Filing at a Glance

Company:	The Medical Protective Company
Product Name:	Illinois - Affiliated Physicians Program, Inc.
State:	Illinois
TOI:	11.0 Medical Malpractice - Claims Made/Occurrence
Sub-TOI:	11.0000 Med Mal Sub-TOI Combinations
Filing Type:	Rate/Rule
Date Submitted:	08/07/2013
SERFF Tr Num:	MDPC-129152533
SERFF Status:	Closed-Filed
State Tr Num:	MDPC-129152533
State Status:	
Co Tr Num:	13-ILRPGMD-ALL-MOD-01
Effective Date Requested (New):	09/01/2013
Effective Date Requested (Renewal):	09/01/2013
Author(s):	Melissa Millican, Christopher Cole, Kendra Clark
Reviewer(s):	Gayle Neuman (primary)
Disposition Date:	08/13/2013
Disposition Status:	Filed
Effective Date (New):	09/01/2013
Effective Date (Renewal):	09/01/2013

State Filing Description:

State:	*Illinois*	**Filing Company:**	*The Medical Protective Company*
TOI/Sub-TOI:	*11.0 Medical Malpractice - Claims Made/Occurrence/11.0000 Med Mal Sub-TOI Combinations*		
Product Name:	*Illinois - Affiliated Physicians Program, Inc.*		
Project Name/Number:	*Initial IL RPG filing - Allied Healthcare Providers and Comprehensive Liability Coverage for Healthcare Providers/13-ILRPG-ALL-MOD-01*		

General Information

Project Name: Initial IL RPG filing - Allied Healthcare Providers and Comprehensive Liability Coverage for Healthcare Providers

Status of Filing in Domicile: Not Filed

Project Number: 13-ILRPG-ALL-MOD-01

Domicile Status Comments:

Reference Organization: N/A

Reference Number: N/A

Reference Title: N/A

Advisory Org. Circular: N/A

Filing Status Changed: 08/13/2013

State Status Changed:

Deemer Date:

Created By: Christopher Cole

Submitted By: Christopher Cole

Corresponding Filing Tracking Number:

Filing Description:

The Medical Protective Company (MedPro) respectfully submits the attached rate and rule filing in accordance with its recently registered affiliated Physicians Program, Inc. (RPG) in the state of Illinois. The Company requests an effective date of September 1, 2013.

Company and Contact

Filing Contact Information

Melissa Millican, Paralegal
5814 Reed Road
Fort Wayne, IN 46835

melissa.millican@medpro.com
260-486-0838 [Phone]
260-486-0733 [FAX]

Filing Company Information

The Medical Protective Company
5814 Reed Road
Fort Wayne, IN 46835
(260) 486-0838 ext. [Phone]

CoCode: 11843
Group Code:
Group Name:
FEIN Number: 35-0506406

State of Domicile: Indiana
Company Type:
State ID Number:

Filing Fees

Fee Required? No

Retaliatory? No

Fee Explanation:

State Specific

State:	*Illinois*	**Filing Company:**	*The Medical Protective Company*
TOI/Sub-TOI:	*11.0 Medical Malpractice - Claims Made/Occurrence/11.0000 Med Mal Sub-TOI Combinations*		
Product Name:	*Illinois - Affiliated Physicians Program, Inc.*		
Project Name/Number:	*Initial IL RPG filing - Allied Healthcare Providers and Comprehensive Liability Coverage for Healthcare Providers/13-ILRPG-ALL-MOD-01*		

Refer to our checklists prior to submitting filing (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 LIABLITY, CROP HAIL, COMMERCIAL PROPERTY, DIRECTORS AND OFFICERS, ERRORS AND OMMISSIONS, 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://insurance.illinois.gov/Prop_Cas_IS3_Checklists/IS3_Checklists.asp .: acknowledged

Medical Malpractice rates/rules may now be submitted using SERFF effective January 1, 2012.: acknowledged

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 - rate/rule filing only

State: *Illinois* **Filing Company:** *The Medical Protective Company*
TOI/Sub-TOI: *11.0 Medical Malpractice - Claims Made/Occurrence/11.0000 Med Mal Sub-TOI Combinations*
Product Name: *Illinois - Affiliated Physicians Program, Inc.*
Project Name/Number: *Initial IL RPG filing - Allied Healthcare Providers and Comprehensive Liability Coverage for Healthcare Providers/13-ILRPG-ALL-MOD-01*

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed	Gayle Neuman	08/13/2013	08/13/2013

State: *Illinois* **Filing Company:** *The Medical Protective Company*
TOI/Sub-TOI: *11.0 Medical Malpractice - Claims Made/Occurrence/11.0000 Med Mal Sub-TOI Combinations*
Product Name: *Illinois - Affiliated Physicians Program, Inc.*
Project Name/Number: *Initial IL RPG filing - Allied Healthcare Providers and Comprehensive Liability Coverage for Healthcare Providers/13-ILRPG-ALL-MOD-01*

Disposition

Disposition Date: 08/13/2013
Effective Date (New): 09/01/2013
Effective Date (Renewal): 09/01/2013
Status: Filed

Comment:

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where req'd):	Minimum % Change (where req'd):
The Medical Protective Company	0.000%	0.000%	$0	0	$0	0.000%	0.000%

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Explanatory Memorandum		Yes
Supporting Document	Form RF3 - (Summary Sheet)		Yes
Supporting Document	Certification		Yes
Supporting Document	Request to Maintain Data as Trade Secret Information		Yes
Supporting Document	Manual		Yes
Supporting Document	Statistical Agent Information		Yes
Supporting Document	Strike Thru documents		Yes
Rate	IL - Affiliated Physicians Program, Inc. Allied OCC Class Plans		Yes
Rate	IL - Affiliated Physicians Program, Inc. ALLIED SCM Class Plans		Yes
Rate	IL - Affiliated Physicians Program, Inc. Allied SCM Extension Contract Factors		Yes

State: *Illinois* **Filing Company:** *The Medical Protective Company*
TOI/Sub-TOI: *11.0 Medical Malpractice - Claims Made/Occurrence/11.0000 Med Mal Sub-TOI Combinations*
Product Name: *Illinois - Affiliated Physicians Program, Inc.*
Project Name/Number: *Initial IL RPG filing - Allied Healthcare Providers and Comprehensive Liability Coverage for Healthcare Providers/13-ILRPG-ALL-MOD-01*

Schedule	Schedule Item	Schedule Item Status	Public Access
Rate	IL - Affiliated Physicians Program, Inc. Allied OCC Increased Limits Tables		Yes
Rate	IL - Affiliated Physicians Program, Inc. Allied SCM Increased Limits Table		Yes
Rate	IL - Affiliated Physicians Program, Inc. Allied OCC Rates		Yes
Rate	IL - Affiliated Physicians Program, Inc. Allied SCM Rates		Yes
Rate	IL - Affiliated Physicians Program, Inc. Allied OCC Minimum Premium Requirement Rule		Yes
Rate	IL - Affiliated Physicians Program, Inc. Allied OCC Partnership or Corporation Coverage		Yes
Rate	IL - Affiliated Physicians Program, Inc. Allied OCC Part Time Practice Rule		Yes
Rate	IL - Affiliated Physicians Program, Inc. Allied SCM Minimum Premium Requirement Rule		Yes
Rate	IL - Affiliated Physicians Program, Inc. Allied SCM Partnership or Corporation Coverage		Yes
Rate	IL - Affiliated Physicians Program, Inc. Allied SCM Part Time Practice		Yes
Rate	Affiliated Physicians Program, Inc. - Comprehensive Program - State Rate Pages, Section II - Partnerships, Corportions & Associations		Yes
Rate	Affiliated Physicians Program, Inc. - Comprehensive Program - State Rate Pages, Section V - Allied Healthcare Providers		Yes
Rate	IL - Affiliated Physicians Program, Inc. Allied OCC Excess Limit Factors		Yes

State: *Illinois* **Filing Company:** *The Medical Protective Company*
TOI/Sub-TOI: *11.0 Medical Malpractice - Claims Made/Occurrence/11.0000 Med Mal Sub-TOI Combinations*
Product Name: *Illinois - Affiliated Physicians Program, Inc.*
Project Name/Number: *Initial IL RPG filing - Allied Healthcare Providers and Comprehensive Liability Coverage for Healthcare Providers/13-ILRPG-ALL-MOD-01*

Schedule	Schedule Item	Schedule Item Status	Public Access
Rate	IL - Affiliated Physicians Program, Inc. Allied SCM Excess Limit Factors		Yes
Rate	IL - Affiliated Physicians Program, Inc. Allied OCC Rating Territories		Yes
Rate	IL - Affiliated Physicians Program, Inc. Allied SCM Rating Territories		Yes
Rate	Affiliated Physicians Program, Inc. - Allied OCC & SCM Rate and Rule Manual		Yes

State: *Illinois* **Filing Company:** *The Medical Protective Company*
TOI/Sub-TOI: *11.0 Medical Malpractice - Claims Made/Occurrence/11.0000 Med Mal Sub-TOI Combinations*
Product Name: *Illinois - Affiliated Physicians Program, Inc.*
Project Name/Number: *Initial IL RPG filing - Allied Healthcare Providers and Comprehensive Liability Coverage for Healthcare Providers/13-ILRPG-ALL-MOD-01*

Rate Information

Rate data applies to filing.

Filing Method: use and file
Rate Change Type: %
Overall Percentage of Last Rate Revision: %
Effective Date of Last Rate Revision:
Filing Method of Last Filing: use and file

Company Rate Information

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where req'd):	Minimum % Change (where req'd):
The Medical Protective Company	0.000%	0.000%	$0	0	$0	0.000%	0.000%

State: Illinois **Filing Company:** The Medical Protective Company
TOI/Sub-TOI: 11.0 Medical Malpractice - Claims Made/Occurrence/11.0000 Med Mal Sub-TOI Combinations
Product Name: Illinois - Affiliated Physicians Program, Inc.
Project Name/Number: Initial IL RPG filing - Allied Healthcare Providers and Comprehensive Liability Coverage for Healthcare Providers/13-ILRPG-ALL-MOD-01

Rate/Rule Schedule

State: *Illinois* **Filing Company:** *The Medical Protective Company*
TOI/Sub-TOI: *11.0 Medical Malpractice - Claims Made/Occurrence/11.0000 Med Mal Sub-TOI Combinations*
Product Name: *Illinois - Affiliated Physicians Program, Inc.*
Project Name/Number: *Initial IL RPG filing - Allied Healthcare Providers and Comprehensive Liability Coverage for Healthcare Providers/13-ILRPG-ALL-MOD-01*

Item No.	Schedule Item Status	Exhibit Name	Rule # or Page #	Rate Action	Previous State Filing Number	Attachments
1		IL - Affiliated Physicians Program, Inc. Allied OCC Class Plans	ARC-IL; 09/01/13	Replacement		oc class plan.pdf
2		IL - Affiliated Physicians Program, Inc. ALLIED SCM Class Plans	ARC-IL; 09/01/13	Replacement		cm class plan.pdf
3		IL - Affiliated Physicians Program, Inc. Allied SCM Extension Contract Factors	ECF-IL; 09/01/13	Replacement		cm ecf-il.pdf
4		IL - Affiliated Physicians Program, Inc. Allied OCC Increased Limits Tables	ILF-IL; 09/01/13	Replacement		oc ilf-il.pdf
5		IL - Affiliated Physicians Program, Inc. Allied SCM Increased Limits Table	ILF-IL; 09/01/13	Replacement		cm ilf-il.pdf
6		IL - Affiliated Physicians Program, Inc. Allied OCC Rates	RTS-OCC; IL-13-1	Replacement		oc rates.pdf
7		IL - Affiliated Physicians Program, Inc. Allied SCM Rates	RTS-CM; IL-13-1	Replacement		cm rates.pdf
8		IL - Affiliated Physicians Program, Inc. Allied OCC Minimum Premium Requirement Rule	MPR-CW; 01/01/03	Replacement		oc mpr.pdf

9		IL - Affiliated Physicians Program, Inc. Allied OCC Partnership or Corporation Coverage	PCC-CW; 01/01/03	Replacement		oc pcc.pdf
10		IL - Affiliated Physicians Program, Inc. Allied OCC Part Time Practice Rule	PTP-IL; 01/01/10	Replacement		oc ptp.pdf
11		IL - Affiliated Physicians Program, Inc. Allied SCM Minimum Premium Requirement Rule	MPR-CW; 01/01/03	Replacement		cm mpr.pdf
12		IL - Affiliated Physicians Program, Inc. Allied SCM Partnership or Corporation Coverage	PCC-CW; 01/01/03	Replacement		cm pcc.pdf
13		IL - Affiliated Physicians Program, Inc. Allied SCM Part Time Practice	PTP-IL; 01/01/11	Replacement		cm ptp.pdf
14		Affiliated Physicians Program, Inc. - Comprehensive Program - State Rate Pages, Section II - Partnerships, Corportions & Associations	SR-IL-II-(2-3); 09/01/2013	Replacement		Section II State Exception.pdf
15		Affiliated Physicians Program, Inc. - Comprehensive Program - State Rate Pages, Section V - Allied Healthcare Providers	SR-IL-V-(1-17); 09/01/2013	Replacement		Section V State Exception.pdf

16		IL - Affiliated Physicians Program, Inc. Allied OCC Excess Limit Factors	ELF-IL; 09/01/13	Replacement		oc elf-il.pdf
17		IL - Affiliated Physicians Program, Inc. Allied SCM Excess Limit Factors	ELF-IL; 09/01/13	Replacement		cm elf-il.pdf
18		IL - Affiliated Physicians Program, Inc. Allied OCC Rating Territories	RT-IL; 09/01/13	Replacement		oc rt-IL.pdf
19		IL - Affiliated Physicians Program, Inc. Allied SCM Rating Territories	RT-IL; 09/01/13	Replacement		cm rt-IL.pdf
20		Affiliated Physicians Program, Inc. - Allied OCC & SCM Rate and Rule Manual	Condensed Manual Pages	Replacement		IL ahcp Rates & Rules.pdf

The

Medical Protective Company

Fort Wayne, Indiana 46835

Professional Protection Exclusively Since 1899

ILLINOIS – AFFILIATED PHYSICIANS PROGRAM, INC.

ALLIED HEALTHCARE PROVIDERS

OCCURRENCE PROGRAM

RATE CLASSES

CLASS 1

DENTAL ASSISTANT.

CLASS 2

DENTAL HYGIENIST.

CLASS 3

PHYSICAL THERAPY ASSISTANT.

CLASS 4

AUDIOLOGIST/SPEECH PATHOLOGIST AND OCCUPATIONAL THERAPIST ASSISTANT.

The

Medical Protective Company

Fort Wayne, Indiana 46835

Professional Protection Exclusively Since 1899

ILLINOIS – AFFILIATED PHYSICIANS PROGRAM, INC.

ALLIED HEALTHCARE PROVIDERS

OCCURRENCE PROGRAM

RATE CLASSES

CLASS 5

CARDIOLOGY TECHNOLOGIST, CLINICAL LABORATORY TECHNOLOGIST, DIETICIAN, ELECTROCARDIOGRAPH TECHNICIAN, ELECTRONEURODIAGNOSTIC TECHNOLOGIST, LICENSED PRACTICING NURSE, MEDICAL LABORATORY TECHNICIAN, MEDICAL (OFFICE) ASSISTANT, MEDICAL RECORDS TECHNICIAN, NUCLEAR MEDICINE TECHNOLOGIST, OCCUPATIONAL THERAPIST, RADIATION THERAPY TECHNOLOGIST, REGISTERED NURSE, RESPIRATORY THERAPIST, RESPIRATORY THERAPY ASSISTANT, SURGICAL TECHNICIAN AND X-RAY TECHNICIAN.

CLASS 6

CASE MANAGER, COUNSELOR AND SOCIAL WORKER.

CLASS 7

PHARMACIST.

The

Medical Protective Company

Fort Wayne, Indiana 46835

Professional Protection Exclusively Since 1899

ILLINOIS – AFFILIATED PHYSICIANS PROGRAM, INC.

ALLIED HEALTHCARE PROVIDERS

OCCURRENCE PROGRAM

RATE CLASSES

CLASS 8

PHYSICAL THERAPIST - NON OWNER.

CLASS 9

PERFUSIONIST.

CLASS 10

OPTICIAN.

CLASS 11

PARAMEDIC/EMT.

CLASS 12

OPHTHALMIC TECHNOLOGIST.

The

Medical Protective Company

Fort Wayne, Indiana 46835

Professional Protection Exclusively Since 1899

ILLINOIS – AFFILIATED PHYSICIANS PROGRAM, INC.

ALLIED HEALTHCARE PROVIDERS

OCCURRENCE PROGRAM

RATE CLASSES

CLASS 13

PSYCHOLOGIST.

CLASS 14

PHYSICAL THERAPIST – OWNER.

CLASS 15

NURSE MIDWIFE ASSISTANT.

CLASS 16

OPTOMETRIST.

CLASS 17

NURSE PRACTITIONER (NON-PRESCRIBING), NURSE PRACTITIONER (PRESCRIBING) AND NURSE SURGICAL ASSISTANT.

The

Medical Protective Company

Fort Wayne, Indiana 46835

Professional Protection Exclusively Since 1899

ILLINOIS – AFFILIATED PHYSICIANS PROGRAM, INC.

ALLIED HEALTHCARE PROVIDERS

OCCURRENCE PROGRAM

RATE CLASSES

CLASS 18

PHYSICIAN'S ASSISTANT (NON-PRESCRIBING) AND PHYSICIAN'S ASSISTANT (PRESCRIBING).

CLASS 19

ANESTHESIA ASSISTANT, CERTIFIED REGISTERED NURSE ANESTHETIST AND REGISTERED NURSE ANESTHETIST.

CLASS 20

PHYSICIAN SURGICAL ASSISTANT.

CLASS 21

PODIATRIST (NO SURGERY).

The

Medical Protective Company

Fort Wayne, Indiana 46835

Professional Protection Exclusively Since 1899

ILLINOIS – AFFILIATED PHYSICIANS PROGRAM, INC.

ALLIED HEALTHCARE PROVIDERS

OCCURRENCE PROGRAM

RATE CLASSES

CLASS 22

PODIATRIST (SURGERY).

CLASS 23

NURSE MIDWIFE.

The

Medical Protective Company

Fort Wayne, Indiana 46835

Professional Protection Exclusively Since 1899

ILLINOIS – AFFILIATED PHYSICIANS PROGRAM, INC.

ALLIED HEALTHCARE PROVIDERS

STANDARD CLAIMS MADE PROGRAM

RATE CLASSES

CLASS 1

DENTAL ASSISTANT.

CLASS 2

DENTAL HYGIENIST.

CLASS 3

PHYSICAL THERAPY ASSISTANT.

CLASS 4

AUDIOLOGIST/SPEECH PATHOLOGIST AND OCCUPATIONAL THERAPIST ASSISTANT.

The

Medical Protective Company

Fort Wayne, Indiana 46835

Professional Protection Exclusively Since 1899

ILLINOIS – AFFILIATED PHYSICIANS PROGRAM, INC.

ALLIED HEALTHCARE PROVIDERS

STANDARD CLAIMS MADE PROGRAM

RATE CLASSES

CLASS 5

CARDIOLOGY TECHNOLOGIST, CLINICAL LABORATORY TECHNOLOGIST, DIETICIAN, ELECTROCARDIOGRAPH TECHNICIAN, ELECTRONEURODIAGNOSTIC TECHNOLOGIST, LICENSED PRACTICING NURSE, MEDICAL LABORATORY TECHNICIAN, MEDICAL (OFFICE) ASSISTANT, MEDICAL RECORDS TECHNICIAN, NUCLEAR MEDICINE TECHNOLOGIST, OCCUPATIONAL THERAPIST, RADIATION THERAPY TECHNOLOGIST, REGISTERED NURSE, RESPIRATORY THERAPIST, RESPIRATORY THERAPY ASSISTANT, SURGICAL TECHNICIAN AND X-RAY TECHNICIAN.

CLASS 6

CASE MANAGER, COUNSELOR AND SOCIAL WORKER.

CLASS 7

PHARMACIST.

The

Medical Protective Company

Fort Wayne, Indiana 46835

Professional Protection Exclusively Since 1899

ILLINOIS – AFFILIATED PHYSICIANS PROGRAM, INC.

ALLIED HEALTHCARE PROVIDERS

STANDARD CLAIMS MADE PROGRAM

RATE CLASSES

CLASS 8

PHYSICAL THERAPIST - NON OWNER.

CLASS 9

PERFUSIONIST.

CLASS 10

OPTICIAN.

CLASS 11

PARAMEDIC/EMT.

CLASS 12

OPHTHALMIC TECHNOLOGIST.

