

SERFF Tracking Number: MRTN-126890754 State: Illinois  
Filing Company: Great Divide Insurance Company State Tracking Number: MRTN-126890754  
Company Tracking Number: ADM-PROGRAM-CHIRO-10001-R  
TOI: 11.2 Med Mal-Claims Made Only Sub-TOI: 11.2003 Chiropractic  
Product Name: Doctor of Chiropractic Professional Liability Program  
Project Name/Number: Doctor of Chiropractic Professional Liability Program/ADM-PROGRAM-CHIRO-10001-R

## Filing at a Glance

Company: Great Divide Insurance Company

Product Name: Doctor of Chiropractic  
Professional Liability Program

TOI: 11.2 Med Mal-Claims Made Only

Sub-TOI: 11.2003 Chiropractic

SERFF Tr Num: MRTN-126890754 State: Illinois

SERFF Status: Closed-Filed

Co Tr Num: ADM-PROGRAM-  
CHIRO-10001-R

State Tr Num: MRTN-126890754

State Status:

Filing Type: Rate/Rule

Reviewer(s): Gayle Neuman

Authors: Sonja Rodebaugh, Alison  
Lupinek, Barb Blackowicz, Linda  
Rothwell

Disposition Date: 02/22/2011

Date Submitted: 11/04/2010

Disposition Status: Filed

Effective Date Requested (New): On Approval

Effective Date (New): 12/01/2011

Effective Date Requested (Renewal): On Approval

Effective Date (Renewal):

State Filing Description:

## General Information

Project Name: Doctor of Chiropractic Professional Liability Program

Project Number: ADM-PROGRAM-CHIRO-10001-R

Reference Organization:

Reference Title:

Filing Status Changed: 02/23/2011

State Status Changed:

Created By: Barb Blackowicz

Corresponding Filing Tracking Number: ADM-PROGRAM-CHIRO-  
10001-F, ADM-GENERAL-10002-F

Filing Description:

Attached for your review is a Filing Authorization Letter authorizing Martin & Company to submit this filing on behalf of Great Divide Insurance Company (hereinafter referred to as the company). Please direct all correspondence regarding this filing to Martin & Company.

Status of Filing in Domicile: Not Filed

Domicile Status Comments:

Reference Number:

Advisory Org. Circular:

Deemer Date:

Submitted By: Barb Blackowicz

In accordance with the regulatory provisions of your state, the company hereby submits its new Chiropractic Professional Liability program. Insureds for this program will be members of the ChiroFutures, Inc. Risk Purchasing Group, domiciled in the State of Georgia and formed under the Risk Retention Act of 1986. The program will be

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 underwritten by Sonoran National Insurance Group whose principal underwrote the CNA National Chiropractor Program for over 7 years.

Included with this filing are the complete rates and rating manual necessary to underwrite this program. The company believes these rates are not excessive, inadequate, or unfairly discriminatory. Please note that this filing is mutually exclusive to all other Programs filed and approved on behalf of Great Divide Insurance Company. All other filed and approved Programs for Great Divide Insurance Company remain on file without change. The corresponding forms have been submitted under ADM-PROGRAM-CHIRO-10001-F (pending), and ADM-GENERAL-10002-F(pending).

The company respectfully requests that the filing be applicable to all policies effective on and after December 1, 2010 or upon approval, whichever is earlier.

## Company and Contact

### Filing Contact Information

Barbara Blackowicz, Compliance Analyst BBlackowicz@filingsdirect.com  
 P.O. Box 70 610-325-4455 [Phone]  
 Edgemont, PA 19028 610-325-4405 [FAX]

### Filing Company Information

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

Great Divide Insurance Company	CoCode: 25224	State of Domicile: North Dakota
7233 East Butherus Drive	Group Code: 98	Company Type: P&C
Scottsdale, AZ 85260	Group Name:	State ID Number:
(480) 951-0905 ext. [Phone]	FEIN Number: 45-0397186	

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## Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Great Divide Insurance Company	\$0.00		

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## State Specific

Refer to our checklists prior to submitting filing

([http://www.idfpr.com/DOI/Prop\\_Cas\\_IS3\\_Checklists/IS3\\_Checklists.htm](http://www.idfpr.com/DOI/Prop_Cas_IS3_Checklists/IS3_Checklists.htm)): Acknowledged

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

NO RATES and/or RULES ARE REQUIRED TO BE FILED FOR LINES OF COVERAGE SUCH AS COMMERCIAL AUTO (except taxicabs), BURGLARY AND THEFT, GLASS, FIDELITY, SURETY, COMMERCIAL GENERAL LIABILITY, CROP HAIL, COMMERCIAL PROPERTY, DIRECTORS AND OFFICERS, ERRORS AND OMISSIONS, COMMERCIAL MULTI PERIL just to mention a few. However, a Summary Sheet (RF-3) is required to be filed. Please refer to the State Specific Field below for what rates/rules are required to be filed and to our checklists for specific statutes, regulations, etc. : [http://www.idfpr.com/DOI/Prop\\_Cas\\_IS3\\_Checklists/IS3\\_Checklists.htm](http://www.idfpr.com/DOI/Prop_Cas_IS3_Checklists/IS3_Checklists.htm): Acknowledged  
Medical Malpractice rates/rules may only be submitted in paper.: Per conversation with Gayle Neuman, Med Mal rates/rules may be submitted in SERFF

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

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

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Filed	Gayle Neuman	02/22/2011	02/23/2011

### Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Gayle Neuman	12/09/2010	12/09/2010	Barb Blackowicz	12/09/2010	12/09/2010
Pending Industry Response	Gayle Neuman	12/09/2010	12/09/2010	Barb Blackowicz	12/09/2010	12/09/2010
Pending Industry Response	Gayle Neuman	12/07/2010	12/07/2010	Barb Blackowicz	12/07/2010	12/07/2010
Pending Industry Response	Gayle Neuman	12/02/2010	12/02/2010	Barb Blackowicz	12/03/2010	12/03/2010
Pending Industry Response	Gayle Neuman	12/02/2010	12/02/2010	Barb Blackowicz	12/03/2010	12/03/2010

### Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
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filing attachments.	Note To Filer	Gayle Neuman	02/23/2011	02/23/2011
Effective Date	Note To Reviewer	Barb Blackowicz	02/22/2011	02/22/2011
review completed	Note To Filer	Gayle Neuman	02/22/2011	02/22/2011
filing status	Note To Filer	Gayle Neuman	02/17/2011	02/17/2011
Status of filing?	Note To Reviewer	Barb Blackowicz	02/17/2011	02/17/2011

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## Disposition

Disposition Date: 02/22/2011

Effective Date (New): 12/01/2011

Effective Date (Renewal):

Status: Filed

Comment:

Rate data does NOT apply to filing.

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Explanatory Memorandum		Yes
Supporting Document	Form RF3 - (Summary Sheet)		Yes
Supporting Document (revised)	Certification		Yes
Supporting Document	Certification		Yes
Supporting Document	Manual		Yes
Supporting Document	ACTUARIAL JUSTIFICATION		No
Supporting Document	AUTHORIZATION LETTER		Yes
Supporting Document	COVER LETTER		Yes
Supporting Document	Pinnacle Actuarial Resources - Objection and Response		No
Supporting Document	Additional Documentation		No
Rate	COUNTRYWIDE RATE/RULE MANUAL		Yes
Rate (revised)	STATE EXCEPTION PAGE		Yes
Rate	STATE EXCEPTION PAGE		Yes
Rate	STATE EXCEPTION PAGE		Yes

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## Objection Letter

Objection Letter Status	Pending Industry Response
Objection Letter Date	12/09/2010
Submitted Date	12/09/2010
Respond By Date	12/10/2010

Dear Barbara Blackowicz,

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

We will need a new certification form indicating the company is Great Divide.

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

[http://insurance.illinois.gov/Prop\\_Cas\\_IS3\\_Checklists/IS3\\_Checklists.htm](http://insurance.illinois.gov/Prop_Cas_IS3_Checklists/IS3_Checklists.htm)

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

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

Sincerely,  
Gayle Neuman

SERFF Tracking Number: MRTN-126890754 State: Illinois  
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## Response Letter

Response Letter Status	Submitted to State
Response Letter Date	12/09/2010
Submitted Date	12/09/2010

Dear Gayle Neuman,

### Comments:

### Response 1

Comments: Please see the attached revised certification form. Please let me know if you have any questions or concerns. Thanks!!

### Changed Items:

#### Supporting Document Schedule Item Changes

Satisfied -Name: Certification

Comment:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Sincerely,

Alison Lupinek, Barb Blackowicz, Linda Rothwell, Sonja Rodebaugh

SERFF Tracking Number: MRTN-126890754 State: Illinois  
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## Objection Letter

Objection Letter Status	Pending Industry Response
Objection Letter Date	12/09/2010
Submitted Date	12/09/2010
Respond By Date	12/10/2010

Dear Barbara Blackowicz,

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

The filing certification letter indicates the filing is being submitted on behalf of Admiral Insurance Company instead of Great Divide. The filing authorization letter indicates Admiral, Great Divide and Nautilus. Please clarify this conflicting information.

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

[http://insurance.illinois.gov/Prop\\_Cas\\_IS3\\_Checklists/IS3\\_Checklists.htm](http://insurance.illinois.gov/Prop_Cas_IS3_Checklists/IS3_Checklists.htm)

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

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

Sincerely,  
Gayle Neuman

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## Response Letter

Response Letter Status Submitted to State  
Response Letter Date 12/09/2010  
Submitted Date 12/09/2010

Dear Gayle Neuman,

### Comments:

### Response 1

Comments: To clarify, in Illinois this program is being written on Great Divide Insurance Company paper. Great Divide and Admiral insurance Company are member companies of W. R. Berkley Corporation. Admiral Insurance Company is the managing company responsible for this program. The other affiliated company referenced in the authorization letter, Nautilus Insurance Company, is a non-admitted company; however this program will only be written as admitted in Illinois via Great Divide Insurance Company paper.

### Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Sincerely,

Alison Lupinek, Barb Blackowicz, Linda Rothwell, Sonja Rodebaugh

SERFF Tracking Number: MRTN-126890754 State: Illinois  
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## Objection Letter

Objection Letter Status	Pending Industry Response
Objection Letter Date	12/07/2010
Submitted Date	12/07/2010
Respond By Date	12/09/2010

Dear Barbara Blackowicz,

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

On the corrected State Exception page, when you changed to the county to St. Clair, the rates changed. Please confirm this is correct. If you make changes other than what is addressed in the objection letter, you need to disclose that such changes are being made.

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

[http://insurance.illinois.gov/Prop\\_Cas\\_IS3\\_Checklists/IS3\\_Checklists.htm](http://insurance.illinois.gov/Prop_Cas_IS3_Checklists/IS3_Checklists.htm)

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

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

Sincerely,  
Gayle Neuman

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## Response Letter

Response Letter Status Submitted to State  
Response Letter Date 12/07/2010  
Submitted Date 12/07/2010

Dear Gayle Neuman,

### Comments:

### Response 1

Comments: My sincere apologies for the confusion regarding the rate pages. The Class II rates were modified prior to the filing; however the initial (unmodified) rate page was inadvertently attached and submitted to the state. The revised rate page has been verified and is correct.

### Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Sincerely,

Alison Lupinek, Barb Blackowicz, Linda Rothwell, Sonja Rodebaugh

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## Objection Letter

Objection Letter Status	Pending Industry Response
Objection Letter Date	12/02/2010
Submitted Date	12/02/2010
Respond By Date	12/07/2010

Dear Barbara Blackowicz,

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

Additionally, please define the county of "St. Louis East" on the manual page.

