025	0.150
Trauma Rehabilitation - Transitional Living	Bed	99026	0.150

The premium will be determined by applying the above factors to the appropriate rate for hospital class 80611 in the applicable rating territory. Apply the factor to the applicable claims-made or reporting endorsement rate.

Reporting Endorsement rates not indicated will be charged a Reporting Endorsement premium equal to 200% of the expiring or current policy year's premium.

**FILED**

APR 01 2010

**Basic Professional Liability  
Rates for \$1,000,000/\$3,000,000  
Standard Hospital Program**

ADDITIONAL INTERESTS (Surcharge for Paramedical or Other Personnel employed by Hospitals and Facilities)

CRNA	Per Person	80960	Flat charge equal to 25% of Anesthesiology physician mature premium or if supervised by a MDA, flat charge equal to 27.5% of Anesthesiology physician mature premium
Nurse Practitioner	Per Person	80964	Flat charge equal to 40% of FP/GP excl. OB, no surgery, physician mature premium
Nurse Midwife	Per Person	80410	Flat charge equal to 35% of OB/GYN, major surgery, physician mature premium
Psychologist	Per Person	80912	Flat charge equal to 11.1% of FP/GP excl. OB, no surgery, physician mature premium
Respiratory Therapist	Per Person	80601	Flat charge equal to 2.5% of FP/GP excl. OB, no surgery, physician mature premium
Physician's Assistant	Per Person	80116A	Flat charge equal to 40% of FP/GP excl. OB, no surgery, physician mature premium
Surgeon's Assistant	Per Person	80116B	Flat charge equal to 40% of FP/GP excl. OB, no surgery, physician mature premium
Perfusionist	Per Person	80764	Flat charge equal to 50% of FP/GP excl. OB, no surgery, physician mature premium
Emergency Medical Techs.	Per Person	80763	Flat charge equal to 1% of FP/GP excl. OB, no surgery, physician mature premium
Anesthesiology Assistant	Per Person	80116C	Flat charge equal to 27.5% of Anesthesiology physician mature premium
Physiotherapist	Per Person	80938	Flat charge equal to 1.8% of FP/GP excl. OB, no surgery, physician mature premium
Optometrist	Per Person	80944	Flat charge equal to 5.0% of Ophthalmology physician mature premium

- ◆ Additional Insured Charges: A 5% surcharge of the Hospital Professional Liability premium will be made to include all other employees and volunteers as insureds except for employed Physicians, Surgeons, Interns, Residents, Dentists, any other physician in training or other designated employees indicated above. This premium charge is based on a Shared Limit Basis.
- ◆ Additional Insured Charges for entities named onto the policy without rateable exposure data will result in a 5% surcharge.
- ◆ A Vicarious Charge of 10% for Physicians, other contracted personnel and entities.
- ◆ Additional Insured Charges for employed or contracted Physicians, Surgeons, Interns, Residents, Dentists, other physicians in training or personnel will be made in accordance with the PRA Casualty physician rates filed in the Physician Manual unless otherwise indicated. When sharing the hospital's limit, a 25% shared limit credit shall apply. The above referenced employed or contracted employees will be added on a fully earned basis on Health Care Facility Liability policies.
- ◆ When liability limits for designated employed medical or other personnel are shared with the hospital, PRA Casualty provides a premium credit. The shared limit credit is 65% for employed paramedicals and 35% for employed medical personnel. However, in no instance shall the resulting charge for any individual Paramedical or Other Personnel employed by Hospitals and Facilities be less than 1% of the General Practitioner physician mature premium.