The

Medical Protective Company

Fort Wayne, Indiana 46835

Professional Protection Exclusively Since 1899

ILLINOIS – AFFILIATED PHYSICIANS PROGRAM, INC.

ALLIED HEALTHCARE PROVIDERS

STANDARD CLAIMS MADE PROGRAM

RATE CLASSES

CLASS 13

PSYCHOLOGIST.

CLASS 14

PHYSICAL THERAPIST – OWNER.

CLASS 15

NURSE MIDWIFE ASSISTANT.

CLASS 16

OPTOMETRIST.

CLASS 17

NURSE PRACTITIONER (NON-PRESCRIBING), NURSE PRACTITIONER (PRESCRIBING) AND NURSE SURGICAL ASSISTANT.

The

Medical Protective Company

Fort Wayne, Indiana 46835

Professional Protection Exclusively Since 1899

ILLINOIS – AFFILIATED PHYSICIANS PROGRAM, INC.

ALLIED HEALTHCARE PROVIDERS

STANDARD CLAIMS MADE PROGRAM

RATE CLASSES

CLASS 18

PHYSICIAN'S ASSISTANT (NON-PRESCRIBING) AND PHYSICIAN'S ASSISTANT (PRESCRIBING).

CLASS 19

ANESTHESIA ASSISTANT, CERTIFIED REGISTERED NURSE ANESTHETIST AND REGISTERED NURSE ANESTHETIST.

CLASS 20

PHYSICIAN SURGICAL ASSISTANT.

CLASS 21

PODIATRIST (NO SURGERY).

The

Medical Protective Company

Fort Wayne, Indiana 46835

Professional Protection Exclusively Since 1899

ILLINOIS – AFFILIATED PHYSICIANS PROGRAM, INC.

ALLIED HEALTHCARE PROVIDERS

STANDARD CLAIMS MADE PROGRAM

RATE CLASSES

CLASS 22

PODIATRIST (SURGERY).

CLASS 23

NURSE MIDWIFE.

The

Medical Protective Company

Fort Wayne, Indiana 46835

Professional Protection Exclusively Since 1899

ILLINOIS - AFFILIATED PHYSICIANS PROGRAM, INC.

ALLIED HEALTHCARE PROVIDERS

STANDARD CLAIMS MADE PROGRAM

EXTENSION CONTRACT RATING FACTORS

Years Retroactive Date Precedes Effective Date	All Other Classes	Classes 18 & 20	Class 19	Classes 10, 12, 16	Classes 21 & 22
Less than 1	0.920	0.670	0.544	0.864	0.960
1	1.430	1.065	0.792	1.247	1.487
2	1.700	1.285	0.940	1.487	1.679
3	1.870	1.607	0.980	1.631	1.727
4 or More	1.870	1.607	0.990	1.631	1.727

The

Medical Protective Company

Fort Wayne, Indiana 46835

Professional Protection Exclusively Since 1899

ILLINOIS - AFFILIATED PHYSICIANS PROGRAM, INC.

ALLIED HEALTHCARE PROVIDERS

OCCURRENCE PROGRAM

INCREASED LIMIT FACTORS

Limits	All Other Classes	Classes 18 & 20	Class 19	Classes 10, 12 & 16	Classes 21 & 22
100/300	0.667	0.496	0.461	0.645	0.588
200/600	0.719	0.670	0.581	0.684	0.706
500/1000	0.823	0.846	0.802	0.800	0.824
1000/1000	0.979	0.965	0.949	0.961	0.912
1000/3000	1.000	1.000	1.000	1.000	1.000

The

Medical Protective Company

Fort Wayne, Indiana 46835

Professional Protection Exclusively Since 1899

ILLINOIS - AFFILIATED PHYSICIANS PROGRAM, INC.

ALLIED HEALTHCARE PROVIDERS

STANDARD CLAIMS MADE PROGRAM

INCREASED LIMIT FACTORS

Limits	All Other Classes	Classes 18 & 20	Class 19	Classes 10, 12 & 16	Classes 21 & 22
100/300	0.667	0.496	0.461	0.645	0.588
200/600	0.719	0.670	0.581	0.684	0.706
500/1000	0.823	0.846	0.802	0.800	0.824
1000/1000	0.979	0.965	0.949	0.961	0.912
1000/3000	1.000	1.000	1.000	1.000	1.000

The
Medical Protective Company
Fort Wayne, Indiana 46835

Professional Protection Exclusively Since 1899

ILLINOIS - AFFILIATED PHYSICIANS PROGRAM, INC. - AREA 1 ALLIED HEALTHCARE PROGRAM OCCURRENCE RATES					
Class	100/300	200/600	500/1000	1000/1000	1000/3000
1	41	44	50	60	61
2	49	53	61	72	74
3	61	65	75	89	91
4	65	70	80	95	97
5	75	81	92	110	112
6	91	99	113	134	137
7	107	115	132	157	160
8	119	129	147	175	179
9	131	141	161	192	196
10	128	136	159	191	199
11	133	144	165	196	200
12	193	205	239	287	299
13	315	340	389	463	473
14	335	361	413	491	502
15	436	470	538	640	654
16	410	435	509	611	636
17	523	564	645	768	784
18	2,488	3,361	4,244	4,841	5,017
19	2,694	3,395	4,687	5,546	5,844
20	3,732	5,042	6,366	7,262	7,525
21	3,744	4,495	5,246	5,807	6,367
22	5,425	6,514	7,603	8,415	9,227
23	15,182	16,366	18,733	22,284	22,762

The
Medical Protective Company
Fort Wayne, Indiana 46835

Professional Protection Exclusively Since 1899

ILLINOIS - AFFILIATED PHYSICIANS PROGRAM, INC. - AREA 2 ALLIED HEALTHCARE PROGRAM OCCURRENCE RATES					
Class	100/300	200/600	500/1000	1000/1000	1000/3000
1	34	37	42	50	51
2	41	45	51	61	62
3	51	55	63	74	76
4	54	58	67	79	81
5	62	67	77	91	93
6	76	82	94	112	114
7	89	96	109	130	133
8	99	107	123	146	149
9	109	117	134	160	163
10	107	114	133	160	166
11	111	120	137	163	167
12	161	170	199	239	249
13	263	283	324	386	394
14	279	301	344	409	418
15	364	392	449	534	545
16	342	363	424	509	530
17	436	470	537	639	653
18	2,073	2,800	3,535	4,033	4,179
19	2,244	2,828	3,904	4,620	4,868
20	3,109	4,200	5,303	6,049	6,268
21	3,119	3,745	4,370	4,837	5,304
22	4,519	5,426	6,333	7,010	7,686
23	12,646	13,632	15,604	18,562	18,960

The
Medical Protective Company
Fort Wayne, Indiana 46835

Professional Protection Exclusively Since 1899

ILLINOIS - AFFILIATED PHYSICIANS PROGRAM, INC. - AREA 1 ALLIED HEALTHCARE PROGRAM STANDARD CLAIMS MADE RATES 0 YRS SINCE RETROACTIVE DATE					
Class	100/300	200/600	500/1000	1000/1000	1000/3000
1	13	14	16	20	20
2	16	17	20	23	24
3	19	21	24	28	29
4	21	22	26	30	31
5	24	26	30	35	36
6	29	32	36	43	44
7	34	37	42	50	51
8	38	41	47	56	57
9	42	45	52	62	63
10	43	45	53	63	66
11	43	46	53	63	64
12	64	68	79	95	99
13	101	109	124	148	151
14	107	116	133	158	161
15	139	150	172	205	209
16	137	145	170	204	212
17	167	180	207	246	251
18	906	1,224	1,546	1,763	1,827
19	1,450	1,827	2,522	2,985	3,145
20	1,359	1,836	2,318	2,644	2,740
21	1,422	1,708	1,993	2,206	2,419
22	2,062	2,475	2,889	3,197	3,506
23	4,852	5,230	5,987	7,121	7,274

The
Medical Protective Company
Fort Wayne, Indiana 46835

Professional Protection Exclusively Since 1899

ILLINOIS - AFFILIATED PHYSICIANS PROGRAM, INC. - AREA 1 ALLIED HEALTHCARE PROGRAM STANDARD CLAIMS MADE RATES 1 YR SINCE RETROACTIVE DATE					
Class	100/300	200/600	500/1000	1000/1000	1000/3000
1	23	25	29	34	35
2	29	31	35	42	43
3	35	37	43	51	52
4	37	40	45	54	55
5	42	45	52	62	63
6	52	56	64	76	78
7	61	65	75	89	91
8	68	73	84	100	102
9	75	81	92	110	112
10	73	77	90	109	113
11	76	82	94	112	114
12	110	116	136	163	170
13	180	194	222	264	270
14	191	206	235	280	286
15	249	268	307	365	373
16	234	248	290	349	363
17	298	321	368	438	447
18	1,721	2,325	2,936	3,349	3,470
19	2,111	2,660	3,672	4,345	4,579
20	2,581	3,487	4,403	5,022	5,204
21	2,134	2,562	2,990	3,310	3,629
22	3,092	3,713	4,333	4,796	5,259
23	8,652	9,327	10,676	12,700	12,972

The
Medical Protective Company
Fort Wayne, Indiana 46835

Professional Protection Exclusively Since 1899

ILLINOIS - AFFILIATED PHYSICIANS PROGRAM, INC. - AREA 1 ALLIED HEALTHCARE PROGRAM STANDARD CLAIMS MADE RATES 2 YRS SINCE RETROACTIVE DATE					
Class	100/300	200/600	500/1000	1000/1000	1000/3000
1	31	34	39	46	47
2	39	42	48	57	58
3	47	50	58	69	70
4	50	54	62	73	75
5	57	62	71	84	86
6	70	75	86	103	105
7	82	88	101	120	123
8	92	99	114	135	138
9	101	109	124	148	151
10	92	97	114	136	142
11	103	111	127	151	154
12	137	146	170	205	213
13	243	262	300	356	364
14	258	278	319	379	387
15	336	362	414	492	503
16	293	311	363	436	454
17	403	434	497	591	604
18	2,216	2,994	3,780	4,312	4,468
19	2,506	3,158	4,359	5,158	5,435
20	3,324	4,490	5,669	6,466	6,701
21	3,023	3,630	4,236	4,689	5,141
22	4,381	5,260	6,139	6,794	7,450
23	11,687	12,598	14,420	17,153	17,521

The
Medical Protective Company
Fort Wayne, Indiana 46835

Professional Protection Exclusively Since 1899

ILLINOIS - AFFILIATED PHYSICIANS PROGRAM, INC. - AREA 1 ALLIED HEALTHCARE PROGRAM STANDARD CLAIMS MADE RATES 3 YRS SINCE RETROACTIVE DATE					
Class	100/300	200/600	500/1000	1000/1000	1000/3000
1	35	37	43	51	52
2	42	45	52	62	63
3	51	55	63	74	76
4	54	58	67	79	81
5	62	67	77	91	93
6	76	82	94	112	114
7	89	96	110	131	134
8	100	108	123	147	150
9	110	119	136	162	165
10	104	110	129	155	161
11	112	121	138	164	168
12	156	166	194	233	242
13	265	285	327	389	397
14	281	303	346	412	421
15	366	395	452	537	549
16	332	352	411	494	514
17	439	473	542	644	658
18	2,260	3,053	3,855	4,398	4,557
19	2,612	3,292	4,544	5,377	5,666
20	3,390	4,579	5,782	6,596	6,835
21	3,556	4,270	4,984	5,516	6,048
22	5,154	6,188	7,222	7,994	8,765
23	12,738	13,731	15,718	18,697	19,098

The
Medical Protective Company
Fort Wayne, Indiana 46835

Professional Protection Exclusively Since 1899

ILLINOIS - AFFILIATED PHYSICIANS PROGRAM, INC. - AREA 1 ALLIED HEALTHCARE PROGRAM STANDARD CLAIMS MADE RATES MATURE					
Class	100/300	200/600	500/1000	1000/1000	1000/3000
1	41	44	50	60	61
2	49	53	61	72	74
3	60	65	74	88	90
4	64	69	79	94	96
5	73	79	91	108	110
6	90	97	111	132	135
7	105	114	130	155	158
8	118	127	146	173	177
9	129	139	160	190	194
10	122	129	151	182	189
11	132	142	163	194	198
12	183	194	227	273	284
13	312	336	385	458	468
14	331	357	409	487	497
15	432	465	532	633	647
16	390	414	484	581	605
17	518	558	639	760	776
18	2,260	3,053	3,855	4,398	4,557
19	2,639	3,326	4,591	5,432	5,724
20	3,390	4,579	5,782	6,596	6,835
21	3,556	4,270	4,984	5,516	6,048
22	5,154	6,188	7,222	7,994	8,765
23	15,022	16,193	18,535	22,048	22,521

The
Medical Protective Company
Fort Wayne, Indiana 46835

Professional Protection Exclusively Since 1899

ILLINOIS - AFFILIATED PHYSICIANS PROGRAM, INC. - AREA 2
ALLIED HEALTHCARE PROGRAM
STANDARD CLAIMS MADE RATES
0 YRS SINCE RETROACTIVE DATE

Class	100/300	200/600	500/1000	1000/1000	1000/3000
1	11	12	13	16	16
2	13	14	16	20	20
3	16	17	20	23	24
4	17	19	21	25	26
5	20	22	25	29	30
6	24	26	30	35	36
7	29	31	35	42	43
8	31	34	39	46	47
9	35	37	43	51	52
10	35	38	44	53	55
11	35	38	44	52	53
12	54	57	66	80	83
13	84	91	104	123	126
14	89	96	110	131	134
15	116	125	143	170	174
16	114	120	141	169	176
17	139	150	172	205	209
18	755	1,020	1,288	1,469	1,522
19	1,209	1,523	2,103	2,488	2,622
20	1,132	1,530	1,931	2,203	2,283
21	1,185	1,423	1,661	1,839	2,016
22	1,718	2,062	2,407	2,664	2,921
23	4,043	4,359	4,989	5,935	6,062

The
Medical Protective Company
Fort Wayne, Indiana 46835

Professional Protection Exclusively Since 1899

ILLINOIS - AFFILIATED PHYSICIANS PROGRAM, INC. - AREA 2 ALLIED HEALTHCARE PROGRAM STANDARD CLAIMS MADE RATES 1 YR SINCE RETROACTIVE DATE					
Class	100/300	200/600	500/1000	1000/1000	1000/3000
1	19	21	24	28	29
2	23	25	29	34	35
3	29	31	35	42	43
4	31	33	38	45	46
5	35	38	44	52	53
6	43	47	53	64	65
7	51	55	63	74	76
8	57	61	70	83	85
9	62	67	77	91	93
10	61	64	75	90	94
11	63	68	78	93	95
12	92	97	114	136	142
13	150	162	185	220	225
14	159	171	196	233	238
15	207	223	255	303	310
16	195	207	242	290	302
17	248	267	306	364	372
18	1,434	1,938	2,447	2,791	2,892
19	1,760	2,218	3,061	3,622	3,817
20	2,151	2,906	3,669	4,185	4,337
21	1,778	2,135	2,492	2,758	3,024
22	2,577	3,094	3,611	3,996	4,382
23	7,210	7,772	8,897	10,583	10,810

The
Medical Protective Company
Fort Wayne, Indiana 46835

Professional Protection Exclusively Since 1899

ILLINOIS - AFFILIATED PHYSICIANS PROGRAM, INC. - AREA 2 ALLIED HEALTHCARE PROGRAM STANDARD CLAIMS MADE RATES 2 YRS SINCE RETROACTIVE DATE					
Class	100/300	200/600	500/1000	1000/1000	1000/3000
1	26	28	32	38	39
2	31	34	39	46	47
3	39	42	48	57	58
4	41	45	51	61	62
5	48	52	59	70	72
6	59	63	72	86	88
7	69	74	85	101	103
8	76	82	94	112	114
9	83	90	103	122	125
10	76	81	94	113	118
11	85	92	105	125	128
12	114	121	142	170	177
13	202	218	249	297	303
14	215	232	265	315	322
15	279	301	345	410	419
16	244	259	302	363	378
17	336	362	414	492	503
18	1,847	2,494	3,150	3,593	3,723
19	2,088	2,632	3,633	4,299	4,530
20	2,770	3,741	4,724	5,389	5,584
21	2,519	3,025	3,530	3,907	4,284
22	3,650	4,383	5,115	5,662	6,208
23	9,740	10,499	12,017	14,295	14,602

The
Medical Protective Company
Fort Wayne, Indiana 46835

Professional Protection Exclusively Since 1899

ILLINOIS - AFFILIATED PHYSICIANS PROGRAM, INC. - AREA 2 ALLIED HEALTHCARE PROGRAM STANDARD CLAIMS MADE RATES 3 YRS SINCE RETROACTIVE DATE					
Class	100/300	200/600	500/1000	1000/1000	1000/3000
1	28	30	35	41	42
2	35	37	43	51	52
3	43	46	53	63	64
4	45	49	56	67	68
5	52	56	64	76	78
6	64	69	79	94	96
7	75	81	92	110	112
8	83	90	103	122	125
9	91	99	113	134	137
10	86	92	107	129	134
11	93	101	115	137	140
12	130	137	161	193	201
13	221	238	272	324	331
14	234	252	289	344	351
15	305	329	376	447	457
16	276	293	342	411	428
17	366	394	451	536	548
18	1,884	2,545	3,213	3,665	3,798
19	2,177	2,744	3,788	4,482	4,723
20	2,825	3,816	4,818	5,496	5,695
21	2,964	3,558	4,153	4,596	5,040
22	4,295	5,157	6,018	6,661	7,304
23	10,615	11,443	13,098	15,581	15,915

The
Medical Protective Company
Fort Wayne, Indiana 46835

Professional Protection Exclusively Since 1899

ILLINOIS - AFFILIATED PHYSICIANS PROGRAM, INC. - AREA 2 ALLIED HEALTHCARE PROGRAM STANDARD CLAIMS MADE RATES MATURE					
Class	100/300	200/600	500/1000	1000/1000	1000/3000
1	33	36	41	49	50
2	41	44	50	60	61
3	50	54	62	73	75
4	53	58	66	78	80
5	61	66	76	90	92
6	75	81	93	111	113
7	88	95	109	129	132
8	98	106	121	144	147
9	107	116	133	158	161
10	101	107	126	151	157
11	110	119	136	162	165
12	152	161	189	227	236
13	260	280	321	382	390
14	276	298	341	405	414
15	360	388	444	528	539
16	325	345	403	484	504
17	431	464	532	632	646
18	1,884	2,545	3,213	3,665	3,798
19	2,199	2,772	3,826	4,528	4,771
20	2,825	3,816	4,818	5,496	5,695
21	2,964	3,558	4,153	4,596	5,040
22	4,295	5,157	6,018	6,661	7,304
23	12,518	13,494	15,446	18,374	18,768

The

Medical Protective Company

Fort Wayne, Indiana 46835

Professional Protection Exclusively Since 1899

ILLINOIS – AFFILIATED PHYSICIANS PROGRAM, INC.

ALLIED HEALTHCARE PROVIDERS

OCCURRENCE PROGRAM

MINIMUM PREMIUM REQUIREMENT RULE

ALL POLICIES ARE SUBJECT TO A MINIMUM PREMIUM OF $10. THE MINIMUM PREMIUM WILL BE RETAINED WHEN THE INSURED REQUESTS CANCELLATION UNLESS THE POLICY IS CANCELED AS OF THE INCEPTION DATE.

The

Medical Protective Company

Fort Wayne, Indiana 46835

Professional Protection Exclusively Since 1899

ILLINOIS – AFFILIATED PHYSICIANS PROGRAM, INC.

ALLIED HEALTHCARE PROVIDERS

OCCURRENCE PROGRAM

PARTNERSHIP OR CORPORATION COVERAGE

REGARDLESS OF THE NUMBER OF PARTNERS OR SHAREHOLDERS OR THE RATE CLASSES OF THE INDIVIDUAL PARTNERS OR SHAREHOLDERS, THE PREMIUM FOR A PARTNERSHIP OR CORPORATION POLICY SHALL BE AS FOLLOWS:

POLICY LIMITS	PREMIUM
$1,000,000/$3,000,000	$500

APPLY THE ALLIED HEALTHCARE PROVIDERS "ALL OTHERS CLASSES" INCREASED LIMITS FACTORS FOUND IN THE RATES SECTION OF THIS MANUAL FOR DIFFERENT LIMIT OPTIONS.

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

A SEPARATE POLICY IS ISSUED.

The

Medical Protective Company

Fort Wayne, Indiana 46835

Professional Protection Exclusively Since 1899

ILLINOIS – AFFILIATED PHYSICIANS PROGRAM, INC.