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

[http://insurance.illinois.gov/Prop\\_Cas\\_IS3\\_Checklists/IS3\\_Checklists.htm](http://insurance.illinois.gov/Prop_Cas_IS3_Checklists/IS3_Checklists.htm)

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

Sincerely,  
Gayle Neuman

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## Response Letter

Response Letter Status Submitted to State  
Response Letter Date 12/03/2010  
Submitted Date 12/03/2010

Dear Gayle Neuman,

### Comments:

### Response 1

Comments: Please see the revised state exception page attached to the rate/rule schedule. Territory I had an incorrect territory definition, shown as St. Louis East; Territory I has been updated to correctly reflect St. Clair.

### Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

### Rate/Rule Schedule Item Changes

Exhibit Name	Rule # or Page #	Rate Action	Previous State Filing #
STATE EXCEPTION PAGE	PG 1	New	
<b>Previous Version</b>			
STATE EXCEPTION PAGE	PG 1	New	

Thank you for your continued review of this filing. Should you have additional concerns, please feel free to contact me at (309) 685-8577.

Sincerely,

Alison Lupinek, Barb Blackowicz, Linda Rothwell, Sonja Rodebaugh

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## Objection Letter

Objection Letter Status	Pending Industry Response
Objection Letter Date	12/02/2010
Submitted Date	12/02/2010
Respond By Date	12/09/2010

Dear Barbara Blackowicz,

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

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

In the company's November 4, 2010 letter, it states the program will be underwritten by Sonoran National Insurance Group. What companies are in this group? Please explain.

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

[http://insurance.illinois.gov/Prop\\_Cas\\_IS3\\_Checklists/IS3\\_Checklists.htm](http://insurance.illinois.gov/Prop_Cas_IS3_Checklists/IS3_Checklists.htm)

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

Sincerely,  
Gayle Neuman

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## Response Letter

Response Letter Status Submitted to State  
Response Letter Date 12/03/2010  
Submitted Date 12/03/2010

Dear Gayle Neuman,

### Comments:

### Response 1

Comments: Yes, the company will report statistics to ISS (formerly NAII).

To clarify, Sonoran National will be the program administrator; Sonoran is part of Peakstone Financial (Scottsdale, AZ) who in turn is part of Franchise Services of North America, Inc. The Doctor of Chiropractic Professional Liability program will be written on Great Divide Insurance Company paper and Insureds will be members of the registered RPG, ChiroFutures, Inc.

### Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Thank you for your continued review of this filing. Should you have further concerns, please feel free to contact me at (309) 685-8577.

Sincerely,

Alison Lupinek, Barb Blackowicz, Linda Rothwell, Sonja Rodebaugh

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**Note To Filer**

**Created By:**

Gayle Neuman on 02/23/2011 08:36 AM

**Last Edited By:**

Gayle Neuman

**Submitted On:**

02/23/2011 10:23 AM

**Subject:**

filing attachments.

**Comments:**

I am almost ready to close this filing.

First, I will need you to submit additional copies of some documents. On 1/5/11, you responded and included Supporting Document Schedule Item Changes with four attachments. The first attachment was a copy of Pinnacle's 12/21/10 letter to Great Divide. The 12/21/10 letter is considered confidential. Therefore, you need to submit an additional amendment or supporting documentation where the last three attachments are provided. Then I can mark the first submission as confidential, but the information provided pursuant to this request will be part of the public record. Thank you for your assistance.

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**Note To Reviewer**

**Created By:**

Barb Blackowicz on 02/22/2011 11:23 AM

**Last Edited By:**

Gayle Neuman

**Submitted On:**

02/23/2011 10:23 AM

**Subject:**

Effective Date

**Comments:**

The company would like the effective date to be shown as 12/1/2010.

Thank you.

*SERFF Tracking Number:* MRTN-126890754                      *State:* Illinois  
*Filing Company:* Great Divide Insurance Company                      *State Tracking Number:* MRTN-126890754  
*Company Tracking Number:* ADM-PROGRAM-CHIRO-10001-R  
*TOI:* 11.2 Med Mal-Claims Made Only                      *Sub-TOI:* 11.2003 Chiropractic  
*Product Name:* Doctor of Chiropractic Professional Liability Program  
*Project Name/Number:* Doctor of Chiropractic Professional Liability Program/ADM-PROGRAM-CHIRO-10001-R

**Note To Filer**

**Created By:**

Gayle Neuman on 02/22/2011 09:09 AM

**Last Edited By:**

Gayle Neuman

**Submitted On:**

02/23/2011 10:23 AM

**Subject:**

review completed

**Comments:**

The Department of Insurance completed its review of the filing referenced above on February 17, 2011. Originally, Great Divide Insurance Company requested the filing be effective December 1, 2010. Was the filing put in effect on December 1, 2010 or do you wish to have a different effective date?

Your prompt response is appreciated.

*SERFF Tracking Number:* MRTN-126890754                      *State:* Illinois  
*Filing Company:* Great Divide Insurance Company                      *State Tracking Number:* MRTN-126890754  
*Company Tracking Number:* ADM-PROGRAM-CHIRO-10001-R  
*TOI:* 11.2 Med Mal-Claims Made Only                      *Sub-TOI:* 11.2003 Chiropractic  
*Product Name:* Doctor of Chiropractic Professional Liability Program  
*Project Name/Number:* Doctor of Chiropractic Professional Liability Program/ADM-PROGRAM-CHIRO-10001-R

**Note To Filer**

**Created By:**

Gayle Neuman on 02/17/2011 03:37 PM

**Last Edited By:**

Gayle Neuman

**Submitted On:**

02/23/2011 10:23 AM

**Subject:**

filing status

**Comments:**

The filing is pending review by our Actuarial Unit, Legal Division, and the Director. I have completed my review of this filing.