**FILED**

Basic Professional Liability  
Rates for \$1,000,000/\$3,000,000  
Community Based Hospital Program

ADDITIONAL INTERESTS (Surcharge for Paramedical or Other Personnel employed by Hospitals and Facilities)

CRNA	Per Person	80960	Flat charge equal to General Practitioner physician mature premium or if supervised by a MDA, flat charge equal to 50% of General Practitioner physician mature premium
Nurse Practitioner	Per Person	80964	Flat charge equal to 40% of General Practitioner physician mature premium

- ◆ Additional Insured Charges: A 5% surcharge of the Hospital Professional Liability premium will be made to include all other employees and volunteers as insureds except for employed Physicians, Surgeons, Interns, Residents, Dentists, any other physician in training or other designated employees indicated above. This premium charge is based on a Shared Limit Basis.

**FILED**

APR 01 2010

## Standard and Community Based Hospital Programs

### RULE REGARDING PREMIUM FOR MANAGEMENT OF NON-OWNED/AFFILIATED HOSPITALS & FACILITIES

The Medical Management Services endorsement will be utilized when a Policyholder agrees pursuant to a written contract to provide medical management services to other scheduled managed health care facilities. The premium for coverage provided by this endorsement shall be computed by developing the mature professional liability premium for the entities, physicians, hospitals or other health care facility which is to be managed and then applying the factor indicated on the management premium scale below corresponding to the developed professional liability premium applicable.

#### Management Premium Scale

<b>Percent Factor</b>	<b>Developed Professional Liability Range</b>
5%	\$0 - \$275,000
4.5%	\$275,001 - \$750,000
4%	\$750,001 - \$1,000,000
3.5%	\$1,000,001 - \$3,000,000
3%	\$3,000,001 - \$7,000,000
2%	\$7,000,001 - \$10,000,000
1.5%	+\$10,000,000

### CONTRACTED MANAGEMENT COMPANY COVERAGE AND SURCHARGE

Management Companies contracted to manage operations of the Policyholder may be extended coverage as provided by endorsement to the policy for their management duties. A 10% surcharge of the policy premium will apply.

Management Companies may also be extended coverage by endorsement to the policy for their vicarious liability exposures as a result of the actions of the Policyholder's insured operations. A 5% surcharge of the policy premium will apply.

### MINIMUM PREMIUM FOR HOSPITAL POLICY

\$25,000 if the sum of the premium developed for professional liability from the rated exposures is less  
\$3,000 if the sum of the premium developed for general liability from the rated exposures is less

### MINIMUM PREMIUM FOR SURGICAL CENTER/OUTPATIENT SURGICAL CENTER POLICY

\$6,000 if the sum of the premium developed for professional liability from the rated exposures is less  
\$2,500 if the sum of the premium developed for general liability from the rated exposures is less

### MINIMUM PREMIUM FOR OTHER HEALTH RELATED FACILITIES

\$3,500 if the sum of the premium developed for professional liability from the rated exposures is less  
\$1,500 if the sum of the premium developed for general liability from the rated exposures is less

**FILED**

APR 01 2010

SCHEDULE RATING TABLE – GENERAL LIABILITY  
STANDARD HOSPITAL PROGRAM

	Maximum Credit%	Maximum Debit%
A. <u>Exposures</u>		
Day Care Center	10%	10%
Restaurant	10%	10%
Helicopter Landing Pad	5%	5%
Retail Pharmacy	10%	10%
Major Construction in the last or next 12 months	15%	15%
Health or Fitness Center	10%	10%
Habitational Risk (Apt. or Hotel)	15%	15%
Special Events that attract the general public	5%	5%
B. <u>Risk Management</u>	15%	15%
1. Administration commitment/ involvement as exhibited by an established and enforced policy statement.		
2. Existence of an effective management level risk management committee or position.		
3. Reporting/trending/analysis system in all high risk areas of the facility to generate data for use in quality assurance/risk management efforts.		
C. <u>NFPA Compliance</u>	5%	5%
Compliance with National Fire Protection Association Standards.		
D. <u>Continuing Education</u>	3%	3%
Existence of continuing education programs which include risk management topics for administrative, governing board and department heads.		
E. <u>Compliance</u>	3%	3%
Compliance with the Company's recommendations relating to critical findings other than the above.		
F. <u>Claims Experience</u>	25%	25%
Claims experience of the insured, if the Experience Rating plan is not utilized.		