ALLIED HEALTHCARE PROVIDERS

OCCURRENCE PROGRAM

PART TIME PRACTICE RULE

ANY INSURED WHO PRACTICES ON AVERAGE 20 HOURS OR LESS IN A WEEK OR LESS THAN AN AGGREGATE OF 1,050 HOURS DURING THE TERM OF AN ANNUAL POLICY WILL BE CONSIDERED A PART TIME PRACTITIONER AND WILL BE ELIGIBLE FOR A REDUCTION IN THE OTHERWISE APPLICABLE RATE BASED ON THE FOLLOWING SCHEDULE.

AVERAGE NUMBER HOURS PRACTICED PER WEEK	MAX. AGGREGATE HOURS PER YR	CREDIT
0-10 HOURS	515	50%
11-20 HOURS	1,050	30%

NO OTHER CREDITS OR DISCOUNTS ARE TO APPLY CONCURRENT WITH THIS RULE EXCEPT RISK MANAGEMENT CREDIT, HEALTH CARE SYSTEM AFFILIATION AND SCHEDULE RATING MODIFICATIONS.

THE MINIMUM PREMIUM REQUIREMENT RULE APPLIES TO PART TIME PRACTITIONERS.

The

Medical Protective Company

Fort Wayne, Indiana 46835

Professional Protection Exclusively Since 1899

ILLINOIS – AFFILIATED PHYSICIANS PROGRAM, INC.

ALLIED HEALTHCARE PROVIDERS

STANDARD CLAIMS MADE PROGRAM

MINIMUM PREMIUM REQUIREMENT RULE

ALL POLICIES ARE SUBJECT TO A MINIMUM PREMIUM OF $10. THE MINIMUM PREMIUM WILL BE RETAINED WHEN THE INSURED REQUESTS CANCELLATION UNLESS THE POLICY IS CANCELED AS OF THE INCEPTION DATE.

The

Medical Protective Company

Fort Wayne, Indiana 46835

Professional Protection Exclusively Since 1899

ILLINOIS – AFFILIATED PHYSICIANS PROGRAM, INC.

ALLIED HEALTHCARE PROVIDERS

STANDARD CLAIMS MADE PROGRAM

PARTNERSHIP OR CORPORATION COVERAGE

REGARDLESS OF THE NUMBER OF PARTNERS OR SHAREHOLDERS OR THE RATE CLASSES OF THE INDIVIDUAL PARTNERS OR SHAREHOLDERS, THE PREMIUM FOR A PARTNERSHIP OR CORPORATION POLICY SHALL BE AS FOLLOWS:

POLICY LIMITS	PREMIUM
$1,000,000/$3,000,000	$500

APPLY THE ALLIED HEALTHCARE PROVIDERS "ALL OTHERS CLASSES" INCREASED LIMITS FACTORS FOUND IN THE RATES SECTION OF THIS MANUAL FOR DIFFERENT LIMIT OPTIONS.

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

A SEPARATE POLICY IS ISSUED.

The

Medical Protective Company

Fort Wayne, Indiana 46835

Professional Protection Exclusively Since 1899

ILLINOIS – AFFILIATED PHYSICIANS PROGRAM, INC.

ALLIED HEALTHCARE PROVIDERS

STANDARD CLAIMS MADE PROGRAM

PART TIME PRACTICE RULE

ANY INSURED WHO PRACTICES ON AVERAGE 20 HOURS OR LESS IN A WEEK OR LESS THAN AN AGGREGATE OF 1,050 HOURS DURING THE TERM OF AN ANNUAL POLICY WILL BE CONSIDERED A PART TIME PRACTITIONER AND WILL BE ELIGIBLE FOR A REDUCTION IN THE OTHERWISE APPLICABLE RATE BASED ON THE FOLLOWING SCHEDULE.

AVERAGE NUMBER HOURS PRACTICED PER WEEK	MAX. AGGREGATE HOURS PER YR	CREDIT
0-10 HOURS	515	50%
11-20 HOURS	1,050	30%

NO OTHER CREDITS OR DISCOUNTS ARE TO APPLY CONCURRENT WITH THIS RULE EXCEPT RISK MANAGEMENT CREDIT, HEALTH CARE SYSTEM AFFILIATION AND SCHEDULE RATING MODIFICATIONS.

THE MINIMUM PREMIUM REQUIREMENT RULE APPLIES TO PART TIME PRACTITIONERS.

b. Additional Aggregate Corporation Limits (Physicians and Surgeons Only)

ILLINOIS
PHYSICIANS AND SURGEONS
Additional Aggregate Limits for Part./Corp.
Surcharge to Primary Corp Premium

Primary Limits of 1M/3M

Group	Additional Aggregate Limit			
	2M	7M	12M	17M
Size	1M/5M	1M/10M	1M/15M	1M/20M
2-9	3.0%	8.0%	11.5%	13.5%
10-24	5.0%	12.5%	18.0%	21.0%
25-49	7.5%	17.5%	25.0%	29.5%
50-74	9.5%	21.5%	30.5%	36.5%
75-99	11.0%	24.5%	34.5%	41.0%
100-149	12.5%	28.0%	39.5%	48.0%
150-199	14.0%	31.5%	44.0%	52.5%
200+	15.0%	34.0%	48.0%	56.0%

Primary Limits of 2M/4M

Group	Additional Aggregate Limit			
	2M	6M	11M	16M
Size	2M/6M	2M/10M	2M/15M	2M/20M
2-9	2.0%	5.0%	7.0%	8.0%
10-24	3.0%	8.0%	11.0%	13.0%
25-49	5.0%	11.0%	15.0%	18.0%
50-74	6.0%	13.0%	18.0%	22.0%
75-99	7.0%	15.0%	21.0%	25.0%
100-149	8.0%	17.0%	24.0%	29.0%
150-199	8.0%	19.0%	26.0%	32.0%
200+	9.0%	20.0%	29.0%	34.0%

c. The basic Limits of Liability for Professional Liability Coverage for Allied Healthcare Providers, Partnerships or Associations under this program shall be as follows, unless otherwise modified by statute:

$1,000,000 Each Health Care Occurrence
$3,000,000 Aggregate

d. A flat fee of $500 for 1M/3M limits shall apply if the Corporation, Partnership or Association consists only of Allied Health Care Providers. Apply the Allied Healthcare Providers "All other Classes" Increased Limits Factors found in the rates section of this manual for different limit options.

e. The premium otherwise determined for the partnership or corporation may be discounted 50% should the insured elect to exclude the vicarious liability associated with the partners', shareholders' and employed/contracted physicians' professional services.

2. **Miscellaneous Entities**

NOT AVAILABLE

3. **Extended Reporting Period Coverage Factors**

Years Retroactive Date Precedes Expiration Date	Physicians & Surgeons	Allied – Classes 1A-4	Allied – Classes 5-8B
1	0.900	.7500	.7000
2	1.500	1.000	1.000
3	1.700	1.100	1.150
4	1.820	1.150	1.200
5 or more	1.820	1.200	1.250

C. **Policy Writing Minimum Premium**
(Occurrence & Standard Claims Made Programs)

Specialty Type	Minimum Premium
Physician & Surgeons	$250
Allied Health Care Providers	$10

The highest applicable minimum premium shall prevail.

D. **Premium Modifications**

1. **Schedule Rating – Partnerships & Corporations**
(Occurrence & Standard Claims Made Programs)

Specialty Type	Limited to a Maximum Modification of:
Physician & Surgeons	+/- 25%
Allied Health Care Providers	+/- 25%

Criteria applicable to the Schedule Rating modifications will be determined by the type(s) of health care providers and can be found in the Physician/Surgeon or Allied Health Care Provider Section of the State Rate Pages.

A. Classifications

1. Applicable to the Occurrence and Standard Claims Made Programs.

2. The following classification plan shall be used to determine the appropriate rating class for each individual insured.

CLASS 1

Dental Assistant.

CLASS 2

Dental Hygienist.

CLASS 3

Physical Therapy Assistant.

CLASS 4

Audiologist/Speech Pathologist and Occupational Therapist Assistant.

CLASS 5

Cardiology Technologist, Clinical Laboratory Technologist, Dietician, Electrocardiograph Technician, Electroneurodiagnostic Technologist, Licensed Practicing Nurse, Medical Laboratory Technician, Medical (Office) Assistant, Medical Records Technician, Nuclear Medicine Technologist, Occupational Therapist, Radiation Therapy Technologist, Registered Nurse, Respiratory Therapist, Respiratory Therapy Assistant, Surgical Technician and X-Ray Technician.

CLASS 6

Case Manager, Counselor and Social Worker.

CLASS 7

Pharmacist.

CLASS 8

Physical Therapist - Non Owner.

CLASS 9

Perfusionist.

CLASS 10

Optician.

CLASS 11

Paramedic/EMT.

CLASS 12

Ophthalmic Technologist.

CLASS 13

Psychologist.

CLASS 14

Physical Therapist – Owner.

CLASS 15

Nurse Midwife Assistant.

CLASS 16

Optometrist.

CLASS 17

Nurse Practitioner (Non-Prescribing), Nurse Practitioner (Prescribing) and Nurse Surgical Assistant.

CLASS 18

Physician's Assistant (Non-Prescribing) and Physician's Assistant (Prescribing).

CLASS 19

Anesthesia Assistant, Certified Registered Nurse Anesthetist and Registered Nurse Anesthetist.

CLASS 20

Physician Surgical Assistant.

CLASS 21

Podiatrist (No Surgery).

CLASS 22

Podiatrist (Surgery).

CLASS 23

Nurse Midwife.

B. Manual Rates

1. Territory Definitions

Area 1	**Cook County**
Area 2	**Remainder of State**

OCCURRENCE RATES Area 1					
Class	100/300	200/600	500/1000	1000/1000	1000/3000
1	41	44	50	60	61
2	49	53	61	72	74
3	61	65	75	89	91
4	65	70	80	95	97
5	75	81	92	110	112
6	91	99	113	134	137
7	107	115	132	157	160
8	119	129	147	175	179
9	131	141	161	192	196
10	128	136	159	191	199
11	133	144	165	196	200
12	193	205	239	287	299
13	315	340	389	463	473
14	335	361	413	491	502
15	436	470	538	640	654
16	410	435	509	611	636
17	523	564	645	768	784
18	2,488	3,361	4,244	4,841	5,017
19	2,694	3,395	4,687	5,546	5,844
20	3,732	5,042	6,366	7,262	7,525
21	3,744	4,495	5,246	5,807	6,367
22	5,425	6,514	7,603	8,415	9,227
23	15,182	16,366	18,733	22,284	22,762

ALLIED HEALTHCARE PROVIDERS
STANDARD CLAIMS MADE RATES
Area 1
0 YRS SINCE RETROACTIVE DATE

Class	100/300	200/600	500/1000	1000/1000	1000/3000
1	13	14	16	20	20
2	16	17	20	23	24
3	19	21	24	28	29
4	21	22	26	30	31
5	24	26	30	35	36
6	29	32	36	43	44
7	34	37	42	50	51
8	38	41	47	56	57
9	42	45	52	62	63
10	43	45	53	63	66
11	43	46	53	63	64
12	64	68	79	95	99
13	101	109	124	148	151
14	107	116	133	158	161
15	139	150	172	205	209
16	137	145	170	204	212
17	167	180	207	246	251
18	906	1,224	1,546	1,763	1,827
19	1,450	1,827	2,522	2,985	3,145
20	1,359	1,836	2,318	2,644	2,740
21	1,422	1,708	1,993	2,206	2,419
22	2,062	2,475	2,889	3,197	3,506
23	4,852	5,230	5,987	7,121	7,274

ALLIED HEALTHCARE PROVIDERS Area 1 1 YR SINCE RETROACTIVE DATE					
Class	100/300	200/600	500/1000	1000/1000	1000/3000
1	23	25	29	34	35
2	29	31	35	42	43
3	35	37	43	51	52
4	37	40	45	54	55
5	42	45	52	62	63
6	52	56	64	76	78
7	61	65	75	89	91
8	68	73	84	100	102
9	75	81	92	110	112
10	73	77	90	109	113
11	76	82	94	112	114
12	110	116	136	163	170
13	180	194	222	264	270
14	191	206	235	280	286
15	249	268	307	365	373
16	234	248	290	349	363
17	298	321	368	438	447
18	1,721	2,325	2,936	3,349	3,470
19	2,111	2,660	3,672	4,345	4,579
20	2,581	3,487	4,403	5,022	5,204
21	2,134	2,562	2,990	3,310	3,629
22	3,092	3,713	4,333	4,796	5,259
23	8,652	9,327	10,676	12,700	12,972

ALLIED HEALTHCARE PROVIDERS Area 1 2 YRS SINCE RETROACTIVE DATE					
Class	100/300	200/600	500/1000	1000/1000	1000/3000
1	31	34	39	46	47
2	39	42	48	57	58
3	47	50	58	69	70
4	50	54	62	73	75
5	57	62	71	84	86
6	70	75	86	103	105
7	82	88	101	120	123
8	92	99	114	135	138
9	101	109	124	148	151
10	92	97	114	136	142
11	103	111	127	151	154
12	137	146	170	205	213
13	243	262	300	356	364
14	258	278	319	379	387
15	336	362	414	492	503
16	293	311	363	436	454
17	403	434	497	591	604
18	2,216	2,994	3,780	4,312	4,468
19	2,506	3,158	4,359	5,158	5,435
20	3,324	4,490	5,669	6,466	6,701
21	3,023	3,630	4,236	4,689	5,141
22	4,381	5,260	6,139	6,794	7,450
23	11,687	12,598	14,420	17,153	17,521

ALLIED HEALTHCARE PROVIDERS Area 1 3 YRS SINCE RETROACTIVE DATE					
Class	100/300	200/600	500/1000	1000/1000	1000/3000
1	35	37	43	51	52
2	42	45	52	62	63
3	51	55	63	74	76
4	54	58	67	79	81
5	62	67	77	91	93
6	76	82	94	112	114
7	89	96	110	131	134
8	100	108	123	147	150
9	110	119	136	162	165
10	104	110	129	155	161
11	112	121	138	164	168
12	156	166	194	233	242
13	265	285	327	389	397
14	281	303	346	412	421
15	366	395	452	537	549
16	332	352	411	494	514
17	439	473	542	644	658
18	2,260	3,053	3,855	4,398	4,557
19	2,612	3,292	4,544	5,377	5,666
20	3,390	4,579	5,782	6,596	6,835
21	3,556	4,270	4,984	5,516	6,048
22	5,154	6,188	7,222	7,994	8,765
23	12,738	13,731	15,718	18,697	19,098

ALLIED HEALTHCARE PROVIDERS Area 1 MATURE					
Class	100/300	200/600	500/1000	1000/1000	1000/3000
1	41	44	50	60	61
2	49	53	61	72	74
3	60	65	74	88	90
4	64	69	79	94	96
5	73	79	91	108	110
6	90	97	111	132	135
7	105	114	130	155	158
8	118	127	146	173	177
9	129	139	160	190	194
10	122	129	151	182	189
11	132	142	163	194	198
12	183	194	227	273	284
13	312	336	385	458	468
14	331	357	409	487	497
15	432	465	532	633	647
16	390	414	484	581	605
17	518	558	639	760	776
18	2,260	3,053	3,855	4,398	4,557
19	2,639	3,326	4,591	5,432	5,724
20	3,390	4,579	5,782	6,596	6,835
21	3,556	4,270	4,984	5,516	6,048
22	5,154	6,188	7,222	7,994	8,765
23	15,022	16,193	18,535	22,048	22,521

OCCURRENCE RATES Area 2					
Class	100/300	200/600	500/1000	1000/1000	1000/3000
1	34	37	42	50	51
2	41	45	51	61	62
3	51	55	63	74	76
4	54	58	67	79	81
5	62	67	77	91	93
6	76	82	94	112	114
7	89	96	109	130	133
8	99	107	123	146	149
9	109	117	134	160	163
10	107	114	133	160	166
11	111	120	137	163	167
12	161	170	199	239	249
13	263	283	324	386	394
14	279	301	344	409	418
15	364	392	449	534	545
16	342	363	424	509	530
17	436	470	537	639	653
18	2,073	2,800	3,535	4,033	4,179
19	2,244	2,828	3,904	4,620	4,868
20	3,109	4,200	5,303	6,049	6,268
21	3,119	3,745	4,370	4,837	5,304
22	4,519	5,426	6,333	7,010	7,686
23	12,646	13,632	15,604	18,562	18,960

ALLIED HEALTHCARE PROVIDERS
STANDARD CLAIMS MADE RATES
Area 2
0 YRS SINCE RETROACTIVE DATE

Class	100/300	200/600	500/1000	1000/1000	1000/3000
1	11	12	13	16	16
2	13	14	16	20	20
3	16	17	20	23	24
4	17	19	21	25	26
5	20	22	25	29	30
6	24	26	30	35	36
7	29	31	35	42	43
8	31	34	39	46	47
9	35	37	43	51	52
10	35	38	44	53	55
11	35	38	44	52	53
12	54	57	66	80	83
13	84	91	104	123	126
14	89	96	110	131	134
15	116	125	143	170	174
16	114	120	141	169	176
17	139	150	172	205	209
18	755	1,020	1,288	1,469	1,522
19	1,209	1,523	2,103	2,488	2,622
20	1,132	1,530	1,931	2,203	2,283
21	1,185	1,423	1,661	1,839	2,016
22	1,718	2,062	2,407	2,664	2,921
23	4,043	4,359	4,989	5,935	6,062

ALLIED HEALTHCARE PROVIDERS Area 2 1 YR SINCE RETROACTIVE DATE					
Class	100/300	200/600	500/1000	1000/1000	1000/3000
1	19	21	24	28	29
2	23	25	29	34	35
3	29	31	35	42	43
4	31	33	38	45	46
5	35	38	44	52	53
6	43	47	53	64	65
7	51	55	63	74	76
8	57	61	70	83	85
9	62	67	77	91	93
10	61	64	75	90	94
11	63	68	78	93	95
12	92	97	114	136	142
13	150	162	185	220	225
14	159	171	196	233	238
15	207	223	255	303	310
16	195	207	242	290	302
17	248	267	306	364	372
18	1,434	1,938	2,447	2,791	2,892
19	1,760	2,218	3,061	3,622	3,817
20	2,151	2,906	3,669	4,185	4,337
21	1,778	2,135	2,492	2,758	3,024
22	2,577	3,094	3,611	3,996	4,382
23	7,210	7,772	8,897	10,583	10,810

ALLIED HEALTHCARE PROVIDERS
Area 2
2 YRS SINCE RETROACTIVE DATE

Class	100/300	200/600	500/1000	1000/1000	1000/3000
1	26	28	32	38	39
2	31	34	39	46	47
3	39	42	48	57	58
4	41	45	51	61	62
5	48	52	59	70	72
6	59	63	72	86	88
7	69	74	85	101	103
8	76	82	94	112	114
9	83	90	103	122	125
10	76	81	94	113	118
11	85	92	105	125	128
12	114	121	142	170	177
13	202	218	249	297	303
14	215	232	265	315	322
15	279	301	345	410	419
16	244	259	302	363	378
17	336	362	414	492	503
18	1,847	2,494	3,150	3,593	3,723
19	2,088	2,632	3,633	4,299	4,530
20	2,770	3,741	4,724	5,389	5,584
21	2,519	3,025	3,530	3,907	4,284
22	3,650	4,383	5,115	5,662	6,208
23	9,740	10,499	12,017	14,295	14,602

ALLIED HEALTHCARE PROVIDERS Area 2 3 YRS SINCE RETROACTIVE DATE					
Class	100/300	200/600	500/1000	1000/1000	1000/3000
1	28	30	35	41	42
2	35	37	43	51	52
3	43	46	53	63	64
4	45	49	56	67	68
5	52	56	64	76	78
6	64	69	79	94	96
7	75	81	92	110	112
8	83	90	103	122	125
9	91	99	113	134	137
10	86	92	107	129	134
11	93	101	115	137	140
12	130	137	161	193	201
13	221	238	272	324	331
14	234	252	289	344	351
15	305	329	376	447	457
16	276	293	342	411	428
17	366	394	451	536	548
18	1,884	2,545	3,213	3,665	3,798
19	2,177	2,744	3,788	4,482	4,723
20	2,825	3,816	4,818	5,496	5,695
21	2,964	3,558	4,153	4,596	5,040
22	4,295	5,157	6,018	6,661	7,304
23	10,615	11,443	13,098	15,581	15,915

ALLIED HEALTHCARE PROVIDERS
Area 2
MATURE

Class	100/300	200/600	500/1000	1000/1000	1000/3000
1	33	36	41	49	50
2	41	44	50	60	61
3	50	54	62	73	75
4	53	58	66	78	80
5	61	66	76	90	92
6	75	81	93	111	113
7	88	95	109	129	132
8	98	106	121	144	147
9	107	116	133	158	161
10	101	107	126	151	157
11	110	119	136	162	165
12	152	161	189	227	236
13	260	280	321	382	390
14	276	298	341	405	414
15	360	388	444	528	539
16	325	345	403	484	504
17	431	464	532	632	646
18	1,884	2,545	3,213	3,665	3,798
19	2,199	2,772	3,826	4,528	4,771
20	2,825	3,816	4,818	5,496	5,695
21	2,964	3,558	4,153	4,596	5,040
22	4,295	5,157	6,018	6,661	7,304
23	12,518	13,494	15,446	18,374	18,768

4. Increased Limits Factors

Limits	All Other Classes	Classes 18 & 20	Class 19	Classes 10, 12 & 16	Classes 21 & 22
100/300	0.667	0.496	0.461	0.645	0.588
200/600	0.719	0.670	0.581	0.684	0.706
500/1000	0.823	0.846	0.802	0.800	0.824
1000/1000	0.979	0.965	0.949	0.961	0.912
1000/3000	1.000	1.000	1.000	1.000	1.000

5. Excess Limit Factors

Limits	All Other Classes	Classes 18 & 20	Class 19	Classes 10, 12 & 16	Classes 21 & 22
1M/1M xs 1M/3M	1.198	1.198	1.180	1.129	1.200
2M/2M xs 1M/3M	1.366	1.376	1.355	1.277	1.476
3M/3M xs 1M/3M	1.509	1.536	1.512	1.438	1.793
4M/4M xs 1M/3M	1.631	1.680	1.655	1.613	2.140

Note: For aggregate limits not listed above, refer to company

6. Extension Contract Factors

Years Retroactive Date Precedes Effective Date	All Other Classes	Classes 18 & 20	Class 19	Classes 10, 12, 16	Classes 21 & 22
Less than 1	0.920	0.670	0.544	0.864	0.960
1	1.430	1.065	0.792	1.247	1.487
2	1.700	1.285	0.940	1.487	1.679
3	1.870	1.607	0.980	1.631	1.727
4 or More	1.870	1.607	0.990	1.631	1.727

7. Shared Limits Modification

Modification
Up to 25%

C. **Policy Writing Minimum Premium**
(Occurrence & Standard Claims Made Programs)

Allied Health Care Provider	$10

D. **Premium Modifications**

1. **Part Time Allied Health Care Provider**
(Occurrence & Standard Claims Made Programs)

Hours Practicing Per Week	Max Aggregate Hours Per Year	Credit
0-10	515	50%
11-20	1050	30%

No other credits or discounts are to apply concurrent with this rule except Risk Management credit, Health Care System Affiliation and Schedule Rating Modifications.