SERFF Tracking Number: MRTN-126890754 State: Illinois  
Filing Company: Great Divide Insurance Company State Tracking Number: MRTN-126890754  
Company Tracking Number: ADM-PROGRAM-CHIRO-10001-R  
TOI: 11.2 Med Mal-Claims Made Only Sub-TOI: 11.2003 Chiropractic  
Product Name: Doctor of Chiropractic Professional Liability Program  
Project Name/Number: Doctor of Chiropractic Professional Liability Program/ADM-PROGRAM-CHIRO-10001-R

## Note To Reviewer

### Created By:

Barb Blackowicz on 02/17/2011 12:18 PM

### Last Edited By:

Gayle Neuman

### Submitted On:

02/23/2011 10:23 AM

### Subject:

Status of filing?

### Comments:

Please advise the status regarding the review of this filing. We have not heard anything since the response submitted to Pinacclle on Jan 5, 2011.

Thank you.

Barb Blackowicz

Martin & Company

(309) 685-8577

## Rate/Rule Schedule

Schedule Item	Exhibit Name:	Rule # or Page	Rate Action	Previous State Filing Attachments
Status:		#:		Number:
	COUNTRYWIDE RATE/RULE MANUAL	PGS 1-11	New	ADM-CHIRO-RR.pdf
	STATE EXCEPTION PAGE	PG 1	New	ADM-CHIRO-RR-IL - rev 1-5-11.pdf

GREAT DIVIDE INSURANCE COMPANY  
7233 E. Butherus Drive, Scottsdale, AZ 85260  
Administrative Offices: Admiral Professional Program Division 14 Wall St., New York, NY 10005  
DOCTOR OF CHIROPRACTIC  
COUNTRYWIDE RATES & RULES MANUAL

This document is privileged and confidential property of Great Divide Insurance Company and its affiliated and/or subsidiary companies and may not be distributed without its permission.

**I. APPLICATION OF MANUAL RULES**

- A. This manual provides rules, rates, premiums and classifications and shall govern the writing of policies for the Chiropractic profession.
- B. The Great Divide Insurance Company rates, rating plans, rules and forms contained in the manual shall govern unless there is an exception noted in the State rate and rule pages.

**II. POLICY TERMS**

Policies may be written for a term of one year, and renewed annually thereafter, or as otherwise specified for the respective coverage.

**III. PREMIUM COMPUTATION**

- A. Compute the premium at policy inception using the rules, rates, and rating plans in effect, at the time. At each renewal, compute the premium using the rules, rates and rating plans then in effect.
- B. Pro-rate the premium when a policy is used for the less than a whole year.
- C. Premiums are calculated as specified for the respective coverage. Premium rounding will be done in accordance with the Whole Dollar Rule.
- D. The premium shall be computed by applying the rate per Chiropractor, shown on the State Rate Page, to the total number of Chiropractor's who are insureds. The rates shall be applied in accordance with each Chiropractor's classification.

**IV. FACTORS OR MULTIPLIERS**

Unless stated otherwise, factors or multipliers are to be applied consecutively and not added together.

**V. POLICY WRITING MINIMUM PREMIUM**

The policy writing minimum premium shall be \$300.00 per annual or lesser period, which is a fully earned minimum premium.

**VI. PREMIUM PAYMENT PLAN**

Not Available.

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**VII. WHOLE DOLLAR RULE**

If the result of the rating procedure is not a whole dollar, the result will be adjusted as follows:

- a) Any amount involving \$.50 or over shall be rounded to the next higher whole dollar amount; or
- b) Any amount involving \$.49 or less shall be rounded down to the next lower whole dollar amount.

**VIII. ADDITIONAL PREMIUM CHARGES**

- A. Pro-rate all changes requiring additional premium.
- B. Apply the rates and rules that were in effect at the inception date of this policy period. After computing the additional premium, charge the amount applicable from the effective date of the change, even if the policy inception premium was less than the policy writing minimum premium.
- C. Waive additional premium of \$10.00 or less.

**IX. RETURN PREMIUM**

- A. Deletion of any coverage, other than optional coverage, is not permitted unless the entire policy is canceled.
- B. Compute return premium at the rates used to calculate the policy premium at the inception of this policy period.
- C. Compute return premium pro rata and round in accordance with the Whole Dollar Rule when any coverage or exposure is deleted or an amount of insurance is reduced.
- D. Retain the policy writing minimum premium.
- E. Cancellation of annual policy that generates return premium is subject to follow any applicable individually State cancellation provisions and subject to Section XI below.

**X. COVERAGES**

Coverage	Limits
Professional Liability	Claims-Made Basis (See State rate pages)
Supplementary Coverage	

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A. License Protection Defense	\$50,000 Each Claim \$50,000 Aggregate
B. Peer Review Committee Defense	\$50,000 Each Claim \$50,000 Aggregate
C. Information Privacy Wrongful Act	\$10,000 Each Claim \$10,000 Aggregate
D. Medicare/Medicaid Billing Error Defense	\$10,000 Each Claim \$10,000 Aggregate
E. Medical Payments	\$5,000 Per Injured Patient \$10,000 Aggregate
F. Deposition Assistance	\$2,500 Each Deposition \$7,500 Aggregate
G. Damage to Property of Patients	\$2,500 Each Incident

**XI. POLICY CANCELLATIONS**

- A. The policy may be canceled flat within 60 days of the effective date. Evidence of such cancellation must be received by the Company within 60 days of such cancellation.
- B. Any cancellation initiated, other than by the insured, after more than 60 days will be cancelled pro-rata.
- C. Cancellation initiated by the insured will be canceled pro-rata less a penalty of 10% (subject to the fully earned minimum premium) unless coverage is concurrently rewritten by the Company, in which case no penalty shall be applied.
- D. Cancellation is subject to Section IX, Conditions, paragraph D of the policy unless there is a State mandatory cancellation/nonrenewal endorsement required on the policy. State required cancellation terms will override standard policy conditions.