**FILED**

APR 01 2010

GENERAL LIABILITY SCHEDULE RATING PLAN  
COMMUNITY BASED HOSPITAL PROGRAM

A general liability rate modification reflecting specified characteristics of the risk may be applied in accordance with the Schedule Rating Plan table below. The Maximum aggregate schedule credit or debit is limited to 75%.

<u>General Liability Criteria</u>	<u>Maximum Credit</u>	<u>Maximum Credit</u>
Location:		
(1) Exposure inside premises	10%	10%
(2) Exposure outside premises	10%	10%
Premises- Care and condition	20%	20%
Equipment- Type, condition and care	20%	20%
Classification peculiarities	20%	20%
Employees- Selection, training, supervision And experience	10%	10%
Cooperation:		
(1) Medical facilities	5%	5%
(2) Safety program	5%	5%

**FILED**

APR 01 2010

**SCHEDULE RATING TABLE – PROFESSIONAL LIABILITY  
STANDARD HOSPITAL PROGRAM**

	Maximum <u>Credit%</u>	Maximum <u>Debit%</u>
A. <u>Claims Experience</u> Claims experience of the insured, if the Experience Rating plan is not utilized.	25%	25%
B. <u>Management</u>	15%	15%
1. Quality/Consistency/Stability		
2. Cooperation with insurer		
3. Safety/Loss Control/Equipment/Maintenance		
4. Security		
C. <u>Risk Management Program</u>		
1. Administrative and Medical Staff commitment/involvement as exhibited by an established enforced policy statement.	15%	15%
2. The existence of an effective management level risk management committee or position.	5%	5%
3. Utilization of an occurrence/generic screening system in all high risk areas on the facility including surgical, anesthesia, obstetrical and emergency services. This system provides data utilized in the medical staff reappointment process, the quality assurance activities of the medical staff and risk management efforts.	10%	10%
4. Patient Advocate Policy: A mechanism exists for visitors, patients or their families to formally or informally communicate concerns regarding the institution (i.e., satisfaction surveys).	4%	4%
5. Continuing Education of Staff: Regular provision of in-service education programs for nursing and allied health professionals.	6%	6%
D. <u>JCAHO or Equivalent Accreditation</u> Joint Commission on Accreditation of Hospitals (JCAHO) American Osteopathic Assn. (AOA) accreditation with no outstanding contingencies.	10%	10%
E. <u>Compliance with Applicable Regulations</u>	5%	0%
1. OSHA regulations regarding employee exposure to blood-borne pathogens (e.g., Hepatitis B vaccination, protective barrier equipment).		
2. CLIA regulation for on-site laboratory testing.		
3. Federal regulations regarding mammography testing (including training and credentialing of technicians).		
F. <u>Medical Professional Staffing</u> (including qualifications/continuing education)	5%	5%
G. <u>Other Staffing</u> (employee selection, training, supervision and experience)	5%	5%

**FILED**

APR 01 2010

HOSPITAL PROFESSIONAL LIABILITY SCHEDULE RATING PLAN  
COMMUNITY BASED HOSPITAL PROGRAM

A rate modification reflecting specified characteristics of the risk may be applied in accordance with the Schedule Rating Plan table below. The maximum aggregate schedule credit or debit is limited to 75%.

<b><u>Hospital Professional Liability Criteria</u></b>	<b><u>Maximum Credit</u></b>	<b><u>Maximum Debit</u></b>
Existence of an effective medical audit system that includes Surgical procedures and ties into the physician credentialing Process	20%	20%
Existence of an effective management-level patient safety Committee	10%	10%
Existence of an effective patient incident-reporting and Analysis system that includes all hospital and medical staff	10%	10%
Existence of effective continuing educational programs for:		
Nurses	5%	5%
Physicians	5%	5%
Accreditation by JCAHO or the American Osteopathic Association (or Certification by Medicare)	10%	10%
Compliance with National Fire Protection Association Standards	10%	10%
Effective preventive maintenance of professional and other Equipment	5%	5%
Compliance with insurance company loss prevention Recommendations, if any	20%	20%