The Minimum Premium Requirement Rule applies to part time practitioners.

2. **Dental Hygienist in Training**

NOT AVAILABLE

3. **Locum Tenens**

NOT AVAILABLE

4. **Temporary Staffing Agency Rating Coverage**
(Occurrence & Standard Claims Made Programs)

Formula
(Applicable Manual Rate / 3120) * 1.60

5. **Leave of Absence**

Program Type	Credit
Occurrence	100%
Standard Claims Made	100%

6. **Military Leave of Absence**

Program Type	Credit
Occurrence	100%
Standard Claims Made	100%

The

Medical Protective Company

Fort Wayne, Indiana 46835

Professional Protection Exclusively Since 1899

ILLINOIS - AFFILIATED PHYSICIANS PROGRAM, INC.

ALLIED HEALTHCARE PROVIDERS

OCCURRENCE PROGRAM

EXCESS LIMIT FACTORS

Limits	All Other Classes	Classes 18 & 20	Class 19	Classes 10, 12 & 16	Classes 21 & 22
1M/1M xs 1M/3M	1.198	1.198	1.180	1.129	1.200
2M/2M xs 1M/3M	1.366	1.376	1.355	1.277	1.476
3M/3M xs 1M/3M	1.509	1.536	1.512	1.438	1.793
4M/4M xs 1M/3M	1.631	1.680	1.655	1.613	2.140

Note: For aggregate limits not listed above, refer to company

The

Medical Protective Company

Fort Wayne, Indiana 46835

Professional Protection Exclusively Since 1899

ILLINOIS - AFFILIATED PHYSICIANS PROGRAM, INC.

ALLIED HEALTHCARE PROVIDERS

STANDARD CLAIMS MADE PROGRAM

EXCESS LIMIT FACTORS

Limits	All Other Classes	Classes 18 & 20	Class 19	Classes 10, 12 & 16	Classes 21 & 22
1M/1M xs 1M/3M	1.198	1.198	1.180	1.129	1.200
2M/2M xs 1M/3M	1.366	1.376	1.355	1.277	1.476
3M/3M xs 1M/3M	1.509	1.536	1.512	1.438	1.793
4M/4M xs 1M/3M	1.631	1.680	1.655	1.613	2.140

Note: For aggregate limits not listed above, refer to company

The

Medical Protective Company

Fort Wayne, Indiana 46835

Professional Protection Exclusively Since 1899

ILLINOIS - AFFILIATED PHYSICIANS PROGRAM, INC.

ALLIED HEALTHCARE PROVIDERS

OCCURRENCE PROGRAM

RATING TERRITORIES

TERRITORY 1: COOK COUNTY.

TERRITORY 2: REMAINDER OF STATE.

The

Medical Protective Company

Fort Wayne, Indiana 46835

Professional Protection Exclusively Since 1899

ILLINOIS - AFFILIATED PHYSICIANS PROGRAM, INC.

ALLIED HEALTHCARE PROVIDERS

STANDARD CLAIMS MADE PROGRAM

RATING TERRITORIES

TERRITORY 1: COOK COUNTY.

TERRITORY 2: REMAINDER OF STATE.

The

Medical Protective Company

Fort Wayne, Indiana 46835

Professional Protection Exclusively Since 1899

ILLINOIS – AFFILIATED PHYSICIANS PROGRAM, INC.

ALLIED HEALTHCARE PROVIDERS

OCCURRENCE PROGRAM

RATE CLASSES

CLASS 1

DENTAL ASSISTANT.

CLASS 2

DENTAL HYGIENIST.

CLASS 3

PHYSICAL THERAPY ASSISTANT.

CLASS 4

AUDIOLOGIST/SPEECH PATHOLOGIST AND OCCUPATIONAL THERAPIST ASSISTANT.

The

Medical Protective Company

Fort Wayne, Indiana 46835

Professional Protection Exclusively Since 1899

ILLINOIS – AFFILIATED PHYSICIANS PROGRAM, INC.

ALLIED HEALTHCARE PROVIDERS

OCCURRENCE PROGRAM

RATE CLASSES

CLASS 5

CARDIOLOGY TECHNOLOGIST, CLINICAL LABORATORY TECHNOLOGIST, DIETICIAN, ELECTROCARDIOGRAPH TECHNICIAN, ELECTRONEURODIAGNOSTIC TECHNOLOGIST, LICENSED PRACTICING NURSE, MEDICAL LABORATORY TECHNICIAN, MEDICAL (OFFICE) ASSISTANT, MEDICAL RECORDS TECHNICIAN, NUCLEAR MEDICINE TECHNOLOGIST, OCCUPATIONAL THERAPIST, RADIATION THERAPY TECHNOLOGIST, REGISTERED NURSE, RESPIRATORY THERAPIST, RESPIRATORY THERAPY ASSISTANT, SURGICAL TECHNICIAN AND X-RAY TECHNICIAN.

CLASS 6

CASE MANAGER, COUNSELOR AND SOCIAL WORKER.

CLASS 7

PHARMACIST.

The

Medical Protective Company

Fort Wayne, Indiana 46835

Professional Protection Exclusively Since 1899

ILLINOIS – AFFILIATED PHYSICIANS PROGRAM, INC.

ALLIED HEALTHCARE PROVIDERS

OCCURRENCE PROGRAM

RATE CLASSES

CLASS 8

PHYSICAL THERAPIST - NON OWNER.

CLASS 9

PERFUSIONIST.

CLASS 10

OPTICIAN.

CLASS 11

PARAMEDIC/EMT.

CLASS 12

OPHTHALMIC TECHNOLOGIST.

The

Medical Protective Company

Fort Wayne, Indiana 46835

Professional Protection Exclusively Since 1899

ILLINOIS – AFFILIATED PHYSICIANS PROGRAM, INC.

ALLIED HEALTHCARE PROVIDERS

OCCURRENCE PROGRAM

RATE CLASSES

CLASS 13

PSYCHOLOGIST.

CLASS 14

PHYSICAL THERAPIST – OWNER.

CLASS 15

NURSE MIDWIFE ASSISTANT.

CLASS 16

OPTOMETRIST.

CLASS 17

NURSE PRACTITIONER (NON-PRESCRIBING), NURSE PRACTITIONER (PRESCRIBING) AND NURSE SURGICAL ASSISTANT.

The

Medical Protective Company

Fort Wayne, Indiana 46835

Professional Protection Exclusively Since 1899

ILLINOIS – AFFILIATED PHYSICIANS PROGRAM, INC.

ALLIED HEALTHCARE PROVIDERS

OCCURRENCE PROGRAM

RATE CLASSES

CLASS 18

PHYSICIAN'S ASSISTANT (NON-PRESCRIBING) AND PHYSICIAN'S ASSISTANT (PRESCRIBING).

CLASS 19

ANESTHESIA ASSISTANT, CERTIFIED REGISTERED NURSE ANESTHETIST AND REGISTERED NURSE ANESTHETIST.

CLASS 20

PHYSICIAN SURGICAL ASSISTANT.

CLASS 21

PODIATRIST (NO SURGERY).

The

Medical Protective Company

Fort Wayne, Indiana 46835

Professional Protection Exclusively Since 1899

ILLINOIS – AFFILIATED PHYSICIANS PROGRAM, INC.

ALLIED HEALTHCARE PROVIDERS

OCCURRENCE PROGRAM

RATE CLASSES

CLASS 22

PODIATRIST (SURGERY).

CLASS 23

NURSE MIDWIFE.

The

Medical Protective Company

Fort Wayne, Indiana 46835

Professional Protection Exclusively Since 1899

ILLINOIS – AFFILIATED PHYSICIANS PROGRAM, INC.

ALLIED HEALTHCARE PROVIDERS

STANDARD CLAIMS MADE PROGRAM

RATE CLASSES

CLASS 1

DENTAL ASSISTANT.

CLASS 2

DENTAL HYGIENIST.

CLASS 3

PHYSICAL THERAPY ASSISTANT.

CLASS 4

AUDIOLOGIST/SPEECH PATHOLOGIST AND OCCUPATIONAL THERAPIST ASSISTANT.

The

Medical Protective Company

Fort Wayne, Indiana 46835

Professional Protection Exclusively Since 1899

ILLINOIS – AFFILIATED PHYSICIANS PROGRAM, INC.

ALLIED HEALTHCARE PROVIDERS

STANDARD CLAIMS MADE PROGRAM

RATE CLASSES

CLASS 5

CARDIOLOGY TECHNOLOGIST, CLINICAL LABORATORY TECHNOLOGIST, DIETICIAN, ELECTROCARDIOGRAPH TECHNICIAN, ELECTRONEURODIAGNOSTIC TECHNOLOGIST, LICENSED PRACTICING NURSE, MEDICAL LABORATORY TECHNICIAN, MEDICAL (OFFICE) ASSISTANT, MEDICAL RECORDS TECHNICIAN, NUCLEAR MEDICINE TECHNOLOGIST, OCCUPATIONAL THERAPIST, RADIATION THERAPY TECHNOLOGIST, REGISTERED NURSE, RESPIRATORY THERAPIST, RESPIRATORY THERAPY ASSISTANT, SURGICAL TECHNICIAN AND X-RAY TECHNICIAN.

CLASS 6

CASE MANAGER, COUNSELOR AND SOCIAL WORKER.

CLASS 7

PHARMACIST.

The

Medical Protective Company

Fort Wayne, Indiana 46835

Professional Protection Exclusively Since 1899

ILLINOIS – AFFILIATED PHYSICIANS PROGRAM, INC.

ALLIED HEALTHCARE PROVIDERS

STANDARD CLAIMS MADE PROGRAM

RATE CLASSES

CLASS 8

PHYSICAL THERAPIST - NON OWNER.

CLASS 9

PERFUSIONIST.

CLASS 10

OPTICIAN.

CLASS 11

PARAMEDIC/EMT.

CLASS 12

OPHTHALMIC TECHNOLOGIST.

The

Medical Protective Company

Fort Wayne, Indiana 46835

Professional Protection Exclusively Since 1899

ILLINOIS – AFFILIATED PHYSICIANS PROGRAM, INC.

ALLIED HEALTHCARE PROVIDERS

STANDARD CLAIMS MADE PROGRAM

RATE CLASSES

CLASS 13

PSYCHOLOGIST.

CLASS 14

PHYSICAL THERAPIST – OWNER.

CLASS 15

NURSE MIDWIFE ASSISTANT.

CLASS 16

OPTOMETRIST.

CLASS 17

NURSE PRACTITIONER (NON-PRESCRIBING), NURSE PRACTITIONER (PRESCRIBING) AND NURSE SURGICAL ASSISTANT.

The

Medical Protective Company

Fort Wayne, Indiana 46835

Professional Protection Exclusively Since 1899

ILLINOIS – AFFILIATED PHYSICIANS PROGRAM, INC.

ALLIED HEALTHCARE PROVIDERS

STANDARD CLAIMS MADE PROGRAM

RATE CLASSES

CLASS 18

PHYSICIAN'S ASSISTANT (NON-PRESCRIBING) AND PHYSICIAN'S ASSISTANT (PRESCRIBING).

CLASS 19

ANESTHESIA ASSISTANT, CERTIFIED REGISTERED NURSE ANESTHETIST AND REGISTERED NURSE ANESTHETIST.

CLASS 20

PHYSICIAN SURGICAL ASSISTANT.

CLASS 21

PODIATRIST (NO SURGERY).

The

Medical Protective Company

Fort Wayne, Indiana 46835

Professional Protection Exclusively Since 1899

ILLINOIS – AFFILIATED PHYSICIANS PROGRAM, INC.

ALLIED HEALTHCARE PROVIDERS

STANDARD CLAIMS MADE PROGRAM

RATE CLASSES

CLASS 22

PODIATRIST (SURGERY).

CLASS 23

NURSE MIDWIFE.

The

Medical Protective Company

Fort Wayne, Indiana 46835

Professional Protection Exclusively Since 1899

ILLINOIS - AFFILIATED PHYSICIANS PROGRAM, INC.

ALLIED HEALTHCARE PROVIDERS

OCCURRENCE PROGRAM

RATING TERRITORIES

TERRITORY 1: COOK COUNTY.

TERRITORY 2: REMAINDER OF STATE.

The

Medical Protective Company

Fort Wayne, Indiana 46835

Professional Protection Exclusively Since 1899

ILLINOIS - AFFILIATED PHYSICIANS PROGRAM, INC.

ALLIED HEALTHCARE PROVIDERS

STANDARD CLAIMS MADE PROGRAM

RATING TERRITORIES

TERRITORY 1: COOK COUNTY.

TERRITORY 2: REMAINDER OF STATE.

The
Medical Protective Company
Fort Wayne, Indiana 46835

Professional Protection Exclusively Since 1899

ILLINOIS - AFFILIATED PHYSICIANS PROGRAM, INC. - AREA 1 ALLIED HEALTHCARE PROGRAM OCCURRENCE RATES					
Class	100/300	200/600	500/1000	1000/1000	1000/3000
1	41	44	50	60	61
2	49	53	61	72	74
3	61	65	75	89	91
4	65	70	80	95	97
5	75	81	92	110	112
6	91	99	113	134	137
7	107	115	132	157	160
8	119	129	147	175	179
9	131	141	161	192	196
10	128	136	159	191	199
11	133	144	165	196	200
12	193	205	239	287	299
13	315	340	389	463	473
14	335	361	413	491	502
15	436	470	538	640	654
16	410	435	509	611	636
17	523	564	645	768	784
18	2,488	3,361	4,244	4,841	5,017
19	2,694	3,395	4,687	5,546	5,844
20	3,732	5,042	6,366	7,262	7,525
21	3,744	4,495	5,246	5,807	6,367
22	5,425	6,514	7,603	8,415	9,227
23	15,182	16,366	18,733	22,284	22,762

The
Medical Protective Company
Fort Wayne, Indiana 46835

Professional Protection Exclusively Since 1899

ILLINOIS - AFFILIATED PHYSICIANS PROGRAM, INC. - AREA 2 ALLIED HEALTHCARE PROGRAM OCCURRENCE RATES					
Class	100/300	200/600	500/1000	1000/1000	1000/3000
1	34	37	42	50	51
2	41	45	51	61	62
3	51	55	63	74	76
4	54	58	67	79	81
5	62	67	77	91	93
6	76	82	94	112	114
7	89	96	109	130	133
8	99	107	123	146	149
9	109	117	134	160	163
10	107	114	133	160	166
11	111	120	137	163	167
12	161	170	199	239	249
13	263	283	324	386	394
14	279	301	344	409	418
15	364	392	449	534	545
16	342	363	424	509	530
17	436	470	537	639	653
18	2,073	2,800	3,535	4,033	4,179
19	2,244	2,828	3,904	4,620	4,868
20	3,109	4,200	5,303	6,049	6,268
21	3,119	3,745	4,370	4,837	5,304
22	4,519	5,426	6,333	7,010	7,686
23	12,646	13,632	15,604	18,562	18,960

The
Medical Protective Company
Fort Wayne, Indiana 46835

Professional Protection Exclusively Since 1899

ILLINOIS - AFFILIATED PHYSICIANS PROGRAM, INC. - AREA 1 ALLIED HEALTHCARE PROGRAM STANDARD CLAIMS MADE RATES 0 YRS SINCE RETROACTIVE DATE					
Class	100/300	200/600	500/1000	1000/1000	1000/3000
1	13	14	16	20	20
2	16	17	20	23	24
3	19	21	24	28	29
4	21	22	26	30	31
5	24	26	30	35	36
6	29	32	36	43	44
7	34	37	42	50	51
8	38	41	47	56	57
9	42	45	52	62	63
10	43	45	53	63	66
11	43	46	53	63	64
12	64	68	79	95	99
13	101	109	124	148	151
14	107	116	133	158	161
15	139	150	172	205	209
16	137	145	170	204	212
17	167	180	207	246	251
18	906	1,224	1,546	1,763	1,827
19	1,450	1,827	2,522	2,985	3,145
20	1,359	1,836	2,318	2,644	2,740
21	1,422	1,708	1,993	2,206	2,419
22	2,062	2,475	2,889	3,197	3,506
23	4,852	5,230	5,987	7,121	7,274

The
Medical Protective Company
Fort Wayne, Indiana 46835

Professional Protection Exclusively Since 1899

ILLINOIS - AFFILIATED PHYSICIANS PROGRAM, INC. - AREA 1 ALLIED HEALTHCARE PROGRAM STANDARD CLAIMS MADE RATES 1 YR SINCE RETROACTIVE DATE					
Class	100/300	200/600	500/1000	1000/1000	1000/3000
1	23	25	29	34	35
2	29	31	35	42	43
3	35	37	43	51	52
4	37	40	45	54	55
5	42	45	52	62	63
6	52	56	64	76	78
7	61	65	75	89	91
8	68	73	84	100	102
9	75	81	92	110	112
10	73	77	90	109	113
11	76	82	94	112	114
12	110	116	136	163	170
13	180	194	222	264	270
14	191	206	235	280	286
15	249	268	307	365	373
16	234	248	290	349	363
17	298	321	368	438	447
18	1,721	2,325	2,936	3,349	3,470
19	2,111	2,660	3,672	4,345	4,579
20	2,581	3,487	4,403	5,022	5,204
21	2,134	2,562	2,990	3,310	3,629
22	3,092	3,713	4,333	4,796	5,259
23	8,652	9,327	10,676	12,700	12,972

The
Medical Protective Company
Fort Wayne, Indiana 46835

Professional Protection Exclusively Since 1899

ILLINOIS - AFFILIATED PHYSICIANS PROGRAM, INC. - AREA 1 ALLIED HEALTHCARE PROGRAM STANDARD CLAIMS MADE RATES 2 YRS SINCE RETROACTIVE DATE					
Class	100/300	200/600	500/1000	1000/1000	1000/3000
1	31	34	39	46	47
2	39	42	48	57	58
3	47	50	58	69	70
4	50	54	62	73	75
5	57	62	71	84	86
6	70	75	86	103	105
7	82	88	101	120	123
8	92	99	114	135	138
9	101	109	124	148	151
10	92	97	114	136	142
11	103	111	127	151	154
12	137	146	170	205	213
13	243	262	300	356	364
14	258	278	319	379	387
15	336	362	414	492	503
16	293	311	363	436	454
17	403	434	497	591	604
18	2,216	2,994	3,780	4,312	4,468
19	2,506	3,158	4,359	5,158	5,435
20	3,324	4,490	5,669	6,466	6,701
21	3,023	3,630	4,236	4,689	5,141
22	4,381	5,260	6,139	6,794	7,450
23	11,687	12,598	14,420	17,153	17,521