**XII. CLASSIFICATIONS - CALCULATION OF PREMIUM – Professional Liability Coverage**

The base premium for the policy shall be the sum of the applicable charge for each insured based on his/her class, as developed below. “Developed Premium” used throughout, refers to premium developed prior to credits being applied ( Class Rate **X** Claims-Made Step Factor **X** ILF = Developed Premium). The annual mature claims-made base rate for each class is stated on the respective State Exception page:

ISO Class Code 80410

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A. The following class descriptions will apply:

Class	Description
1	<p>Doctors of Chiropractic in Class 1 have as their sole objective the analysis, diagnosis and reduction and/or correction of vertebral subluxation. They remain aware of the patient's other symptoms, specific health problems and findings but do not attempt to treat those symptoms or conditions.</p> <p>They note unusual findings not related to vertebral subluxations that they observed, discuss these with their patients and refer patients to medical practitioners in specific disciplines when needed.</p> <p>Class 1 Chiropractors use manual adjusting techniques, which can include hand-held, non-electric or electric devices such as Atlas Orthogonal Instrument, Integrator, Activator and/or mechanical tables, etc.</p> <p>In addition, they may use traction, extremity adjusting, massage, hot and cold packs, electrical muscle stimulation, ultrasound, laser, diathermy, whirlpool, orthopedic supports, orthotics, taping or other non-invasive modalities which they consider necessary in order to properly reduce or correct subluxations, or which they feel will help patients maintain their adjustments.</p> <p>Class 1 doctors do not use therapeutic agents, including nutritional supplements, homeopathic or naturopathic remedies etc, to treat diseases or suppress symptoms other than those related to vertebral subluxation.</p> <p>Instrumentation and other diagnostic tools such as surface electromyography (SEMG) thermography, range of motion etc. may be used to measure a variety of physiological changes related to vertebral subluxation and spinal health.</p> <p>No invasive procedures or diagnostic or treatment equipment or techniques should be used which are not directly related to the detection and correction of vertebral subluxation. X-ray and other imaging techniques may be used to assist in determining the presence of vertebral subluxation and for biomechanical assessment of the spine.</p>

Class	Description
2	<p>Doctors of chiropractic in this class, while they may analyze, diagnose and reduce/correct vertebral subluxation, broaden their practice to include primary health care activities and/or the diagnosis, treatment, management of pathophysiological processes besides or in addition to vertebral subluxation. These complaints/disorders may be spinal-related or not.</p> <p>Doctors in Class 2 may utilize everything included under Class 1 and, additionally, modalities such as ionic foot baths, hair analysis, live cell analysis</p>

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and other similar diagnostic and treatment methods. They may also utilize homeopathy, nutritional and naturopathic remedies for the treatment of disease. Those chiropractors who hold licenses in acupuncture and perform techniques which require such a license shall be categorized in this class.

B. The annual mature claims-made rates for each Chiropractor are stated on the State Rate Page.

The annual step rates, under claims-made, for each Chiropractor shall be determined as follows:

1. If the Chiropractor is just entering practice, or the Chiropractor has continuously been insured under an "occurrence" policy, or the Chiropractor has been uninsured for any reason, enter the step rate factor from the Table at the year one level.
2. If the Chiropractor has been insured under a "claims-made" policy for one or more years immediately preceding the effective date of this coverage, the following procedure shall apply:
  - a) Determine the number of years in which the Chiropractor was covered under such claims-made policy(ies). This shall be the Years of Prior Exposure. The Table is entered at the total prior Years of Exposure, plus one.

Fractional years of six months or more of base exposure shall be rounded to the next higher year; less than six months shall be rounded to the next lower year;

The factors in the following Table shall be applied to the full time class rate, found on the State Page, in effect at the inception of the policy.

Step 1	Step 2	Step 3	Step 4
0.35	0.66	0.90	1.00

C. Location of Practice

The rates as shown in this manual contemplate the exposure as being derived from professional practice within the State. An exception will be allowed for those who derive 25% or less of their practice time from outside the State. Those who derive more than 25% of their practice time outside the State will be charged the higher rate if there is multi-State exposure.

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### **XIII. PREMIUM MODIFICATIONS**

The following applicable factors will be added together and the sum will be applied to the associated risk. The maximum credit applicable to any risk is shown on the respective State Rate page.

#### **A. New Graduate**

A "new" graduate is defined as an individual who is receiving his or her first Chiropractic license and beginning practice. For the 1<sup>st</sup> and 2<sup>nd</sup> years in practice, the discount listed is the maximum credit allowable.

The following credits will apply:

Years in Practice	Discount
1 <sup>st</sup>	75%
2 <sup>nd</sup>	40%
3 <sup>rd</sup>	25%
4th	15%

#### **B. Preceptee / Postceptee**

Preceptee means a current student of Chiropractic medicine at an accredited institution who has not yet obtained a license as a Chiropractor.

Postceptee means a Chiropractic professional that has successfully completed formal student training, has a current application for licensure pending in the State in which the Insured is insured by this policy to practice, but has not yet obtained any license as a Chiropractor.

It shall be permissible to provide coverage for a Preceptee or Postceptee on a shared limit of liability with the sponsoring Insured Chiropractor. Waive additional premium.

#### **C. Corporations / Partnerships / Associations**

It shall be permissible to provide coverage for a corporation, partnership or association for liability arising from the practice of member Chiropractors insured by the Company. Such coverage may be provided either:

1. On a shared limit of liability with the member practitioner, in which case, no additional premium shall be charged; or
2. On a separate limit of liability basis. All practitioners of the corporation must purchase the same limit of liability. Additional premium shall be **10%** of the total developed liability premium for each member.

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D. Additional Insured

- 1) No charge for short-term event additional insureds.
- 2) **10%** charge of the policy's developed premium to add a Landlord of the Insured..
- 3) **20%** charge of the policy's developed premium for all other Additional Insured Requests: an additional insured, such as an outpatient surgical center, managed care organization, hospital, etc. All other Additional Insureds must be referred to the Company for approval and rating.