**FILED**

APR 01 2010

STATE OF ILLINOIS  
DEPARTMENT OF INSURANCE  
SPRINGFIELD, ILLINOIS

**Limits Factor Table – Standard and Community Based Programs  
General Liability**

Per Claim (000's)	Aggregate (000's)										
	75	150	200	300	600	900	1000	1500	2000	3000	5000
<b>25</b>	0.586	0.610	0.614	0.622	0.629	0.642	0.648	0.662	0.675	0.688	0.702
<b>50</b>		0.697	0.709	0.717	0.740	0.753	0.760	0.776	0.787	0.800	0.815
<b>75</b>		0.764	0.780	0.789	0.809	0.817	0.825	0.837	0.842	0.851	0.863
<b>100</b>			0.787	0.795	0.819	0.825	0.827	0.839	0.851	0.863	0.874
<b>200</b>			0.827	0.835	0.858	0.864	0.866	0.874	0.882	0.894	0.905
<b>300</b>				0.866	0.883	0.894	0.898	0.906	0.913	0.929	0.940
<b>500</b>					0.929	0.935	0.937	0.945	0.953	0.969	0.984
<b>1000</b>							0.969	0.976	0.984	1.000	1.016

**Professional Liability**

Per Claim (000's)	Aggregate (000's)											
	300	400	500	600	750	900	1000	1250	1500	2000	2500	3000
<b>100</b>	0.562	0.577	0.585	0.592	0.600	0.608	0.615	0.623	0.631	0.646	0.654	0.662
<b>200</b>		0.669	0.677	0.685	0.692	0.700	0.708	0.715	0.723	0.738	0.746	0.754
<b>250</b>			0.715	0.723	0.731	0.738	0.746	0.754	0.762	0.777	0.785	0.792
<b>300</b>				0.754	0.762	0.769	0.777	0.785	0.792	0.808	0.823	0.838
<b>500</b>							0.854	0.862	0.869	0.885	0.900	0.915
<b>1000</b>							0.931	0.946	0.954	0.969	0.985	1.000

**Other Health Care Facility Professional Liability**

Per Claim (000's)	Aggregate (000's)											
	300	400	500	600	750	900	1000	1250	1500	2000	2500	3000
<b>100</b>	0.541	0.557	0.562	0.573	0.578	0.584	0.589	0.595	0.605	0.622	0.638	0.649
<b>200</b>		0.649	0.659	0.665	0.676	0.681	0.686	0.692	0.703	0.714	0.730	0.741
<b>250</b>			0.692	0.697	0.708	0.714	0.719	0.724	0.735	0.751	0.762	0.773
<b>300</b>				0.719	0.730	0.741	0.751	0.762	0.773	0.784	0.795	0.805
<b>500</b>							0.832	0.838	0.849	0.865	0.876	0.892
<b>1000</b>							0.941	0.951	0.962	0.973	0.989	1.000

**FILED**

APR 01 2010

Hospital and Health Care Facilities  
Deductible and SIR Credits as a Percentage of \$1M/\$3M Rate  
Standard Hospital Program