The
Medical Protective Company
Fort Wayne, Indiana 46835

Professional Protection Exclusively Since 1899

ILLINOIS - AFFILIATED PHYSICIANS PROGRAM, INC. - AREA 1 ALLIED HEALTHCARE PROGRAM STANDARD CLAIMS MADE RATES 3 YRS SINCE RETROACTIVE DATE					
Class	100/300	200/600	500/1000	1000/1000	1000/3000
1	35	37	43	51	52
2	42	45	52	62	63
3	51	55	63	74	76
4	54	58	67	79	81
5	62	67	77	91	93
6	76	82	94	112	114
7	89	96	110	131	134
8	100	108	123	147	150
9	110	119	136	162	165
10	104	110	129	155	161
11	112	121	138	164	168
12	156	166	194	233	242
13	265	285	327	389	397
14	281	303	346	412	421
15	366	395	452	537	549
16	332	352	411	494	514
17	439	473	542	644	658
18	2,260	3,053	3,855	4,398	4,557
19	2,612	3,292	4,544	5,377	5,666
20	3,390	4,579	5,782	6,596	6,835
21	3,556	4,270	4,984	5,516	6,048
22	5,154	6,188	7,222	7,994	8,765
23	12,738	13,731	15,718	18,697	19,098

The
Medical Protective Company
Fort Wayne, Indiana 46835

Professional Protection Exclusively Since 1899

ILLINOIS - AFFILIATED PHYSICIANS PROGRAM, INC. - AREA 1 ALLIED HEALTHCARE PROGRAM STANDARD CLAIMS MADE RATES MATURE					
Class	100/300	200/600	500/1000	1000/1000	1000/3000
1	41	44	50	60	61
2	49	53	61	72	74
3	60	65	74	88	90
4	64	69	79	94	96
5	73	79	91	108	110
6	90	97	111	132	135
7	105	114	130	155	158
8	118	127	146	173	177
9	129	139	160	190	194
10	122	129	151	182	189
11	132	142	163	194	198
12	183	194	227	273	284
13	312	336	385	458	468
14	331	357	409	487	497
15	432	465	532	633	647
16	390	414	484	581	605
17	518	558	639	760	776
18	2,260	3,053	3,855	4,398	4,557
19	2,639	3,326	4,591	5,432	5,724
20	3,390	4,579	5,782	6,596	6,835
21	3,556	4,270	4,984	5,516	6,048
22	5,154	6,188	7,222	7,994	8,765
23	15,022	16,193	18,535	22,048	22,521

The
Medical Protective Company
Fort Wayne, Indiana 46835

Professional Protection Exclusively Since 1899

ILLINOIS - AFFILIATED PHYSICIANS PROGRAM, INC. - AREA 2
ALLIED HEALTHCARE PROGRAM
STANDARD CLAIMS MADE RATES
0 YRS SINCE RETROACTIVE DATE

Class	100/300	200/600	500/1000	1000/1000	1000/3000
1	11	12	13	16	16
2	13	14	16	20	20
3	16	17	20	23	24
4	17	19	21	25	26
5	20	22	25	29	30
6	24	26	30	35	36
7	29	31	35	42	43
8	31	34	39	46	47
9	35	37	43	51	52
10	35	38	44	53	55
11	35	38	44	52	53
12	54	57	66	80	83
13	84	91	104	123	126
14	89	96	110	131	134
15	116	125	143	170	174
16	114	120	141	169	176
17	139	150	172	205	209
18	755	1,020	1,288	1,469	1,522
19	1,209	1,523	2,103	2,488	2,622
20	1,132	1,530	1,931	2,203	2,283
21	1,185	1,423	1,661	1,839	2,016
22	1,718	2,062	2,407	2,664	2,921
23	4,043	4,359	4,989	5,935	6,062

The
Medical Protective Company
Fort Wayne, Indiana 46835

Professional Protection Exclusively Since 1899

ILLINOIS - AFFILIATED PHYSICIANS PROGRAM, INC. - AREA 2 ALLIED HEALTHCARE PROGRAM STANDARD CLAIMS MADE RATES 1 YR SINCE RETROACTIVE DATE					
Class	100/300	200/600	500/1000	1000/1000	1000/3000
1	19	21	24	28	29
2	23	25	29	34	35
3	29	31	35	42	43
4	31	33	38	45	46
5	35	38	44	52	53
6	43	47	53	64	65
7	51	55	63	74	76
8	57	61	70	83	85
9	62	67	77	91	93
10	61	64	75	90	94
11	63	68	78	93	95
12	92	97	114	136	142
13	150	162	185	220	225
14	159	171	196	233	238
15	207	223	255	303	310
16	195	207	242	290	302
17	248	267	306	364	372
18	1,434	1,938	2,447	2,791	2,892
19	1,760	2,218	3,061	3,622	3,817
20	2,151	2,906	3,669	4,185	4,337
21	1,778	2,135	2,492	2,758	3,024
22	2,577	3,094	3,611	3,996	4,382
23	7,210	7,772	8,897	10,583	10,810

The
Medical Protective Company
Fort Wayne, Indiana 46835

Professional Protection Exclusively Since 1899

ILLINOIS - AFFILIATED PHYSICIANS PROGRAM, INC. - AREA 2 ALLIED HEALTHCARE PROGRAM STANDARD CLAIMS MADE RATES 2 YRS SINCE RETROACTIVE DATE					
Class	100/300	200/600	500/1000	1000/1000	1000/3000
1	26	28	32	38	39
2	31	34	39	46	47
3	39	42	48	57	58
4	41	45	51	61	62
5	48	52	59	70	72
6	59	63	72	86	88
7	69	74	85	101	103
8	76	82	94	112	114
9	83	90	103	122	125
10	76	81	94	113	118
11	85	92	105	125	128
12	114	121	142	170	177
13	202	218	249	297	303
14	215	232	265	315	322
15	279	301	345	410	419
16	244	259	302	363	378
17	336	362	414	492	503
18	1,847	2,494	3,150	3,593	3,723
19	2,088	2,632	3,633	4,299	4,530
20	2,770	3,741	4,724	5,389	5,584
21	2,519	3,025	3,530	3,907	4,284
22	3,650	4,383	5,115	5,662	6,208
23	9,740	10,499	12,017	14,295	14,602

The
Medical Protective Company
Fort Wayne, Indiana 46835

Professional Protection Exclusively Since 1899

ILLINOIS - AFFILIATED PHYSICIANS PROGRAM, INC. - AREA 2 ALLIED HEALTHCARE PROGRAM STANDARD CLAIMS MADE RATES 3 YRS SINCE RETROACTIVE DATE					
Class	100/300	200/600	500/1000	1000/1000	1000/3000
1	28	30	35	41	42
2	35	37	43	51	52
3	43	46	53	63	64
4	45	49	56	67	68
5	52	56	64	76	78
6	64	69	79	94	96
7	75	81	92	110	112
8	83	90	103	122	125
9	91	99	113	134	137
10	86	92	107	129	134
11	93	101	115	137	140
12	130	137	161	193	201
13	221	238	272	324	331
14	234	252	289	344	351
15	305	329	376	447	457
16	276	293	342	411	428
17	366	394	451	536	548
18	1,884	2,545	3,213	3,665	3,798
19	2,177	2,744	3,788	4,482	4,723
20	2,825	3,816	4,818	5,496	5,695
21	2,964	3,558	4,153	4,596	5,040
22	4,295	5,157	6,018	6,661	7,304
23	10,615	11,443	13,098	15,581	15,915

The
Medical Protective Company
Fort Wayne, Indiana 46835

Professional Protection Exclusively Since 1899

ILLINOIS - AFFILIATED PHYSICIANS PROGRAM, INC. - AREA 2 ALLIED HEALTHCARE PROGRAM STANDARD CLAIMS MADE RATES MATURE					
Class	100/300	200/600	500/1000	1000/1000	1000/3000
1	33	36	41	49	50
2	41	44	50	60	61
3	50	54	62	73	75
4	53	58	66	78	80
5	61	66	76	90	92
6	75	81	93	111	113
7	88	95	109	129	132
8	98	106	121	144	147
9	107	116	133	158	161
10	101	107	126	151	157
11	110	119	136	162	165
12	152	161	189	227	236
13	260	280	321	382	390
14	276	298	341	405	414
15	360	388	444	528	539
16	325	345	403	484	504
17	431	464	532	632	646
18	1,884	2,545	3,213	3,665	3,798
19	2,199	2,772	3,826	4,528	4,771
20	2,825	3,816	4,818	5,496	5,695
21	2,964	3,558	4,153	4,596	5,040
22	4,295	5,157	6,018	6,661	7,304
23	12,518	13,494	15,446	18,374	18,768

The

Medical Protective Company

Fort Wayne, Indiana 46835

Professional Protection Exclusively Since 1899

ILLINOIS - AFFILIATED PHYSICIANS PROGRAM, INC.

ALLIED HEALTHCARE PROVIDERS

STANDARD CLAIMS MADE PROGRAM

EXTENSION CONTRACT RATING FACTORS

Years Retroactive Date Precedes Effective Date	All Other Classes	Classes 18 & 20	Class 19	Classes 10, 12, 16	Classes 21 & 22
Less than 1	0.920	0.670	0.544	0.864	0.960
1	1.430	1.065	0.792	1.247	1.487
2	1.700	1.285	0.940	1.487	1.679
3	1.870	1.607	0.980	1.631	1.727
4 or More	1.870	1.607	0.990	1.631	1.727

The

Medical Protective Company

Fort Wayne, Indiana 46835

Professional Protection Exclusively Since 1899

ILLINOIS - AFFILIATED PHYSICIANS PROGRAM, INC.

ALLIED HEALTHCARE PROVIDERS

OCCURRENCE PROGRAM

INCREASED LIMIT FACTORS

Limits	All Other Classes	Classes 18 & 20	Class 19	Classes 10, 12 & 16	Classes 21 & 22
100/300	0.667	0.496	0.461	0.645	0.588
200/600	0.719	0.670	0.581	0.684	0.706
500/1000	0.823	0.846	0.802	0.800	0.824
1000/1000	0.979	0.965	0.949	0.961	0.912
1000/3000	1.000	1.000	1.000	1.000	1.000

The

Medical Protective Company

Fort Wayne, Indiana 46835

Professional Protection Exclusively Since 1899

ILLINOIS - AFFILIATED PHYSICIANS PROGRAM, INC.

ALLIED HEALTHCARE PROVIDERS

STANDARD CLAIMS MADE PROGRAM

INCREASED LIMIT FACTORS

Limits	All Other Classes	Classes 18 & 20	Class 19	Classes 10, 12 & 16	Classes 21 & 22
100/300	0.667	0.496	0.461	0.645	0.588
200/600	0.719	0.670	0.581	0.684	0.706
500/1000	0.823	0.846	0.802	0.800	0.824
1000/1000	0.979	0.965	0.949	0.961	0.912
1000/3000	1.000	1.000	1.000	1.000	1.000

The

Medical Protective Company

Fort Wayne, Indiana 46835

Professional Protection Exclusively Since 1899

ILLINOIS - AFFILIATED PHYSICIANS PROGRAM, INC.

ALLIED HEALTHCARE PROVIDERS

OCCURRENCE PROGRAM

EXCESS LIMIT FACTORS

Limits	All Other Classes	Classes 18 & 20	Class 19	Classes 10, 12 & 16	Classes 21 & 22
1M/1M xs 1M/3M	1.198	1.198	1.180	1.129	1.200
2M/2M xs 1M/3M	1.366	1.376	1.355	1.277	1.476
3M/3M xs 1M/3M	1.509	1.536	1.512	1.438	1.793
4M/4M xs 1M/3M	1.631	1.680	1.655	1.613	2.140

Note: For aggregate limits not listed above, refer to company

The

Medical Protective Company

Fort Wayne, Indiana 46835

Professional Protection Exclusively Since 1899

ILLINOIS - AFFILIATED PHYSICIANS PROGRAM, INC.

ALLIED HEALTHCARE PROVIDERS

STANDARD CLAIMS MADE PROGRAM

EXCESS LIMIT FACTORS

Limits	All Other Classes	Classes 18 & 20	Class 19	Classes 10, 12 & 16	Classes 21 & 22
1M/1M xs 1M/3M	1.198	1.198	1.180	1.129	1.200
2M/2M xs 1M/3M	1.366	1.376	1.355	1.277	1.476
3M/3M xs 1M/3M	1.509	1.536	1.512	1.438	1.793
4M/4M xs 1M/3M	1.631	1.680	1.655	1.613	2.140

Note: For aggregate limits not listed above, refer to company

The

Medical Protective Company

Fort Wayne, Indiana 46835

Professional Protection Exclusively Since 1899

ILLINOIS – AFFILIATED PHYSICIANS PROGRAM, INC.

ALLIED HEALTHCARE PROVIDERS

OCCURRENCE PROGRAM

MINIMUM PREMIUM REQUIREMENT RULE

ALL POLICIES ARE SUBJECT TO A MINIMUM PREMIUM OF $10. THE MINIMUM PREMIUM WILL BE RETAINED WHEN THE INSURED REQUESTS CANCELLATION UNLESS THE POLICY IS CANCELED AS OF THE INCEPTION DATE.

The

Medical Protective Company

Fort Wayne, Indiana 46835

Professional Protection Exclusively Since 1899

ILLINOIS – AFFILIATED PHYSICIANS PROGRAM, INC.

ALLIED HEALTHCARE PROVIDERS

OCCURRENCE PROGRAM

PART TIME PRACTICE RULE

ANY INSURED WHO PRACTICES ON AVERAGE 20 HOURS OR LESS IN A WEEK OR LESS THAN AN AGGREGATE OF 1,050 HOURS DURING THE TERM OF AN ANNUAL POLICY WILL BE CONSIDERED A PART TIME PRACTITIONER AND WILL BE ELIGIBLE FOR A REDUCTION IN THE OTHERWISE APPLICABLE RATE BASED ON THE FOLLOWING SCHEDULE.

AVERAGE NUMBER HOURS PRACTICED PER WEEK	MAX. AGGREGATE HOURS PER YR	CREDIT
0-10 HOURS	515	50%
11-20 HOURS	1,050	30%

NO OTHER CREDITS OR DISCOUNTS ARE TO APPLY CONCURRENT WITH THIS RULE EXCEPT RISK MANAGEMENT CREDIT, HEALTH CARE SYSTEM AFFILIATION AND SCHEDULE RATING MODIFICATIONS.

THE MINIMUM PREMIUM REQUIREMENT RULE APPLIES TO PART TIME PRACTITIONERS.

The

Medical Protective Company

Fort Wayne, Indiana 46835

Professional Protection Exclusively Since 1899

ILLINOIS – AFFILIATED PHYSICIANS PROGRAM, INC.

ALLIED HEALTHCARE PROVIDERS

OCCURRENCE PROGRAM

PARTNERSHIP OR CORPORATION COVERAGE

REGARDLESS OF THE NUMBER OF PARTNERS OR SHAREHOLDERS OR THE RATE CLASSES OF THE INDIVIDUAL PARTNERS OR SHAREHOLDERS, THE PREMIUM FOR A PARTNERSHIP OR CORPORATION POLICY SHALL BE AS FOLLOWS:

POLICY LIMITS	PREMIUM
$1,000,000/$3,000,000	$500

APPLY THE ALLIED HEALTHCARE PROVIDERS "ALL OTHERS CLASSES" INCREASED LIMITS FACTORS FOUND IN THE RATES SECTION OF THIS MANUAL FOR DIFFERENT LIMIT OPTIONS.

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

A SEPARATE POLICY IS ISSUED.

The

Medical Protective Company

Fort Wayne, Indiana 46835

Professional Protection Exclusively Since 1899

ILLINOIS – AFFILIATED PHYSICIANS PROGRAM, INC.

ALLIED HEALTHCARE PROVIDERS

STANDARD CLAIMS MADE PROGRAM

MINIMUM PREMIUM REQUIREMENT RULE

ALL POLICIES ARE SUBJECT TO A MINIMUM PREMIUM OF $10. THE MINIMUM PREMIUM WILL BE RETAINED WHEN THE INSURED REQUESTS CANCELLATION UNLESS THE POLICY IS CANCELED AS OF THE INCEPTION DATE.

The

Medical Protective Company

Fort Wayne, Indiana 46835

Professional Protection Exclusively Since 1899

ILLINOIS – AFFILIATED PHYSICIANS PROGRAM, INC.

ALLIED HEALTHCARE PROVIDERS

STANDARD CLAIMS MADE PROGRAM

PART TIME PRACTICE RULE

ANY INSURED WHO PRACTICES ON AVERAGE 20 HOURS OR LESS IN A WEEK OR LESS THAN AN AGGREGATE OF 1,050 HOURS DURING THE TERM OF AN ANNUAL POLICY WILL BE CONSIDERED A PART TIME PRACTITIONER AND WILL BE ELIGIBLE FOR A REDUCTION IN THE OTHERWISE APPLICABLE RATE BASED ON THE FOLLOWING SCHEDULE.

AVERAGE NUMBER HOURS PRACTICED PER WEEK	MAX. AGGREGATE HOURS PER YR	CREDIT
0-10 HOURS	515	50%
11-20 HOURS	1,050	30%

NO OTHER CREDITS OR DISCOUNTS ARE TO APPLY CONCURRENT WITH THIS RULE EXCEPT RISK MANAGEMENT CREDIT, HEALTH CARE SYSTEM AFFILIATION AND SCHEDULE RATING MODIFICATIONS.

THE MINIMUM PREMIUM REQUIREMENT RULE APPLIES TO PART TIME PRACTITIONERS.

The

Medical Protective Company

Fort Wayne, Indiana 46835

Professional Protection Exclusively Since 1899

ILLINOIS – AFFILIATED PHYSICIANS PROGRAM, INC.

ALLIED HEALTHCARE PROVIDERS

STANDARD CLAIMS MADE PROGRAM

PARTNERSHIP OR CORPORATION COVERAGE

REGARDLESS OF THE NUMBER OF PARTNERS OR SHAREHOLDERS OR THE RATE CLASSES OF THE INDIVIDUAL PARTNERS OR SHAREHOLDERS, THE PREMIUM FOR A PARTNERSHIP OR CORPORATION POLICY SHALL BE AS FOLLOWS:

POLICY LIMITS	PREMIUM
$1,000,000/$3,000,000	$500

APPLY THE ALLIED HEALTHCARE PROVIDERS "ALL OTHERS CLASSES" INCREASED LIMITS FACTORS FOUND IN THE RATES SECTION OF THIS MANUAL FOR DIFFERENT LIMIT OPTIONS.

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

A SEPARATE POLICY IS ISSUED.

State: Illinois **Filing Company:** The Medical Protective Company
TOI/Sub-TOI: 11.0 Medical Malpractice - Claims Made/Occurrence/11.0000 Med Mal Sub-TOI Combinations
Product Name: Illinois - Affiliated Physicians Program, Inc.
Project Name/Number: Initial IL RPG filing - Allied Healthcare Providers and Comprehensive Liability Coverage for Healthcare Providers/13-ILRPG-ALL-MOD-01

Supporting Document Schedules

Satisfied - Item:	Explanatory Memorandum
Comments:	Attached
Attachment(s):	memo.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Form RF3 - (Summary Sheet)
Comments:	attached
Attachment(s):	!signed rf3.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Certification
Comments:	attached
Attachment(s):	!cert.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Request to Maintain Data as Trade Secret Information
Comments:	n/a at this time.
Attachment(s):	
Item Status:	
Status Date:	

Satisfied - Item:	Manual
Comments:	acknowledged
Attachment(s):	

State: Illinois **Filing Company:** The Medical Protective Company
TOI/Sub-TOI: 11.0 Medical Malpractice - Claims Made/Occurrence/11.0000 Med Mal Sub-TOI Combinations
Product Name: Illinois - Affiliated Physicians Program, Inc.
Project Name/Number: Initial IL RPG filing - Allied Healthcare Providers and Comprehensive Liability Coverage for Healthcare Providers/13-ILRPG-ALL-MOD-01

Item Status:	
Status Date:	

Satisfied - Item:	Statistical Agent Information
Comments:	The Medical Protective Company (MedPro) currently uses ISO for the reporting of statistical information in Illinois.
Attachment(s):	
Item Status:	
Status Date:	

Satisfied - Item:	Strike Thru documents
Comments:	Please find attached the strike thru documents that reflect the rule addition and additional modifications accordingly.
Attachment(s):	rate & rule strike thrus.pdf State Rate Pages - Sections II and V strike thrus.pdf
Item Status:	
Status Date:	

THE MEDICAL PROTECTIVE COMPANY

ILLINOIS – AFFILIATED PHYSICIANS PROGRAM, INC.