E. Vicarious Liability

**10%** of the named insured's developed premium will be charged for each Chiropractor not insured by Great Divide and written with an Insurance Carrier rated less than AM Best A- who presents a vicarious liability exposure to the named insured.

F. Medical Professional Coverage

Medical Professional Coverage is available for the following classes on a shared limit basis by an endorsement:

<b>Medical Professional</b>	<b>Rate</b>
Registered Dietician	\$50 per Dietician
Massage Therapist	\$150 per Therapist
Acupuncturist	\$250 per Acupuncturist
Physical Therapist	\$250 per Therapist
X-Ray Technician	\$150 per Technician

G. Disability / Leave of Absence

A Chiropractor who becomes disabled, or is on leave of absence for a period of at least 30 days, but less than 180 days, may be eligible for restricted coverage at a rate reduction of 75% of the applicable rate for the period of disability or leave of absence. This will apply retroactively to the first day of disability or leave of absence. Leaves of absence are subject to underwriting approval.

H. Part Time

A part time credit of 50% of the applicable rate will apply to any Chiropractor who works 20 hours or less per week. This is the maximum credit available for a part-time Chiropractor.

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I. Military Activation

Where an Insured has been called to Active Military duty, an endorsement will be attached suspending coverage for the period of deployment. Note: the period on active duty does not count for step rating.

J. Locum Tenens

Coverage for a Chiropractor substituting for an insured will be limited to cover only professional services rendered on behalf of the corresponding insured for whom he/she is serving as a temporary relief chiropractor for the specified time period. Locum Tenens will share in the corresponding insured's limit of liability, and the substituting professional is subject to standard underwriting approval. There is no additional charge for a period not to exceed 60 days.

K. Loss Prevention / Risk Management

A risk management credit of up to 10% will be applied to the rate, based upon approved risk management courses. Approved courses include but are not limited to Company courses, workshops, seminars, self-study, and State Chiropractic Society organization courses. Course content must include one or more of the following topics:

- Patient communication
- Documentation
- Informed consent
- Confidentiality of records
- Litigation and other legal issues

Verifiable active participation is required in any such program. The course must be completed by the insured within 24 months of the policy effective date. This credit will be reapplied to subsequent coverage terms, provided that the course completion date is within 24 months of the effective date. This is subject to underwriting approval.

L. Experience Rating

The following claims-free credits will apply to the Chiropractor's applicable class rate:

<b>Minimum Number of Consecutive Years Claims-Free</b>	<b>Credit</b>
3	5%
5	10%
10	15%
20	20%

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M. Schedule Modification

A modification reflecting the specific individual characteristics of a risk shall be applied to the professional liability premium for Chiropractors. The criteria (shown below) used in evaluating the risk will be applied objectively and uniformly to all risks. All applicable debits and credits from this Section M shall be added together and the sum shall be the total Schedule Modification. The total schedule modification shall be capped at +/-25%.

Criteria	Maximum Credit	Maximum Debit
1. Qualifications and experience of management	-10%	+10%
2. Cooperation with insurer	-10%	+10%
3. Selection and supervision of staff	-10%	+10%
4. Effective risk management program	-10%	+10%
5. Ongoing quality improvement program	-10%	+10%
6. Communication vehicle for patient questions and concerns	-10%	+10%
7. Use of recognized system of clinical guidelines	-10%	+10%
8. Well-maintained patient record system	-10%	+10%
9. Thorough documentation of patient care and interaction	-10%	+10%
10. Established policies and procedures for patient relations	-10%	+10%
11. Rehearsed emergency plan/equipment in place	-10%	+10%
12. High risk or experimental procedures or treatment	0%	+25%
13. Loss experience	-10%	+25%
14. Demographics of Patient Group	-10%	+25%
15. Other risk deviations specific to the account	-15%	+15%

N. Consent to Settle

A 10% debit shall be applied to an Insured who elects to retain the sole right to consent to settlement of any claim.

XIV. LIMITS OF LIABILITY

The base rate on the state rate page contemplates a limit of \$100/\$300K. Higher limits of liability may be selected by insureds. The associated factors listed below will apply to the \$100,000/\$300,000 rate.

Limits of Liability	Factor
\$100,000 / \$300,000	1.000
\$200,000 / \$600,000	1.159
\$250,000 / \$750,000	1.215
\$500,000 / \$1,500,000	1.500

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\$1,000,000 / \$3,000,000	1.590
\$2,000,000 / \$4,000,000	1.741

**XV. EXTENDED REPORTING PERIOD COVERAGE**

The extension period is unlimited with respect to time. The availability of Extended Reporting Period Coverage shall be governed by the following rules:

1. The limits of liability that apply at the end of the policy period are not renewed or increased for claims first made or brought during the automatic limited reporting period.
2. Extended Reporting Period Coverage will be available to all insureds shown on the Declarations page or in an endorsement or policy schedule on this policy. Should an insured terminate association with an entity, coverage will also be offered for the liability of the entity provided that such entity was also insured by this Company.
3. Should the insured or entity terminate coverage under the policy, they may purchase this coverage by giving the Company written notice, within 60 days, of its intent to purchase, and paying the appropriate premium.
4. Upon termination of coverage under this policy by reason of death or permanent disability, the insured's unearned premium for this coverage will be waived and Extended Reporting Period Coverage will be granted for no additional charge.

There will be no charge for Extended Reporting Period Coverage in the event of permanent retirement from the practice of chiropractic and provided the insured is at least 55 years old and has been continuously insured by the Company for at least three years immediately preceding retirement.

This shall apply to all insureds otherwise qualifying for such coverage.