Deductible Amount		Deductible Applies to			
Per Occurrence	Annual Aggregate	Loss & ALAE		Loss Only	
		Small & Med.	Large	Small & Med.	Large
\$5,000	None	3.50%	3.50%	2.50%	2.50%
\$5,000	\$25,000	3.25%	2.25%	2.25%	2.00%
\$10,000	None	7.00%	7.00%	5.50%	5.50%
\$10,000	\$50,000	6.75%	5.50%	5.25%	4.25%
\$25,000	None	13.00%	13.00%	11.50%	11.50%
\$25,000	\$75,000	12.25%	7.00%	10.50%	6.50%
\$25,000	\$100,000	12.50%	9.00%	11.00%	8.00%
\$25,000	\$150,000	12.75%	9.50%	11.25%	8.50%
\$50,000	None	22.00%	22.00%	17.50%	17.50%
\$50,000	\$150,000	21.00%	12.25%	16.25%	11.50%
\$50,000	\$250,000	21.25%	16.50%	16.50%	13.50%
\$100,000	None	33.00%	33.00%	25.00%	25.00%
\$100,000	\$300,000	31.50%	21.00%	23.50%	20.00%
\$100,000	\$500,000	32.25%	26.00%	24.50%	24.25%
\$150,000	None	40.25%	40.25%	28.50%	28.50%
\$200,000	None	47.50%	47.50%	31.50%	31.50%
\$200,000	\$600,000	46.25%	42.00%	30.00%	27.50%
\$250,000	None	55.00%	55.00%	35.00%	35.00%
\$250,000	\$750,000	52.50%	49.00%	33.50%	30.50%
\$500,000	None	65.00%	65.00%	45.00%	45.00%
\$500,000	\$1,500,000	63.25%	60.00%	43.00%	40.50%

SIR Limit		SIR Applies to		
Per Occurrence	Annual Aggregate	Loss & ALAE	Loss & ALAE (Reduces S.I.R.)	Loss Only
\$250,000	None	55.00%	53.00%	41.00%
\$250,000	\$1,250,000	41.25%	40.00%	27.25%
\$500,000	None	65.00%	64.00%	49.00%
\$500,000	\$2,500,000	48.75%	47.00%	32.75%

\*Small to medium risks are defined as those with 500 or fewer occupied beds, and large risks are defined as those with more than 500 occupied beds.

\*Deductibles or SIR options not indicated above shall be interpolated.

\*Amount of the deductible credit may never exceed 80% of the annual aggregate, if any.

\*Credits applicable to professional and general liability coverages.

\*Deductibles mandated by the Company due to adverse experience or unusual exposures may result in the reduction or elimination of any credits.

**FILED**

Hospital and Health Care Facilities  
 Deductible and SIR Credits as a Percentage of \$200K/\$600K Rate  
 Community Based Hospital Program

The base rates contemplate no deductible on the policy. Deductible credits listed below are based on \$200,000/\$600,000 limits for Hospital Professional Liability.

**PROFESSIONAL LIABILITY**

<u>Per Occurrence</u>	<u>Per Credit %*</u>
5,000	5.0%
10,000	9.0%
25,000	17.5%
50,000	27.0%
100,000	39.0%

\* % of \$200,000/\$600,000 HPL Premium

Note: If a mandatory deductible is imposed, the deductible credit will not apply.

Deductible credits listed below are for General Liability.

**GENERAL LIABILITY**

<u>Per Occurrence</u>	<u>Per Credit % **</u>
1,000	8.4%
2,000	12.7%
3,000	15.4%
5,000	19.2%
10,000	21.9%
25,000	28.1%

\*\* % of \$1,000,000 GL Premium

Note: For deductibles not shown, refer to company.

**FILED**

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Effective April 1, 2010  
 STATE OF ILLINOIS  
 DEPARTMENT OF INSURANCE  
 SPRINGFIELD, ILLINOIS

Pollution Liability  
Guide (a) Rates  
Standard Hospital Program

Group Class Codes
A - Hospitals
B - Clinic
C - Laboratories
D - Nursing Homes
E - All Other "Rateable Sites"

Rate Table 1  
Claims-Made Base Rates  
Pollution Liability Classification Code 90100

Claims-Made Year	Group Class	Limits of Liability: (\$2,500 Deductible)			
		25,000 100,000	100,000/ 100,000	500,000/ 1 million	1 million/ 1 million
2 or More	A	\$1,125	\$1,450	\$2,275	\$2,475
2 or More	B	\$985	\$1,270	\$1,990	\$2,165
2 or More	C	\$565	\$725	\$1,140	\$1,240
2 or More	D	\$1,015	\$1,305	\$2,050	\$2,230
2 or More	E	\$565	\$725	\$1,140	\$1,240