ALLIED HEALTHCARE PROVIDERS PROGRAM

EXPLANATORY MEMORANDUM

The Medical Protective Company (MedPro) respectfully submits the attached rate and rule filing in accordance with its recently registered Affiliated Physicians Program, Inc. (RPG) in the state of Illinois. The Company requests an effective date of September 1, 2013.

The rates provided in this submission are based on the rates recently approved for MedPro's Occurrence and Claims-Made programs for Allied Health Care Providers (AHCPs), SERFF Tracking No. MDPC-128815852, effective September 1, 2013. The rates to be utilized within the Affiliated Physicians Program are identical to those recently approved for MedPro's AHCPs in that filing.

In addition, the Company wishes to revise the following rules for the Affiliated Physicians Program:

REVISE MINIMUM PREMIUM REQUIREMENT RULE

The Company wishes to revise its Minimum Premium Requirement Rule for the Occurrence and Standard Claims Made Programs by changing the minimum premium to $10. There is no rate impact associated with this change.

REVISE PARTNERSHIP OR CORPORATION COVERAGE RULE

The Company wishes to revise the Partnership or Corporation Coverage for the stand alone Occurrence and Standard Claims Made Programs to remove the reference to a specific limit or to specific classes for the calculation of higher limits. Few AHCP insureds are associated with independent organizations that require a separate policy, but in the rare instances in which this coverage is required, it will be provided at a flat rate at the limit commensurate with the base limit for the program. There is no rate impact associated with this change.

REVISE PART TIME PRACTICE RULE

The Company wishes to revise the Part Time Practice Rule for the Occurrence and Standard Claims Made Programs to state that minimum premium applies to part time practitioners. There is no rate impact associated with this change.

REVISED COMPREHENSIVE LIABILITY COVERAGE FOR HEALTH CARE PROVIDERS

Also attached are revised manual pages for Section II and V of the Comprehensive Liability Coverage for Health Care Providers program for the Affiliated Physicians Program. The rates used for this program mirror those used for the individual Allied Healthcare Providers program for the Affiliated Physicians Program, and therefore are being included in this submission for manual purposes only.

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 09/01/2013.

	(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 Allied Healthcare Professional Liability	0	n/a
	Life of Insurance		

Does filing only apply to certain territory (territories) or certain Classes? If so, specify: No

Brief description of filing. (If filing follows rates of an advisory Organization, specify organization): Rate and Rule revision to the Allied and Comprehensive Liability Program.

*Adjusted to reflect all prior rate changes.
**Change in Company's premium level which will result from application of new rates.

The Medical Protective Company
Name of Company

SVP
Official – Title

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, Jim Kunce, a duly authorized officer of The Medical Protective 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, Matthew Morin, a duly authorized actuary of The Medical Protective Company, am authorized to certify on behalf of The Medical Protective 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.

; SVP — 08/02/2013

Signature and Title of Authorized Insurance Company Officer — Date

; FCAS, MAAA, Actuary — 08/02/2013

Signature, Title and Designation of Authorized Actuary — Date

Insurance Company FEIN 35-0506406 Filing Number 13-ILRPG-ALL-MOD-01

Insurer's Address 5814 Reed Road

City Fort Wayne State IN Zip Code 46835

Contact Person's:
-Name and E-mail Melissa Millican / Melissa.millica@medpro.com

-Direct Telephone and Fax Number Direct: 260-486-0838; Fax: 260-486-0733

The

Medical Protective Company

Fort Wayne, Indiana 46835

Professional Protection Exclusively Since 1899

ILLINOIS – AFFILIATED PHYSICIANS PROGRAM, INC.

ALLIED HEALTHCARE PROVIDERS

OCCURRENCE PROGRAM

RATE CLASSES

CLASS I-A

~~DENTAL ASSISTANT, DENTAL HYGIENIST.~~

CLASS I-B

~~CARDIOLOGY TECHNOLOGIST, CLINICAL LABORATORY TECHNOLOGIST, COUNSELOR, DIETICIAN, ELECTROCARDIOGRAPH TECHNICIAN, ELECTRONEURODIAGNOSTIC TECHNOLOGIST, LICENSED PRACTICING NURSE, MEDICAL LABORATORY TECHNICIAN, MEDICAL (OFFICE) ASSISTANT, MEDICAL RECORDS TECHNICIAN, NUCLEAR MEDICINE TECHNOLOGIST, OPHTHALMOLOGY TECHNICIAN, RESPIRATORY THERAPY ASSISTANT, REGISTERED NURSE.~~

CLASS II

~~AUDIOLOGIST/SPEECH PATHOLOGIST, NURSE MIDWIFE ASSISTANT, OCCUPATIONAL THERAPIST ASSISTANT, OPTICIAN, PHYSICAL THERAPY ASSISTANT, RADIATION THERAPY TECHNOLOGIST, SOCIAL WORKER, SURGICAL TECHNICIAN, X-RAY TECHNICIAN.~~

The

Medical Protective Company

Fort Wayne, Indiana 46835

Professional Protection Exclusively Since 1899

ILLINOIS – AFFILIATED PHYSICIANS PROGRAM, INC.

ALLIED HEALTHCARE PROVIDERS

OCCURRENCE PROGRAM

RATE CLASSES

CLASS III

~~OPTOMETRIST, PARAMEDIC/EMT, PHARMACIST, PHYSICAL THERAPIST (NON-OWNER).~~

CLASS IV

CASE MANAGER, OCCUPATIONAL THERAPIST, PERFUSIONIST, PHYSICAL THERAPIST (OWNER), PSYCHOLOGIST, RESPIRATORY THERAPIST.

CLASS V

~~NURSE PRACTITIONER (NON-PRESCRIBING), PHYSICIAN'S ASSISTANT (NON-PRESCRIBING).~~

CLASS VI

~~NURSE SURGICAL ASSISTANT, PHYSICIAN SURGICAL ASSISTANT.~~

~~NURSE PRACTITIONER (PRESCRIBING), PHYSICIAN'S ASSISTANT (PRESCRIBING).~~

The

Medical Protective Company

Fort Wayne, Indiana 46835

Professional Protection Exclusively Since 1899

ILLINOIS – AFFILIATED PHYSICIANS PROGRAM, INC.

ALLIED HEALTHCARE PROVIDERS

OCCURRENCE PROGRAM

RATE CLASSES

CLASS VII - A

~~CERTIFIED REGISTERED NURSE ANESTHETIST, REGISTERED NURSE ANESTHETIST, ANESTHESIA ASSISTANT.~~

CLASS VII - B

~~NURSE MIDWIFE.~~

CLASS VIII - A

~~PODIATRIST (NO SURGERY).~~

CLASS VIII - B

~~PODIATRIST (SURGERY).~~

The

Medical Protective Company

Fort Wayne, Indiana 46835

Professional Protection Exclusively Since 1899

ILLINOIS – AFFILIATED PHYSICIANS PROGRAM, INC.

ALLIED HEALTHCARE PROVIDERS

STANDARD CLAIMS MADE PROGRAM

RATE CLASSES

CLASS I-A

~~DENTAL ASSISTANT, DENTAL HYGIENIST.~~

CLASS I-B

~~CARDIOLOGY TECHNOLOGIST, CLINICAL LABORATORY TECHNOLOGIST, COUNSELOR, DIETICIAN, ELECTROCARDIOGRAPH TECHNICIAN, ELECTRONEURODIAGNOSTIC TECHNOLOGIST, LICENSED PRACTICING NURSE, MEDICAL LABORATORY TECHNICIAN, MEDICAL (OFFICE) ASSISTANT, MEDICAL RECORDS TECHNICIAN, NUCLEAR MEDICINE TECHNOLOGIST, OPHTHALMOLOGY TECHNICIAN, RESPIRATORY THERAPY ASSISTANT, REGISTERED NURSE.~~

CLASS II

~~AUDIOLOGIST/SPEECH PATHOLOGIST, NURSE MIDWIFE ASSISTANT, OCCUPATIONAL THERAPIST ASSISTANT, OPTICIAN, PHYSICAL THERAPY ASSISTANT, RADIATION THERAPY TECHNOLOGIST, SOCIAL WORKER, SURGICAL TECHNICIAN, X-RAY TECHNICIAN.~~

The

Medical Protective Company

Fort Wayne, Indiana 46835

Professional Protection Exclusively Since 1899

ILLINOIS – AFFILIATED PHYSICIANS PROGRAM, INC.

ALLIED HEALTHCARE PROVIDERS

STANDARD CLAIMS MADE PROGRAM

RATE CLASSES

CLASS III

~~OPTOMETRIST, PARAMEDIC/EMT, PHARMACIST, PHYSICAL THERAPIST (NON-OWNER).~~

CLASS IV

CASE MANAGER, OCCUPATIONAL THERAPIST, PERFUSIONIST, PHYSICAL THERAPIST (OWNER), PSYCHOLOGIST, RESPIRATORY THERAPIST.

CLASS V

~~NURSE PRACTITIONER (NON-PRESCRIBING), PHYSICIAN'S ASSISTANT (NON-PRESCRIBING).~~

CLASS VI

~~NURSE SURGICAL ASSISTANT, PHYSICIAN SURGICAL ASSISTANT.~~

~~NURSE PRACTITIONER (PRESCRIBING), PHYSICIAN'S ASSISTANT (PRESCRIBING).~~

The

Medical Protective Company

Fort Wayne, Indiana 46835

Professional Protection Exclusively Since 1899

ILLINOIS – AFFILIATED PHYSICIANS PROGRAM, INC.

ALLIED HEALTHCARE PROVIDERS

STANDARD CLAIMS MADE PROGRAM

RATE CLASSES

CLASS VII - A

~~CERTIFIED REGISTERED NURSE ANESTHETIST, REGISTERED NURSE ANESTHETIST, ANESTHESIA ASSISTANT.~~

CLASS VII - B

~~NURSE MIDWIFE.~~

CLASS VIII - A

~~PODIATRIST (NO SURGERY).~~

CLASS VIII - B

~~PODIATRIST (SURGERY).~~

The

Medical Protective Company

Fort Wayne, Indiana 46835

Professional Protection Exclusively Since 1899

ILLINOIS – AFFILIATED PHYSICIANS PROGRAM, INC.

ALLIED HEALTHCARE PROVIDERS

OCCURRENCE PROGRAM

RATE CLASSES

CLASS 1

DENTAL ASSISTANT.

CLASS 2

DENTAL HYGIENIST.

CLASS 3

PHYSICAL THERAPY ASSISTANT.

CLASS 4

AUDIOLOGIST/SPEECH PATHOLOGIST AND OCCUPATIONAL THERAPIST ASSISTANT.

The

Medical Protective Company

Fort Wayne, Indiana 46835

Professional Protection Exclusively Since 1899

ILLINOIS – AFFILIATED PHYSICIANS PROGRAM, INC.

ALLIED HEALTHCARE PROVIDERS

OCCURRENCE PROGRAM

RATE CLASSES

CLASS 5

CARDIOLOGY TECHNOLOGIST, CLINICAL LABORATORY TECHNOLOGIST, DIETICIAN, ELECTROCARDIOGRAPH TECHNICIAN, ELECTRONEURODIAGNOSTIC TECHNOLOGIST, LICENSED PRACTICING NURSE, MEDICAL LABORATORY TECHNICIAN, MEDICAL (OFFICE) ASSISTANT, MEDICAL RECORDS TECHNICIAN, NUCLEAR MEDICINE TECHNOLOGIST, OCCUPATIONAL THERAPIST, RADIATION THERAPY TECHNOLOGIST, REGISTERED NURSE, RESPIRATORY THERAPIST, RESPIRATORY THERAPY ASSISTANT, SURGICAL TECHNICIAN AND X-RAY TECHNICIAN.

CLASS 6

CASE MANAGER, COUNSELOR AND SOCIAL WORKER.

CLASS 7

PHARMACIST.

The

Medical Protective Company

Fort Wayne, Indiana 46835

Professional Protection Exclusively Since 1899

ILLINOIS – AFFILIATED PHYSICIANS PROGRAM, INC.

ALLIED HEALTHCARE PROVIDERS

OCCURRENCE PROGRAM

RATE CLASSES

CLASS 8

PHYSICAL THERAPIST - NON OWNER.

CLASS 9

PERFUSIONIST.

CLASS 10

OPTICIAN.

CLASS 11

PARAMEDIC/EMT.

CLASS 12

OPHTHALMIC TECHNOLOGIST.

The

Medical Protective Company

Fort Wayne, Indiana 46835

Professional Protection Exclusively Since 1899

ILLINOIS – AFFILIATED PHYSICIANS PROGRAM, INC.

ALLIED HEALTHCARE PROVIDERS

OCCURRENCE PROGRAM

RATE CLASSES

CLASS 13

PSYCHOLOGIST.

CLASS 14

PHYSICAL THERAPIST – OWNER.

CLASS 15

NURSE MIDWIFE ASSISTANT.

CLASS 16

OPTOMETRIST.

CLASS 17

NURSE PRACTITIONER (NON-PRESCRIBING), NURSE PRACTITIONER (PRESCRIBING) AND NURSE SURGICAL ASSISTANT.

The

Medical Protective Company

Fort Wayne, Indiana 46835

Professional Protection Exclusively Since 1899

ILLINOIS – AFFILIATED PHYSICIANS PROGRAM, INC.

ALLIED HEALTHCARE PROVIDERS

OCCURRENCE PROGRAM

RATE CLASSES

CLASS 18

PHYSICIAN'S ASSISTANT (NON-PRESCRIBING) AND PHYSICIAN'S ASSISTANT (PRESCRIBING).

CLASS 19

ANESTHESIA ASSISTANT, CERTIFIED REGISTERED NURSE ANESTHETIST AND REGISTERED NURSE ANESTHETIST.

CLASS 20

PHYSICIAN SURGICAL ASSISTANT.

CLASS 21

PODIATRIST (NO SURGERY).

The

Medical Protective Company

Fort Wayne, Indiana 46835

Professional Protection Exclusively Since 1899

ILLINOIS – AFFILIATED PHYSICIANS PROGRAM, INC.

ALLIED HEALTHCARE PROVIDERS

OCCURRENCE PROGRAM

RATE CLASSES

CLASS 22

PODIATRIST (SURGERY).

CLASS 23

NURSE MIDWIFE.

The

Medical Protective Company

Fort Wayne, Indiana 46835

Professional Protection Exclusively Since 1899

ILLINOIS – AFFILIATED PHYSICIANS PROGRAM, INC.

ALLIED HEALTHCARE PROVIDERS

STANDARD CLAIMS MADE PROGRAM

RATE CLASSES

CLASS 1

DENTAL ASSISTANT.

CLASS 2

DENTAL HYGIENIST.

CLASS 3

PHYSICAL THERAPY ASSISTANT.

CLASS 4

AUDIOLOGIST/SPEECH PATHOLOGIST AND OCCUPATIONAL THERAPIST ASSISTANT.

The

Medical Protective Company

Fort Wayne, Indiana 46835

Professional Protection Exclusively Since 1899

ILLINOIS – AFFILIATED PHYSICIANS PROGRAM, INC.

ALLIED HEALTHCARE PROVIDERS

STANDARD CLAIMS MADE PROGRAM

RATE CLASSES

CLASS 5

CARDIOLOGY TECHNOLOGIST, CLINICAL LABORATORY TECHNOLOGIST, DIETICIAN, ELECTROCARDIOGRAPH TECHNICIAN, ELECTRONEURODIAGNOSTIC TECHNOLOGIST, LICENSED PRACTICING NURSE, MEDICAL LABORATORY TECHNICIAN, MEDICAL (OFFICE) ASSISTANT, MEDICAL RECORDS TECHNICIAN, NUCLEAR MEDICINE TECHNOLOGIST, OCCUPATIONAL THERAPIST, RADIATION THERAPY TECHNOLOGIST, REGISTERED NURSE, RESPIRATORY THERAPIST, RESPIRATORY THERAPY ASSISTANT, SURGICAL TECHNICIAN AND X-RAY TECHNICIAN.

CLASS 6

CASE MANAGER, COUNSELOR AND SOCIAL WORKER.

CLASS 7

PHARMACIST.

The

Medical Protective Company

Fort Wayne, Indiana 46835

Professional Protection Exclusively Since 1899

ILLINOIS – AFFILIATED PHYSICIANS PROGRAM, INC.

ALLIED HEALTHCARE PROVIDERS

STANDARD CLAIMS MADE PROGRAM

RATE CLASSES

CLASS 8

PHYSICAL THERAPIST - NON OWNER.

CLASS 9

PERFUSIONIST.

CLASS 10

OPTICIAN.

CLASS 11

PARAMEDIC/EMT.

CLASS 12

OPHTHALMIC TECHNOLOGIST.

The

Medical Protective Company

Fort Wayne, Indiana 46835

Professional Protection Exclusively Since 1899

ILLINOIS – AFFILIATED PHYSICIANS PROGRAM, INC.

ALLIED HEALTHCARE PROVIDERS

STANDARD CLAIMS MADE PROGRAM

RATE CLASSES

CLASS 13

PSYCHOLOGIST.

CLASS 14

PHYSICAL THERAPIST – OWNER.

CLASS 15

NURSE MIDWIFE ASSISTANT.

CLASS 16

OPTOMETRIST.

CLASS 17

NURSE PRACTITIONER (NON-PRESCRIBING), NURSE PRACTITIONER (PRESCRIBING) AND NURSE SURGICAL ASSISTANT.

The

Medical Protective Company

Fort Wayne, Indiana 46835

Professional Protection Exclusively Since 1899

ILLINOIS – AFFILIATED PHYSICIANS PROGRAM, INC.

ALLIED HEALTHCARE PROVIDERS

STANDARD CLAIMS MADE PROGRAM

RATE CLASSES

CLASS 18

PHYSICIAN'S ASSISTANT (NON-PRESCRIBING) AND PHYSICIAN'S ASSISTANT (PRESCRIBING).

CLASS 19

ANESTHESIA ASSISTANT, CERTIFIED REGISTERED NURSE ANESTHETIST AND REGISTERED NURSE ANESTHETIST.

CLASS 20

PHYSICIAN SURGICAL ASSISTANT.

CLASS 21

PODIATRIST (NO SURGERY).

The

Medical Protective Company

Fort Wayne, Indiana 46835

Professional Protection Exclusively Since 1899

ILLINOIS – AFFILIATED PHYSICIANS PROGRAM, INC.

ALLIED HEALTHCARE PROVIDERS

STANDARD CLAIMS MADE PROGRAM

RATE CLASSES

CLASS 22

PODIATRIST (SURGERY).

CLASS 23

NURSE MIDWIFE.

The

Medical Protective Company

Fort Wayne, Indiana 46835

Professional Protection Exclusively Since 1899

ILLINOIS – AFFILIATED PHYSICIANS PROGRAM, INC.

ALLIED HEALTHCARE PROVIDERS

OCCURRENCE RATES

CLASS	RATE
1A	5% OF 80211
1B	3% OF 80420
2	5% OF 80420
3	7% OF 80420
4	14% OF 80420
5	18% OF 80420
6	22% OF 80420
7A	25% OF 80151
7B	40% OF 80153
8A	25% OF 80176
8B	50% OF 80176

Class 1A base rates are calculated as a percentage of the Dentists Territory 2 (Rest of State) 100/300 Limits Occurrence rate.
Classes 1B-4 base rates are calculated as a percentage of the Physicians & Surgeons Territory 3 (Rest of State) 100/300 Limits Occurrence rate.
Classes 5-8B base rates are calculated as a percentage of the Physicians & Surgeons 100/300 Limits Occurrence rate for the appropriate territory.
Rates for limits higher than 100/300 limits are calculated by applying Allied Healthcare Provider Increased limit factors to the base rate.