5. The Prior Acts date of coverage with this Company will determine the years of prior exposure in calculation of Extended Reporting Period Coverage.
6. Premium must be paid promptly when due.
7. In the event the policy is canceled, any return premium due the insured shall be credited toward the premium for Extended Reporting Period Coverage, if the insured elects this coverage. If any premium is due for the period of time between the earlier of the policy's Prior Acts date or effective date and the termination date, any monies received by the Company from the insured shall first be applied to the premium owing for the policy and then to the Extended Reporting Period endorsement.

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8. The factors in the following Table shall be applied to the expiring premium:

<b>Years of Claims-Made Coverage</b>	<b>Factor</b>
1	142%
2	134%
3	123%
4 or more	121%

STATE SPECIFIC PAGES TO FOLLOW. TERRITORIES ARE BY COUNTY NAME.

**GREAT DIVIDE INSURANCE COMPANY  
DOCTOR OF CHIROPRACTIC PROFESSIONAL LIABILITY  
STATE EXCEPTION PAGE  
ILLINOIS**

**I. Amended Rules – Professional Liability**

**Section XIII.K., Loss Prevention/Risk Management** is deleted and replaced by the following:

A risk management credit of 10% will be applied to the rate, based upon approved risk management courses. Approved courses include but are not limited to Company courses, workshops, seminars, self-study, and State Chiropractic Society organization courses. Course content must include one or more of the following topics:

- Patient communication
- Documentation
- Informed consent
- Confidentiality of records
- Litigation and other legal issues

Verifiable active participation is required in any such program. The course must be completed by the insured within 24 months of the policy effective date. This credit will be reapplied to subsequent coverage terms, provided that the course completion date is within 24 months of the effective date. This is subject to underwriting approval.

**Section XIII.N., Consent to Settle** is deleted in its entirety.

**II. Territorial Definitions – Professional Liability**

Territory I	St. Clair
Territory II	Cook
Territory III	Rest of State

**III. Rates – Professional Liability**

Mature Claim-made Rate at \$100K/\$300K Limits

<b>Class</b>	<b>Territory I</b>	<b>Territory II</b>	<b>Territory III</b>
I	\$1,522	\$1,405	\$1,086
II	\$1,829	\$1,674	\$1,248

SERFF Tracking Number: MRTN-126890754 State: Illinois  
 Filing Company: Great Divide Insurance Company State Tracking Number: MRTN-126890754  
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 TOI: 11.2 Med Mal-Claims Made Only Sub-TOI: 11.2003 Chiropractic  
 Product Name: Doctor of Chiropractic Professional Liability Program  
 Project Name/Number: Doctor of Chiropractic Professional Liability Program/ADM-PROGRAM-CHIRO-10001-R

## Supporting Document Schedules

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> Explanatory Memorandum		
<b>Comments:</b>		
<b>Attachment:</b> Actuarial Memo.pdf		

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> Form RF3 - (Summary Sheet)		
<b>Comments:</b>		
<b>Attachment:</b> Rf-3.pdf		

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> Certification		
<b>Comments:</b>		
<b>Attachment:</b> MedMalCertificationForm-GD-revised 12-2010.pdf		

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> Manual		
<b>Comments:</b> All pages in the manual have been attached to the rate/rule tab.		

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> AUTHORIZATION LETTER		
<b>Comments:</b>		
<b>Attachment:</b>		

SERFF Tracking Number: MRTN-126890754 State: Illinois  
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Authorization Letter.pdf

**Item Status:**

**Status  
Date:**

**Satisfied - Item:** COVER LETTER

**Comments:**

**Attachment:**

IL Cover letter - rates.pdf

**Great Divide Insurance Company**  
NAIC #: 4655-25224 FEIN #: 45-0397186  
Medical Malpractice  
Doctor of Chiropractic Professional Liability Program

***ACTUARIAL MEMORANDUM***

This is a new program the company seeks to implement countrywide. The program was developed based on review of CNA's Chiropractic Professional Liability program. Given the significant volume in the CNA book of business, the company has utilized the knowledge gained from that filing for this product.

Insureds for this program will be members of the ChiroFutures, Inc. Risk Purchasing Group, domiciled in the State of Georgia and formed under the Risk Retention Act of 1986. The program will be underwritten by Sonoran National Insurance Group whose principal underwrote the CNA National Chiropractor Program for over 7 years.

The rating elements and policy forms are comprised of what the company believes to be the best components of the competitor's program, as well as their own underwriting, actuarial, and legal judgment. The company has no loss experience to support the proposed rates.

The company believes these rates are not excessive, inadequate, or unfairly discriminatory.

**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 \_\_\_\_\_.

	(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	_____	_____
	Life of Insurance	_____	_____

\* Does filing only apply to certain territory (territories) or certain Classes? If so, specify: \_\_\_\_\_

Brief description of filing. (If filing follows rates of an advisory Organization, specify organization): \_\_\_\_\_

\*Adjusted to reflect all prior rate changes.

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

\_\_\_\_\_  
Name of Company

\_\_\_\_\_  
Official – Title





Admiral Professional Program Division  
14 Wall Street, Suite 5F, New York, New York 10005  
Main Phone: (212) 406-2462 Fax: (212) 566-2888  
Mobile: (917) 306-4430  
<http://www.admiralins.com> [rbreitweiser@admiralins.com](mailto:rbreitweiser@admiralins.com)

June 15, 2010

Re: Filing Authorization Letter  
**Admiral Insurance Company- NAIC # 4655-24856**  
Rate, Rule, and Form Filings

To Whom It May Concern:

Please accept this filing authorization letter as certification that we hereby authorize Martin & Company to submit rate, rule, and form filings on behalf of Admiral Insurance Company through its affiliated companies, Great Divide Insurance Company (NAIC # 25224) and Nautilus Insurance Company (NAIC # 17370).

With respect to these filings, this authorization includes responding to interrogatories and supplying additional information on our behalf as required. This authorization will remain in force and effect until withdrawn in writing.