- ◆ See Limited Pollution Liability Endorsement, PRA-HF-460.
- ◆ "Rateable Sites" means other sites which have minimum pollution exposure.
- ◆ Rates apply separately to each risk location of an exposure group.
- ◆ Refer to the General Liability Increased Limits tables to compute other desired limits.
- ◆ Pollution Liability coverage shall not exceed \$1,000,000/\$1,000,000 limits.
- ◆ PRA Casualty's total liability for all damages (including damages for care and loss of service) because of all bodily injury and property damage, for all clean-up costs and for all other costs, expenses, charges, legal expenses and legal fees to which this endorsement applies shall not exceed the limit of liability stated in the Schedule as the "aggregate".
- ◆ With respect to coverage under Coverage P only, regardless of the number of (1) insureds under this policy, (2) claims-made, (3) persons or organizations who sustain bodily injury, property damage or environmental damage to which this endorsement applies or (4) governmental actions taken or consents granted by PRA Casualty with respect to clean-up costs, PRA Casualty's liability is limited as follows:
  - PRA Casualty's total liability for all damages (including damages for care and loss of service) because of all bodily injury and property damage, for all clean-up costs and for all other costs, expenses, charges, legal expenses and legal fees to which this endorsement applies shall not exceed the limit of liability stated in the Schedule as the "aggregate".
  - Subject to the above provisions with respect to the "aggregate", PRA Casualty's total liability for all damages because of bodily injury and property damage sustained by one or more persons as a result of any one pollution incident, for all related clean-up costs and for all other related costs, expenses, charges, legal expenses and legal fees to which this endorsement applies shall not exceed the limit of liability stated in the Schedule as applicable to "each pollution incident".
- ◆ Pollution Liability minimum premium - \$1,500.
- ◆ Extended Reporting Endorsement will extend the reporting period for one year from the date of the endorsement effective date. The extended reporting charge will be 150% of the current annual premium.

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APR 01 2010

Effective April 1, 2010

Pollution Liability  
Guide (a) Rates

Rate Table 2  
Analysis of Underground Storage Tanks: Flat Rates

Age of Tank	0 - 5	6 - 10	11 - 14	15 or More
Tank in Vault	\$2,225	\$2,550	\$2,900	\$3,350
Double Wall Tank	\$2,335	\$2,680	\$3,045	\$3,520
Fiberglass Steel Coats	\$2,450	\$2,805	\$3,190	\$3,685
Cathodically Protected Steel	\$2,450	\$2,805	\$3,190	\$3,685
Fiberglass	\$3,005	\$3,445	\$3,915	\$4,525
Fiberglass Lined Steel Tank	\$2,560	\$2,935	\$3,335	\$3,850
Unprotected	Not Insurable			

Credits may be given for those with one of the following leak detection systems: (See Schedule Rating Plan)

- A. Automatic Tank Gauging
- B. Vapor Monitoring Systems (Alarm)
- C. Interstitial Monitoring (Liquid/Vapor Monitoring within the wall of the tank - Alarm)
- D. Ground Water Monitoring

Rate Table 3  
Infectious Waste Incinerators: Flat Rates  
(Charge is per incinerator if more than one)

Pounds Per Day	Flat Rate
0 - 100 Lbs.	\$1,125
101 - 250 Lbs.	\$1,295
251 - 400 Lbs.	\$1,465
401 - 600 Lbs.	\$1,630
601 - 850 Lbs.	\$1,800
851 - 1,000 Lbs.	\$1,970
1,001 - 1,250 Lbs.	\$2,140
1,251 - 1,500 Lbs.	\$2,305
1,501 - 1,750 Lbs.	\$2,475
1,751 - 2,000 Lbs.	\$2,645
More than 1 Ton	\$3,375