80211 General Dentist
80420 Family/General Practice (No Surgery)
80151 Anesthesiology
80153 Obstetrics/Gynecology
80176 Surgery – Orthopedic (Excluding Back Surgery)

EFFECTIVE DATE: JUL 01 2013

The
Medical Protective Company
Fort Wayne, Indiana 46835
Professional Protection Exclusively Since 1899

ILLINOIS AFFILIATED PHYSICIANS PROGRAM, INC. - AREA 1

ALLIED HEALTHCARE PROVIDERS

OCCURRENCE RATES

Class	100/300	200/600	500/1000	1000/1000	1000/3000	2000/2000	2000/4000	3000/3000	3000/5000
1A	78	95	114	137	140	160	165	173	179
1B	182	222	266	319	328	373	386	404	417
2	303	370	442	530	545	621	642	673	694
3	424	517	619	742	763	869	899	941	971
4	848	1,035	1,238	1,484	1,526	1,738	1,798	1,883	1,942
5	2,179	2,656	3,181	3,813	3,922	4,467	4,619	4,837	4,990
6	2,664	3,357	4,342	5,168	5,328	6,420	6,607	7,140	7,326
7A	3,606	4,544	5,678	6,996	7,212	8,690	8,943	9,664	9,917
7B	18,959	23,888	30,903	36,780	37,918	45,691	47,018	50,810	52,137
8A	7,342	9,251	11,967	14,243	14,684	17,694	18,208	19,677	20,191
8B	14,683	18,501	23,933	28,485	29,366	35,386	36,414	39,350	40,378

The
Medical Protective Company
Fort Wayne, Indiana 46835
Professional Protection Exclusively Since 1899

ILLINOIS AFFILIATED PHYSICIANS PROGRAM, INC. - AREA 2

ALLIED HEALTHCARE PROVIDERS

OCCURRENCE RATES

Class	100/300	200/600	500/1000	1000/1000	1000/3000	2000/2000	2000/4000	3000/3000	3000/5000
1A	78	95	114	137	140	160	165	173	179
1B	182	222	266	319	328	373	386	404	417
2	303	370	442	530	545	621	642	673	694
3	424	517	619	742	763	869	899	941	971
4	848	1,035	1,238	1,484	1,526	1,738	1,798	1,883	1,942
5	1,961	2,392	2,863	3,432	3,530	4,020	4,157	4,353	4,491
6	2,397	3,020	3,907	4,650	4,794	5,777	5,945	6,424	6,592
7A	3,246	4,090	5,291	6,297	6,492	7,823	8,050	8,699	8,927
7B	17,064	21,601	27,814	33,104	34,128	41,124	42,319	45,732	46,926
8A	6,608	8,326	10,771	12,820	13,216	15,925	16,388	17,709	18,172
8B	13,215	16,651	21,540	25,637	26,430	31,848	32,773	35,416	36,341

EFFECTIVE DATE: JUL 01 2013

The
Medical Protective Company
Fort Wayne, Indiana 46835
Professional Protection Exclusively Since 1899

ILLINOIS AFFILIATED PHYSICIANS PROGRAM, INC. - AREA 3

ALLIED HEALTHCARE PROVIDERS

OCCURRENCE RATES

Class	100/300	200/600	500/1000	1000/1000	1000/3000	2000/2000	2000/4000	3000/3000	3000/5000
1A	78	95	114	137	140	160	165	173	179
1B	162	222	266	319	328	373	386	404	417
2	303	370	442	530	545	621	642	673	694
3	424	517	619	742	763	869	899	941	971
4	847	1,033	1,237	1,482	1,525	1,736	1,796	1,880	1,940
5	1,852	2,259	2,704	3,241	3,334	3,797	3,926	4,111	4,241
6	2,264	2,853	3,690	4,392	4,528	5,456	5,615	6,068	6,226
7A	3,065	3,862	4,996	5,946	6,130	7,387	7,601	8,214	8,429
7B	16,115	20,305	26,267	31,263	32,230	38,837	39,965	43,188	44,316
8A	6,240	7,862	10,171	12,106	12,480	15,038	15,475	16,723	17,160
8B	12,480	15,725	20,342	24,211	24,960	30,077	30,950	33,446	34,320

The
Medical Protective Company
Fort Wayne, Indiana 46835
Professional Protection Exclusively Since 1899

ILLINOIS AFFILIATED PHYSICIANS PROGRAM, INC. - AREA 4

ALLIED HEALTHCARE PROVIDERS

OCCURRENCE RATES

Class	100/300	200/600	500/1000	1000/1000	1000/3000	2000/2000	2000/4000	3000/3000	3000/5000
1A	78	95	114	137	140	160	165	173	179
1B	182	222	266	319	328	373	386	404	417
2	303	370	442	530	545	621	642	673	694
3	424	517	619	742	763	869	899	941	971
4	848	1,035	1,238	1,484	1,526	1,738	1,798	1,883	1,942
5	1,634	1,993	2,386	2,860	2,941	3,350	3,464	3,627	3,742
6	1,998	2,517	3,257	3,876	3,996	4,815	4,955	5,355	5,495
7A	2,705	3,408	4,409	5,248	5,410	6,519	6,708	7,249	7,439
7B	14,220	17,917	23,179	27,587	28,440	34,270	35,266	38,110	39,105
8A	5,506	6,938	8,975	10,682	11,012	13,269	13,655	14,756	15,142
8B	11,012	13,875	17,950	21,363	22,024	26,539	27,310	29,512	30,283

EFFECTIVE DATE: JUL 01 2013

The
Medical Protective Company
Fort Wayne, Indiana 46835
Professional Protection Exclusively Since 1899

ILLINOIS AFFILIATED PHYSICIANS PROGRAM, INC. - AREA 5

ALLIED HEALTHCARE PROVIDERS

OCCURRENCE RATES

Class	100/300	200/600	500/1000	1000/1000	1000/3000	2000/2000	2000/4000	3000/3000	3000/6000
1A	78	95	114	137	140	160	166	173	179
1B	182	222	266	319	328	373	386	404	417
2	303	370	442	530	545	621	642	673	694
3	424	517	619	742	763	869	899	941	971
4	848	1,035	1,238	1,484	1,526	1,738	1,798	1,883	1,942
5	1,526	1,862	2,228	2,671	2,747	3,128	3,235	3,388	3,495
6	1,866	2,350	3,040	3,618	3,730	4,495	4,625	4,998	5,129
7A	2,525	3,182	4,116	4,899	5,050	6,085	6,262	6,767	6,944
7B	13,272	16,723	21,633	25,748	26,544	31,986	32,915	35,569	36,498
8A	5,139	6,475	8,377	9,970	10,278	12,386	12,745	13,773	14,132
8B	10,279	12,952	16,755	19,941	20,558	24,772	25,492	27,546	28,267

EFFECTIVE DATE: JUL 01 2013

The
Medical Protective Company
Fort Wayne, Indiana 46835
Professional Protection Exclusively Since 1899

ILLINOIS AFFILIATED PHYSICIANS PROGRAM, INC. - AREA 6

ALLIED HEALTHCARE PROVIDERS

OCCURRENCE RATES

Class	100/300	200/600	500/1000	1000/1000	1000/3000	2000/2000	2000/4000	3000/3000	3000/5000
1A	78	95	114	137	140	160	165	173	179
1B	182	222	266	319	328	373	386	404	417
2	303	370	442	530	545	621	642	673	694
3	424	517	619	742	763	869	899	941	971
4	847	1,033	1,237	1,482	1,525	1,736	1,796	1,880	1,940
5	1,307	1,595	1,908	2,287	2,353	2,679	2,771	2,902	2,993
6	1,598	2,013	2,605	3,100	3,196	3,851	3,963	4,283	4,395
7A	2,164	2,727	3,527	4,198	4,328	5,215	5,367	5,800	5,951
7B	11,375	14,333	18,541	22,068	22,750	27,414	28,210	30,485	31,281
8A	4,405	5,550	7,180	8,546	8,810	10,616	10,924	11,805	12,114
8B	8,809	11,099	14,359	17,089	17,618	21,230	21,846	23,608	24,225

EFFECTIVE DATE: JUL 01 2013

The
Medical Protective Company
Fort Wayne, Indiana 46835
Professional Protection Exclusively Since 1899

ILLINOIS AFFILIATED PHYSICIANS PROGRAM, INC. - AREA 7

ALLIED HEALTHCARE PROVIDERS

OCCURRENCE RATES

Class	100/300	200/600	500/1000	1000/1000	1000/3000	2000/2000	2000/4000	3000/3000	3000/6000
1A	78	95	114	137	140	160	165	173	179
1B	182	222	266	319	328	373	386	404	417
2	303	370	442	530	545	621	642	673	694
3	424	517	619	742	763	869	899	941	971
4	848	1,035	1,238	1,484	1,526	1,738	1,798	1,883	1,942
5	981	1,197	1,432	1,717	1,766	2,011	2,080	2,178	2,246
6	1,199	1,511	1,954	2,326	2,398	2,890	2,974	3,213	3,297
7A	1,623	2,045	2,645	3,149	3,246	3,911	4,025	4,350	4,463
7B	8,532	10,750	13,907	16,552	17,064	20,562	21,159	22,866	23,463
8A	3,304	4,163	5,386	6,410	6,608	7,963	8,194	8,855	9,086
8B	6,608	8,326	10,771	12,820	13,216	15,926	16,388	17,709	18,172

EFFECTIVE DATE: JUL 01 2013

The
Medical Protective Company
Fort Wayne, Indiana 46835
Professional Protection Exclusively Since 1899

ILLINOIS AFFILIATED PHYSICIANS PROGRAM, INC. - AREA 8

ALLIED HEALTHCARE PROVIDERS

OCCURRENCE RATES

Class	100/300	200/600	500/1000	1000/1000	1000/3000	2000/2000	2000/4000	3000/3000	3000/5000
1A	78	95	114	137	140	160	165	173	179
1B	182	222	266	319	328	373	386	404	417
2	303	370	442	530	545	621	642	673	694
3	424	517	619	742	763	869	899	941	971
4	848	1,035	1,238	1,484	1,526	1,738	1,798	1,883	1,942
5	1,090	1,330	1,591	1,908	1,962	2,235	2,311	2,420	2,496
6	1,332	1,678	2,171	2,584	2,664	3,210	3,303	3,570	3,663
7A	1,803	2,272	2,939	3,498	3,606	4,345	4,471	4,832	4,958
7B	9,480	11,945	15,452	18,391	18,960	22,847	23,510	25,406	26,070
8A	3,671	4,625	5,984	7,122	7,342	8,847	9,104	9,838	10,095
8B	7,342	9,251	11,967	14,243	14,684	17,694	18,208	19,677	20,191

EFFECTIVE DATE: JUL 01 2013

The
Medical Protective Company
Fort Wayne, Indiana 46835
Professional Protection Exclusively Since 1899

ILLINOIS AFFILIATED PHYSICIANS PROGRAM, INC. - AREA 9

ALLIED HEALTHCARE PROVIDERS

OCCURRENCE RATES

Class	100/300	200/600	500/1000	1000/1000	1000/3000	2000/2000	2000/4000	3000/3000	3000/5000
1A	78	95	114	137	140	160	165	173	179
1B	182	222	266	319	328	373	386	404	417
2	303	370	442	530	545	621	642	673	694
3	424	517	619	742	763	869	899	941	971
4	847	1,033	1,237	1,482	1,525	1,736	1,796	1,880	1,940
5	1,199	1,463	1,751	2,098	2,158	2,458	2,542	2,662	2,746
6	1,465	1,846	2,388	2,842	2,930	3,531	3,633	3,926	4,029
7A	1,983	2,499	3,232	3,847	3,966	4,779	4,918	5,314	5,453
7B	10,427	13,138	16,998	20,228	20,854	25,129	25,859	27,944	28,674
8A	4,038	5,088	6,582	7,834	8,076	9,732	10,014	10,822	11,105
8B	8,075	10,175	13,162	15,666	16,150	19,461	20,026	21,641	22,206

EFFECTIVE DATE: JUL 01 2013

The

Medical Protective Company

Fort Wayne, Indiana 46835

Professional Protection Exclusively Since 1899

ILLINOIS – AFFILIATED PHYSICIANS PROGRAM, INC.

ALLIED HEALTHCARE PROVIDERS

STANDARD CLAIMS MADE RATES

CLASS	RATE
1A	5% OF 80211
1B	3% OF 80420
2	5% OF 80420
3	7% OF 80420
4	14% OF 80420
5	18% OF 80420
6	22% OF 80420
7A	25% OF 80151
7B	40% OF 80153
8A	25% OF 80176
8B	50% OF 80176

The Mature Standard Claims Made rate is 0.920 of the corresponding Allied Healthcare Provider Occurrence rate.
Allied Healthcare Provider Claims Made Factors may be applied to the Mature Standard Claims Made base rate for the applicable year of claims made coverage.
Rates for limits higher than 100/300 limits are calculated by applying Allied Healthcare Provider increased limit factors to the base rate.

80211 General Dentist
80420 Family/General Practice (No Surgery)
80151 Anesthesiology
80153 Obstetrics/Gynecology
80176 Surgery – Orthopedic (Excluding Back Surgery)

EFFECTIVE DATE: JUL 01 2013

The
Medical Protective Company
Fort Wayne, Indiana 46835
Professional Protection Exclusively Since 1899

ILLINOIS AFFILIATED PHYSICIANS PROGRAM, INC. - AREA 1
ALLIED HEALTHCARE PROVIDERS
STANDARD CLAIMS MADE RATES

0 YR SINCE RETROACTIVE DATE

Class	100/300	200/600	500/1000	1000/1000	1000/3000	2000/2000	2000/4000	3000/3000	3000/5000
1A	43	52	63	75	77	88	91	95	98
1B	100	122	146	175	180	205	212	222	229
2	167	204	244	292	301	342	354	371	382
3	234	285	342	410	421	480	496	519	536
4	468	571	683	819	842	959	992	1,039	1,072
5	902	1,100	1,317	1,579	1,624	1,849	1,912	2,002	2,066
6	1,103	1,390	1,798	2,140	2,206	2,658	2,735	2,956	3,033
7A	1,493	1,881	2,434	2,896	2,986	3,598	3,703	4,001	4,106
7B	7,849	9,890	12,794	15,227	15,698	18,916	19,466	21,035	21,585
8A	3,040	3,830	4,955	5,898	6,080	7,326	7,539	8,147	8,360
8B	6,079	7,660	9,909	11,793	12,158	14,650	15,076	16,292	16,717

The
Medical Protective Company
Fort Wayne, Indiana 46835
Professional Protection Exclusively Since 1899

ILLINOIS AFFILIATED PHYSICIANS PROGRAM, INC. - AREA 1
ALLIED HEALTHCARE PROVIDERS
STANDARD CLAIMS MADE RATES

1 YR SINCE RETROACTIVE DATE

Class	100/300	200/600	500/1000	1000/1000	1000/3000	2000/2000	2000/4000	3000/3000	3000/5000
1A	57	70	83	100	103	117	121	127	131
1B	134	163	196	235	241	275	284	297	307
2	223	272	326	390	401	457	473	495	511
3	312	381	456	546	562	640	661	693	714
4	624	761	911	1,092	1,123	1,279	1,323	1,385	1,429
5	1,404	1,713	2,050	2,457	2,527	2,878	2,976	3,117	3,215
6	1,716	2,162	2,797	3,329	3,432	4,136	4,256	4,599	4,719
7A	2,323	2,927	3,786	4,507	4,646	5,598	5,761	6,226	6,388
7B	12,210	15,385	19,902	23,687	24,420	29,426	30,281	32,723	33,578
8A	4,729	5,959	7,708	9,174	9,458	11,397	11,728	12,674	13,005
8B	9,456	11,915	15,413	18,345	18,912	22,789	23,451	25,342	26,004

The
Medical Protective Company
Fort Wayne, Indiana 46835
Professional Protection Exclusively Since 1899

ILLINOIS AFFILIATED PHYSICIANS PROGRAM, INC. - AREA 1

ALLIED HEALTHCARE PROVIDERS

STANDARD CLAIMS MADE RATES

2 YRS SINCE RETROACTIVE DATE

Class	100/300	200/600	500/1000	1000/1000	1000/3000	2000/2000	2000/4000	3000/3000	3000/6000
1A	64	78	93	112	115	131	136	142	147
1B	150	183	219	263	270	308	318	333	344
2	251	306	366	439	452	515	532	557	575
3	351	428	512	614	632	720	744	779	804
4	702	856	1,025	1,229	1,264	1,439	1,488	1,558	1,608
5	1,704	2,079	2,488	2,982	3,067	3,493	3,612	3,783	3,902
6	2,083	2,625	3,395	4,041	4,166	5,020	5,166	5,582	5,728
7A	2,820	3,553	4,597	5,471	5,640	6,796	6,994	7,558	7,766
7B	14,827	18,682	24,168	28,764	29,654	35,733	36,771	39,736	40,774
8A	5,742	7,235	9,359	11,139	11,484	13,838	14,240	15,389	15,791
8B	11,483	14,469	18,717	22,277	22,966	27,674	28,478	30,774	31,578

The
Medical Protective Company
Fort Wayne, Indiana 46835
Professional Protection Exclusively Since 1899

ILLINOIS AFFILIATED PHYSICIANS PROGRAM, INC. - AREA 1

ALLIED HEALTHCARE PROVIDERS

STANDARD CLAIMS MADE RATES

3 YRS SINCE RETROACTIVE DATE

Class	100/300	200/600	500/1000	1000/1000	1000/3000	2000/2000	2000/4000	3000/3000	3000/6000
1A	67	82	98	117	121	137	142	149	153
1B	159	194	232	278	286	326	337	353	364
2	265	323	387	464	477	543	562	588	607
3	371	453	542	649	668	761	787	824	850
4	741	904	1,082	1,297	1,334	1,519	1,571	1,646	1,697
5	1,805	2,202	2,635	3,159	3,249	3,700	3,827	4,007	4,133
6	2,206	2,780	3,596	4,280	4,412	5,316	5,471	5,912	6,067
7A	2,986	3,762	4,867	5,793	5,972	7,196	7,405	8,002	8,212
7B	15,699	19,781	25,569	30,456	31,398	37,835	38,934	42,073	43,172
8A	6,080	7,661	9,910	11,795	12,160	14,653	15,078	16,294	16,720
8B	12,158	15,319	19,818	23,587	24,316	29,301	30,152	32,583	33,435

RTS-CM3

EFFECTIVE DATE: JUL 01 2013

The
Medical Protective Company
Fort Wayne, Indiana 46835
Professional Protection Exclusively Since 1899

ILLINOIS AFFILIATED PHYSICIANS PROGRAM, INC. - AREA 1
ALLIED HEALTHCARE PROVIDERS
STANDARD CLAIMS MADE RATES

MATURE

Class	100/300	200/600	500/1000	1000/1000	1000/3000	2000/2000	2000/4000	3000/3000	3000/5000
1A	71	87	104	124	128	146	151	158	163
1B	167	204	244	292	301	342	354	371	382
2	279	340	407	488	502	572	591	619	639
3	390	476	569	683	702	800	827	866	893
4	780	952	1,139	1,365	1,404	1,599	1,654	1,732	1,786
5	2,005	2,446	2,927	3,509	3,609	4,110	4,251	4,451	4,591
6	2,451	3,088	3,995	4,755	4,902	5,907	6,078	6,569	6,740
7A	3,318	4,181	5,408	6,437	6,636	7,996	8,229	8,892	9,125
7B	17,443	21,978	28,432	33,839	34,886	42,038	43,259	46,747	47,968
8A	6,755	8,511	11,011	13,105	13,510	16,280	16,752	18,103	18,576
8B	13,509	17,021	22,020	26,207	27,018	32,557	33,502	36,204	37,150

RTS-CM4

EFFECTIVE DATE: JUL 01 2013

The
Medical Protective Company
Fort Wayne, Indiana 46835
Professional Protection Exclusively Since 1899

ILLINOIS AFFILIATED PHYSICIANS PROGRAM, INC. - AREA 2
ALLIED HEALTHCARE PROVIDERS
STANDARD CLAIMS MADE RATES

0 YR SINCE RETROACTIVE DATE

Class	100/300	200/600	500/1000	1000/1000	1000/3000	2000/2000	2000/4000	3000/3000	3000/6000
1A	43	52	63	75	77	88	91	95	98
1B	100	122	146	175	180	205	212	222	229
2	167	204	244	292	301	342	354	371	382
3	234	285	342	410	421	480	496	519	536
4	468	571	683	819	842	959	992	1,039	1,072
5	812	991	1,186	1,421	1,462	1,665	1,721	1,803	1,859
6	993	1,251	1,619	1,926	1,986	2,393	2,463	2,661	2,731
7A	1,344	1,693	2,191	2,607	2,688	3,239	3,333	3,602	3,696
7B	7,065	8,902	11,516	13,706	14,130	17,027	17,521	18,934	19,429
8A	2,736	3,447	4,460	5,308	5,472	6,594	6,785	7,332	7,524
8B	5,471	6,893	8,918	10,614	10,942	13,185	13,568	14,662	15,045

RTS-CM0

EFFECTIVE DATE: JUL 01 2013

The
Medical Protective Company
Fort Wayne, Indiana 46835
Professional Protection Exclusively Since 1899