All correspondence and inquiries related to filings under this authorization should be directed to the following:

Martin & Company  
ATTN: Compliance Division  
P.O. Box 70  
Edgemont, PA 19028-0070  
Phone: (800) 896-8000  
Fax: (610) 325-4405

Should you have any questions or require additional information regarding this authorization, please feel free to contact me.

Sincerely,

Richard F. Breitweiser, Esq.  
COO  
Admiral Professional Program Division



# Martin & Company

*Publications & Insurance Services*

Post Office Box 70  
Edgemont, PA 19028-0070  
office: 610-325-4455 fax: 610-325-4405  
email: [compliance@filingsdirect.com](mailto:compliance@filingsdirect.com)

November 4, 2010

**SENT VIA SERFF**

ILLINOIS DEPARTMENT OF INSURANCE  
ATTN: John Gatlin, Supervisor  
320 W WASHINGTON ST  
SPRINGFIELD IL 62767-0001

RE: Medical Malpractice - Doctor of Chiropractic Professional Liability Rate Filing  
Great Divide Insurance Company – NAIC#: 4655-25224 FEIN#: 45-0397186  
Company Filing #: ADM-PROGRAM-CHIRO-10001-R

Dear Mr. Gatlin:

Attached for your review is a Filing Authorization Letter authorizing Martin & Company to submit this filing on behalf of Great Divide Insurance Company (hereinafter referred to as the company). Please direct all correspondence regarding this filing to Martin & Company.

In accordance with the regulatory provisions of your state, the company hereby submits its new Chiropractic Professional Liability program. Insureds for this program will be members of the ChiroFutures, Inc. Risk Purchasing Group, domiciled in the State of Georgia and formed under the Risk Retention Act of 1986. The program will be underwritten by Sonoran National Insurance Group whose principal underwrote the CNA National Chiropractor Program for over 7 years.

Included with this filing are the rates and rating manual necessary to underwrite this program. The company believes these rates are not excessive, inadequate, or unfairly discriminatory. Please note that this filing is mutually exclusive to all other Programs filed and approved on behalf of Great Divide Insurance Company. All other filed and approved Programs for Great Divide Insurance Company remain on file without change. The corresponding forms have been submitted under ADM-PROGRAM-CHIRO-10001-F (pending), and ADM-GENERAL-10002-F (pending).

The company respectfully requests that the filing be applicable to all policies effective on and after December 1, 2010 or upon approval, whichever is earlier.

Should you have any questions or concerns, please feel free to contact me directly.

Sincerely,

Barbara Blackowicz  
Martin & Company  
Sr. Compliance Analyst  
[BBlackowicz@FilingsDirect.com](mailto:BBlackowicz@FilingsDirect.com)  
(309) 685-8577

SERFF Tracking Number: MRTN-126890754 State: Illinois  
 Filing Company: Great Divide Insurance Company State Tracking Number: MRTN-126890754  
 Company Tracking Number: ADM-PROGRAM-CHIRO-10001-R  
 TOI: 11.2 Med Mal-Claims Made Only Sub-TOI: 11.2003 Chiropractic  
 Product Name: Doctor of Chiropractic Professional Liability Program  
 Project Name/Number: Doctor of Chiropractic Professional Liability Program/ADM-PROGRAM-CHIRO-10001-R

## Superseded Schedule Items

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

Creation Date:	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
11/04/2010	Rate and Rule	STATE EXCEPTION PAGE	12/03/2010	ADM-CHIRO-RR-IL.pdf (Superseded)
11/04/2010	Supporting Document	Certification	12/09/2010	MedMalCertificationForm-rev1.pdf (Superseded)
12/03/2010	Rate and Rule	STATE EXCEPTION PAGE	01/05/2011	ADM-CHIRO-RR-IL rev 12 2 10.pdf (Superseded)

**GREAT DIVIDE INSURANCE COMPANY  
DOCTOR OF CHIROPRACTIC PROFESSIONAL LIABILITY  
STATE EXCEPTION PAGE  
ILLINOIS**

**I. Territorial Definitions – Professional Liability**

Territory I	St Louis East
Territory II	Cook
Territory III	Rest of State

**II. Rates – Professional Liability**

Mature Claim-made Rate at \$100K/\$300K Limits

<b>Class</b>	<b>Territory I</b>	<b>Territory II</b>	<b>Territory III</b>
I	\$1,522	\$1,405	\$1,086
II	\$2,029	\$1,874	\$1,448

# 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, Richard F. Breitweiser, a duly authorized officer of Admiral Insurance Company, am authorized to certify on behalf of the Company making this filing that the company's rates are based on sound actuarial principles and are not inconsistent with the company's experience, and that I am knowledgeable of the laws, regulations and bulletins applicable to the policy rates that are the subject of this filing.

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

      Richard F. Breitweiser, COO      11/4/2010  
Signature and Title of Authorized Insurance Company Officer      Date

      Dean Westpfahl, Director of Actuarial Services      11/4/2010  
Signature and Title of Authorized Actuary      Date

Insurance Company FEIN 45 - 0397186      Filing Number ADM-PROGRAM-CHIRO-10001-R

Insurer's Address 7233 East Butherus Drive

City Scottsdale      State AZ      Zip Code 85260

Contact Person's:

-Name and E-mail Barbara Blackowicz

-Direct Telephone and Fax Number (309) 685-8577 (phone) (309) 685-8577 (fax)

**GREAT DIVIDE INSURANCE COMPANY  
DOCTOR OF CHIROPRACTIC PROFESSIONAL LIABILITY  
STATE EXCEPTION PAGE  
ILLINOIS**

**I. Territorial Definitions – Professional Liability**

Territory I	St. Clair
Territory II	Cook
Territory III	Rest of State

**II. Rates – Professional Liability**

Mature Claim-made Rate at \$100K/\$300K Limits

<b>Class</b>	<b>Territory I</b>	<b>Territory II</b>	<b>Territory III</b>
I	\$1,522	\$1,405	\$1,086
II	\$1,829	\$1,674	\$1,248