Rate Table 4  
Claims-Made Factors

Year	Factor
2 or More	1.00
1	.50

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Pollution Liability  
Community Based Hospital Program

Group Class Codes
A - Hospitals
B - Clinic
C - Laboratories
D - Nursing Homes
E - All Other "Rateable Sites"

Claims-Made Base Rates  
Pollution Liability Classification Code 90100

Provides defense and payment for compensatory damages because of bodily injury or contamination damage. The bodily injury or contamination damage must be caused by a pollution incident from an insured site or waste facility, commencing on or after the General Liability retroactive date. The endorsement has a standard \$250,000 limit (per claim and annual aggregate), with a \$2,500 deductible.

- ◆ See Limited Pollution Liability Endorsement, PRA-HF-460 05 07.
- ◆ Pollution Liability coverage shall not exceed \$250,000/\$250,000 limits.
- ◆ The Company's total liability for all damages (including damages for care and loss of service) because of all bodily injury and property damage, for all clean-up costs and for all other costs, expenses, charges, legal expenses and legal fees to which this endorsement applies shall not exceed \$250,000.
- ◆ With respect to coverage under Coverage P only, regardless of the number of (1) insureds under this policy, (2) claims-made, (3) persons or organizations who sustain bodily injury, property damage or environmental damage to which this endorsement applies or (4) governmental actions taken or consents granted by the Company with respect to clean-up costs, the Company's liability is limited as follows:
  - The Company's total liability for all damages (including damages for care and loss of service) because of all bodily injury and property damage, for all clean-up costs and for all other costs, expenses, charges, legal expenses and legal fees to which this endorsement applies shall not exceed an aggregate limit of liability of \$250,000.
  - Subject to the above provisions with respect to the "aggregate", the Company's total liability for all damages because of bodily injury and property damage sustained by one or more persons as a result of any one pollution incident, for all related clean-up costs and for all other related costs, expenses, charges, legal expenses and legal fees to which this endorsement applies shall not exceed the "each pollution incident" limit of liability of \$250,000.
- ◆ Extended Reporting Endorsement coverage will not apply for Pollution Liability coverage.

**FILED**

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## PREMIUM PAYMENTS

1. Annual Payment Plan – The premium must be paid in full prior to the inception date of the policy.
2. Semi Annual Plan – 60% down and 40% due in six months. No interest or installment charges.
3. Quarterly Installment Option One – (40/20/20/20)
  - a. A minimum initial deposit required, which shall be 40 percent of the estimated total premium due at policy inception;
  - b. The remaining premium spread equally among the second, third and fourth installments at 20 percent of the estimated total premium, and due 3, 6 and 9 months from policy inception, respectively;
  - c. No interest or installment charges;
  - d. Additional premium resulting from changes to the policy shall be spread equally over the remaining installments, if any. If there are no remaining installments, additional premium resulting from changes to the policy shall be billed immediately as a separate transaction; and
  - e. The installment plan will be limited to insureds whose premium exceeds \$500.00 per year.
4. Quarterly Installment Option Two – (35/25/25/15)
  - a. A minimum initial deposit required, which shall be 35 percent of the estimated total premium due at policy inception;
  - b. The remaining premium will be 25 percent for the second and third installments and 15 percent for the fourth installment, and due 3, 6 and 9 months from policy inception, respectively;
  - c. No interest or installment charges;
  - d. Additional premium resulting from changes to the policy shall be spread equally over the remaining installments, if any. If there are no remaining installments, additional premium resulting from changes to the policy shall be billed immediately as a separate transaction; and
  - e. The installment plan will be limited to insureds whose premium exceeds \$500.00 per year.
5. Nine Payment Plan – 20% down and eight consecutive monthly installments of 10% each. This plan requires that the policyholder participate in the Electronic Payment Plan in which premiums are automatically deducted from the policyholder's bank account. No interest or installment charges.

**FILED**

APR 01 2010  
Effective April 1, 2010

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SPRINGFIELD, ILLINOIS