ILLINOIS AFFILIATED PHYSICIANS PROGRAM, INC. - AREA 2
ALLIED HEALTHCARE PROVIDERS
STANDARD CLAIMS MADE RATES

1 YR SINCE RETROACTIVE DATE

Class	100/300	200/600	500/1000	1000/1000	1000/3000	2000/2000	2000/4000	3000/3000	3000/5000
1A	57	70	83	100	103	117	121	127	131
1B	134	163	196	235	241	275	284	297	307
2	222	271	324	389	400	455	471	493	508
3	312	381	456	546	562	640	661	693	714
4	624	761	911	1,092	1,123	1,279	1,323	1,385	1,429
5	1,284	1,542	1,845	2,212	2,275	2,591	2,680	2,806	2,895
6	1,544	1,945	2,517	2,995	3,088	3,721	3,829	4,138	4,246
7A	2,090	2,633	3,407	4,055	4,180	5,037	5,183	5,601	5,748
7B	10,989	13,846	17,912	21,319	21,978	26,483	27,253	29,451	30,220
8A	4,255	5,361	6,936	8,255	8,510	10,255	10,552	11,403	11,701
8B	8,511	10,724	13,873	16,511	17,022	20,512	21,107	22,809	23,405

The
Medical Protective Company
Fort Wayne, Indiana 46835
Professional Protection Exclusively Since 1899

ILLINOIS AFFILIATED PHYSICIANS PROGRAM, INC. - AREA 2

ALLIED HEALTHCARE PROVIDERS

STANDARD CLAIMS MADE RATES

2 YRS SINCE RETROACTIVE DATE

Class	100/300	200/600	500/1000	1000/1000	1000/3000	2000/2000	2000/4000	3000/3000	3000/5000
1A	64	78	93	112	116	131	136	142	147
1B	150	183	219	263	270	308	318	333	344
2	250	305	365	438	450	513	530	555	573
3	351	428	512	614	632	720	744	779	804
4	702	856	1,025	1,229	1,264	1,439	1,488	1,558	1,608
5	1,534	1,871	2,240	2,685	2,761	3,145	3,252	3,405	3,513
6	1,875	2,363	3,056	3,638	3,750	4,519	4,650	5,025	5,156
7A	2,538	3,198	4,137	4,924	5,076	6,117	6,294	6,802	6,980
7B	13,344	16,813	21,751	25,887	26,688	32,159	33,093	35,762	36,696
8A	5,167	6,510	8,422	10,024	10,334	12,452	12,814	13,848	14,209
8B	10,334	13,021	16,844	20,048	20,668	24,905	25,628	27,695	28,419

The
Medical Protective Company
Fort Wayne, Indiana 46835
Professional Protection Exclusively Since 1899

ILLINOIS AFFILIATED PHYSICIANS PROGRAM, INC. - AREA 2

ALLIED HEALTHCARE PROVIDERS

STANDARD CLAIMS MADE RATES

3 YRS SINCE RETROACTIVE DATE

Class	100/300	200/600	500/1000	1000/1000	1000/3000	2000/2000	2000/4000	3000/3000	3000/6000
1A	67	82	98	117	121	137	142	149	153
1B	159	194	232	278	286	326	337	353	364
2	264	322	385	462	475	541	560	586	605
3	371	453	542	649	668	761	787	824	850
4	741	904	1,082	1,297	1,334	1,519	1,571	1,645	1,697
5	1,625	1,983	2,373	2,844	2,925	3,331	3,445	3,608	3,721
6	1,985	2,501	3,236	3,851	3,970	4,784	4,923	5,320	5,459
7A	2,687	3,386	4,380	5,213	5,374	6,476	6,664	7,201	7,389
7B	14,129	17,803	23,030	27,410	28,258	34,051	35,040	37,866	38,855
8A	5,471	6,893	8,918	10,614	10,942	13,185	13,568	14,662	15,045
8B	10,942	13,787	17,835	21,227	21,884	26,370	27,136	29,325	30,091

RTS-CM3

EFFECTIVE DATE: JUL 01 2013

The
Medical Protective Company
Fort Wayne, Indiana 46835
Professional Protection Exclusively Since 1899

ILLINOIS AFFILIATED PHYSICIANS PROGRAM, INC. - AREA 2
ALLIED HEALTHCARE PROVIDERS
STANDARD CLAIMS MADE RATES

MATURE

Class	100/300	200/600	500/1000	1000/1000	1000/3000	2000/2000	2000/4000	3000/3000	3000/5000
1A	71	87	104	124	128	146	151	158	163
1B	167	204	244	292	301	342	354	371	382
2	278	339	406	487	500	570	589	617	637
3	390	476	569	683	702	800	827	866	893
4	780	952	1,139	1,366	1,404	1,599	1,654	1,732	1,786
5	1,805	2,202	2,635	3,159	3,249	3,700	3,827	4,007	4,133
6	2,206	2,780	3,596	4,280	4,412	5,316	5,471	5,912	6,067
7A	2,986	3,762	4,867	5,793	5,972	7,196	7,405	8,002	8,212
7B	15,699	19,781	25,589	30,456	31,398	37,835	38,934	42,073	43,172
8A	6,079	7,660	9,909	11,793	12,158	14,650	15,076	16,292	16,717
8B	12,158	15,319	19,818	23,587	24,316	29,301	30,152	32,583	33,435

RTS-CM4

EFFECTIVE DATE: JUL 01 2013

The
Medical Protective Company
Fort Wayne, Indiana 46835
Professional Protection Exclusively Since 1899

ILLINOIS AFFILIATED PHYSICIANS PROGRAM, INC. - AREA 3
ALLIED HEALTHCARE PROVIDERS
STANDARD CLAIMS MADE RATES

0 YR SINCE RETROACTIVE DATE

Class	100/300	200/600	500/1000	1000/1000	1000/3000	2000/2000	2000/4000	3000/3000	3000/5000
1A	43	52	63	75	77	88	91	95	98
1B	100	122	146	175	180	205	212	222	229
2	167	204	244	292	301	342	354	371	382
3	234	285	342	410	421	480	496	519	536
4	468	571	683	819	842	959	992	1,039	1,072
5	767	936	1,120	1,342	1,381	1,572	1,626	1,703	1,756
6	937	1,181	1,527	1,818	1,874	2,258	2,324	2,511	2,577
7A	1,269	1,599	2,068	2,462	2,538	3,058	3,147	3,401	3,490
7B	6,672	8,407	10,875	12,944	13,344	16,080	16,547	17,881	18,348
8A	2,583	3,255	4,210	5,011	5,166	6,225	6,406	6,922	7,103
8B	5,167	6,510	8,422	10,024	10,334	12,452	12,814	13,848	14,209

RTS-CM0

EFFECTIVE DATE: JUL 01 2013

The
Medical Protective Company
Fort Wayne, Indiana 46835
Professional Protection Exclusively Since 1899

ILLINOIS AFFILIATED PHYSICIANS PROGRAM, INC. - AREA 3
ALLIED HEALTHCARE PROVIDERS
STANDARD CLAIMS MADE RATES

1 YR SINCE RETROACTIVE DATE

Class	100/300	200/600	500/1000	1000/1000	1000/3000	2000/2000	2000/4000	3000/3000	3000/5000
1A	57	70	83	100	103	117	121	127	131
1B	134	163	196	235	241	275	284	297	307
2	222	271	324	389	400	455	471	493	508
3	312	381	456	546	562	640	661	693	714
4	624	761	911	1,092	1,123	1,279	1,323	1,385	1,429
5	1,193	1,455	1,742	2,088	2,147	2,446	2,529	2,648	2,732
6	1,458	1,837	2,377	2,829	2,916	3,514	3,616	3,907	4,010
7A	1,974	2,487	3,218	3,830	3,948	4,757	4,896	5,290	5,429
7B	10,379	13,078	16,918	20,135	20,758	25,013	25,740	27,816	28,542
8A	4,019	5,064	6,551	7,797	8,038	9,686	9,967	10,771	11,052
8B	8,038	10,128	13,102	15,594	16,076	19,372	19,934	21,542	22,105

The
Medical Protective Company
Fort Wayne, Indiana 46835
Professional Protection Exclusively Since 1899

ILLINOIS AFFILIATED PHYSICIANS PROGRAM, INC. - AREA 3

ALLIED HEALTHCARE PROVIDERS

STANDARD CLAIMS MADE RATES

2 YRS SINCE RETROACTIVE DATE

Class	100/300	200/600	500/1000	1000/1000	1000/3000	2000/2000	2000/4000	3000/3000	3000/5000
1A	64	78	93	112	115	131	136	142	147
1B	150	183	219	263	270	308	318	333	344
2	250	305	365	438	450	513	530	555	573
3	351	428	512	614	632	720	744	779	804
4	702	856	1,025	1,229	1,264	1,439	1,488	1,558	1,608
5	1,448	1,767	2,114	2,534	2,606	2,968	3,070	3,215	3,316
6	1,771	2,231	2,667	3,436	3,542	4,268	4,392	4,746	4,870
7A	2,397	3,020	3,907	4,650	4,794	5,777	5,945	6,424	6,592
7B	12,603	15,880	20,543	24,450	25,208	30,373	31,255	33,776	34,658
8A	4,880	6,149	7,954	9,467	9,760	11,761	12,102	13,078	13,420
8B	9,761	12,299	15,910	18,936	19,522	23,524	24,207	26,159	26,843

RTS-CM2

EFFECTIVE DATE: JUL 01 2013

The
Medical Protective Company
Fort Wayne, Indiana 46835
Professional Protection Exclusively Since 1899

ILLINOIS AFFILIATED PHYSICIANS PROGRAM, INC. - AREA 3

ALLIED HEALTHCARE PROVIDERS

STANDARD CLAIMS MADE RATES

3 YRS SINCE RETROACTIVE DATE

Class	100/300	200/600	500/1000	1000/1000	1000/3000	2000/2000	2000/4000	3000/3000	3000/5000
1A	67	82	98	117	121	137	142	149	153
1B	159	194	232	278	286	326	337	353	364
2	264	322	385	462	475	541	560	586	605
3	371	453	542	649	668	761	787	824	850
4	741	904	1,082	1,297	1,334	1,519	1,571	1,645	1,697
5	1,534	1,871	2,240	2,685	2,761	3,145	3,252	3,405	3,513
6	1,875	2,363	3,056	3,638	3,750	4,519	4,650	6,026	5,156
7A	2,538	3,198	4,137	4,924	5,076	6,117	6,294	6,802	6,980
7B	13,344	16,813	21,751	25,887	26,688	32,159	33,093	35,762	36,696
8A	5,167	6,510	8,422	10,024	10,334	12,452	12,814	13,848	14,209
8B	10,335	13,022	16,846	20,050	20,670	24,907	25,631	27,698	28,421

RTS-CM3

EFFECTIVE DATE: JUL 01 2013

The
Medical Protective Company
Fort Wayne, Indiana 46835
Professional Protection Exclusively Since 1899

ILLINOIS AFFILIATED PHYSICIANS PROGRAM, INC. - AREA 3
ALLIED HEALTHCARE PROVIDERS
STANDARD CLAIMS MADE RATES

MATURE

Class	100/300	200/600	500/1000	1000/1000	1000/3000	2000/2000	2000/4000	3000/3000	3000/5000
1A	71	87	104	124	128	146	151	158	163
1B	167	204	244	292	301	342	354	371	382
2	278	339	406	487	500	570	589	617	637
3	390	476	569	683	702	800	827	866	893
4	780	952	1,139	1,365	1,404	1,599	1,654	1,732	1,786
5	1,704	2,079	2,488	2,982	3,067	3,493	3,612	3,783	3,902
6	2,083	2,625	3,395	4,041	4,166	5,020	5,166	5,582	5,728
7A	2,820	3,553	4,597	5,471	5,640	6,796	6,994	7,558	7,755
7B	14,827	18,682	24,168	28,764	29,654	35,733	36,771	39,736	40,774
8A	5,741	7,234	9,358	11,138	11,482	13,836	14,238	15,386	15,788
8B	11,483	14,469	18,717	22,277	22,966	27,674	28,478	30,774	31,578

The
Medical Protective Company
Fort Wayne, Indiana 46835
Professional Protection Exclusively Since 1899

ILLINOIS AFFILIATED PHYSICIANS PROGRAM, INC. - AREA 4
ALLIED HEALTHCARE PROVIDERS
STANDARD CLAIMS MADE RATES

0 YR SINCE RETROACTIVE DATE

Class	100/300	200/600	500/1000	1000/1000	1000/3000	2000/2000	2000/4000	3000/3000	3000/5000
1A	43	52	63	76	77	88	91	95	98
1B	100	122	146	176	180	205	212	222	229
2	167	204	244	292	301	342	354	371	382
3	234	285	342	410	421	480	496	519	536
4	468	571	683	819	842	959	992	1,039	1,072
5	677	826	988	1,185	1,219	1,388	1,435	1,503	1,550
6	827	1,042	1,348	1,604	1,654	1,993	2,051	2,216	2,274
7A	1,120	1,411	1,828	2,173	2,240	2,699	2,778	3,002	3,080
7B	5,887	7,418	9,596	11,421	11,774	14,188	14,600	15,777	16,189
8A	2,280	2,873	3,716	4,423	4,560	5,495	5,654	6,110	6,270
8B	4,559	5,744	7,431	8,844	9,118	10,987	11,306	12,218	12,537

RTS-CM0

EFFECTIVE DATE: JUL 01 2013

The
Medical Protective Company
Fort Wayne, Indiana 46835
Professional Protection Exclusively Since 1899

ILLINOIS AFFILIATED PHYSICIANS PROGRAM, INC. - AREA 4
ALLIED HEALTHCARE PROVIDERS
STANDARD CLAIMS MADE RATES

1 YR SINCE RETROACTIVE DATE

Class	100/300	200/600	500/1000	1000/1000	1000/3000	2000/2000	2000/4000	3000/3000	3000/5000
1A	57	70	83	100	103	117	121	127	131
1B	134	163	196	235	241	275	284	297	307
2	222	271	324	389	400	455	471	493	508
3	312	381	456	546	562	640	661	693	714
4	624	761	911	1,092	1,123	1,279	1,323	1,385	1,429
5	1,053	1,285	1,537	1,843	1,895	2,159	2,232	2,338	2,411
6	1,287	1,622	2,098	2,497	2,574	3,102	3,192	3,449	3,539
7A	1,742	2,195	2,839	3,379	3,484	4,198	4,320	4,669	4,791
7B	9,157	11,538	14,926	17,765	18,314	22,068	22,709	24,541	25,182
8A	3,546	4,468	5,780	6,879	7,092	8,546	8,794	9,503	9,752
8B	7,092	8,936	11,560	13,758	14,184	17,092	17,588	19,007	19,503

RTS-CM1

EFFECTIVE DATE: JUL 01 2013

The
Medical Protective Company
Fort Wayne, Indiana 46835
Professional Protection Exclusively Since 1899

ILLINOIS AFFILIATED PHYSICIANS PROGRAM, INC. - AREA 4

ALLIED HEALTHCARE PROVIDERS

STANDARD CLAIMS MADE RATES

2 YRS SINCE RETROACTIVE DATE

Class	100/300	200/600	500/1000	1000/1000	1000/3000	2000/2000	2000/4000	3000/3000	3000/5000
1A	64	78	93	112	116	131	136	142	147
1B	150	183	219	263	270	308	318	333	344
2	250	305	365	438	450	513	530	555	573
3	351	428	512	614	632	720	744	779	804
4	702	856	1,025	1,229	1,264	1,439	1,488	1,558	1,608
5	1,278	1,559	1,866	2,237	2,300	2,620	2,709	2,837	2,927
6	1,562	1,968	2,546	3,030	3,124	3,764	3,874	4,186	4,296
7A	2,116	2,666	3,449	4,105	4,232	5,100	5,248	5,671	5,819
7B	11,120	14,011	18,126	21,573	22,240	26,799	27,576	29,802	30,580
8A	4,306	5,426	7,019	8,354	8,612	10,377	10,679	11,540	11,842
8B	8,612	10,851	14,038	16,707	17,224	20,755	21,358	23,080	23,683

The
Medical Protective Company
Fort Wayne, Indiana 46835
Professional Protection Exclusively Since 1899

ILLINOIS AFFILIATED PHYSICIANS PROGRAM, INC. - AREA 4

ALLIED HEALTHCARE PROVIDERS

STANDARD CLAIMS MADE RATES

3 YRS SINCE RETROACTIVE DATE

Class	100/300	200/600	500/1000	1000/1000	1000/3000	2000/2000	2000/4000	3000/3000	3000/5000
1A	67	82	98	117	121	137	142	149	153
1B	159	194	232	278	286	326	337	353	364
2	264	322	385	462	475	541	560	586	605
3	371	453	542	649	668	761	787	824	850
4	741	904	1,082	1,297	1,334	1,519	1,571	1,645	1,697
5	1,354	1,652	1,977	2,370	2,437	2,776	2,870	3,006	3,101
6	1,654	2,084	2,696	3,209	3,308	3,986	4,102	4,433	4,549
7A	2,240	2,822	3,651	4,346	4,480	5,398	5,555	6,003	6,160
7B	11,774	14,835	19,192	22,842	23,548	28,375	29,200	31,554	32,379
8A	4,559	5,744	7,431	8,844	9,118	10,987	11,306	12,218	12,537
8B	9,119	11,490	14,864	17,691	18,238	21,977	22,615	24,439	25,077

The
Medical Protective Company
Fort Wayne, Indiana 46835
Professional Protection Exclusively Since 1899

ILLINOIS AFFILIATED PHYSICIANS PROGRAM, INC. - AREA 4
ALLIED HEALTHCARE PROVIDERS
STANDARD CLAIMS MADE RATES

MATURE

Class	100/300	200/600	500/1000	1000/1000	1000/3000	2000/2000	2000/4000	3000/3000	3000/5000
1A	71	87	104	124	128	146	151	158	163
1B	167	204	244	292	301	342	354	371	382
2	278	339	406	487	500	570	589	617	637
3	390	476	569	683	702	800	827	866	893
4	780	952	1,139	1,365	1,404	1,599	1,654	1,732	1,786
5	1,504	1,835	2,196	2,632	2,707	3,083	3,188	3,339	3,444
6	1,838	2,316	2,996	3,566	3,676	4,430	4,558	4,926	5,056
7A	2,489	3,136	4,057	4,829	4,978	5,998	6,173	6,671	6,845
7B	13,082	16,483	21,324	25,379	26,164	31,528	32,443	35,060	35,976
8A	5,066	6,383	8,258	9,828	10,132	12,209	12,564	13,577	13,932
8B	10,132	12,766	16,515	19,656	20,264	24,418	25,127	27,154	27,863

The
Medical Protective Company
Fort Wayne, Indiana 46835
Professional Protection Exclusively Since 1899

ILLINOIS AFFILIATED PHYSICIANS PROGRAM, INC. - AREA 5
ALLIED HEALTHCARE PROVIDERS
STANDARD CLAIMS MADE RATES

0 YR SINCE RETROACTIVE DATE

Class	100/300	200/600	500/1000	1000/1000	1000/3000	2000/2000	2000/4000	3000/3000	3000/5000
1A	43	52	63	75	77	88	91	95	98
1B	100	122	146	175	180	205	212	222	229
2	167	204	244	292	301	342	354	371	382
3	234	285	342	410	421	480	496	519	536
4	468	571	683	819	842	959	992	1,039	1,072
5	632	771	923	1,106	1,138	1,296	1,340	1,403	1,447
6	772	973	1,258	1,498	1,544	1,861	1,915	2,069	2,123
7A	1,045	1,317	1,703	2,027	2,090	2,518	2,592	2,801	2,874
7B	5,495	6,924	8,957	10,660	10,990	13,243	13,628	14,727	15,111
8A	2,128	2,681	3,469	4,128	4,256	5,128	5,277	5,703	5,852
8B	4,255	5,361	6,936	8,255	8,510	10,255	10,552	11,403	11,701

RTS-CM0

EFFECTIVE DATE: JUL 01 2013

The
Medical Protective Company
Fort Wayne, Indiana 46835
Professional Protection Exclusively Since 1899

ILLINOIS AFFILIATED PHYSICIANS PROGRAM, INC. - AREA 5
ALLIED HEALTHCARE PROVIDERS
STANDARD CLAIMS MADE RATES

1 YR SINCE RETROACTIVE DATE

Class	100/300	200/600	500/1000	1000/1000	1000/3000	2000/2000	2000/4000	3000/3000	3000/5000
1A	57	70	83	100	103	117	121	127	131
1B	134	163	196	235	241	275	284	297	307
2	222	271	324	389	400	455	471	493	508
3	312	381	456	546	562	640	661	693	714
4	624	761	911	1,092	1,123	1,279	1,323	1,385	1,429
5	983	1,199	1,435	1,720	1,769	2,015	2,084	2,182	2,251
6	1,201	1,513	1,958	2,330	2,402	2,894	2,976	3,219	3,303
7A	1,626	2,049	2,650	3,154	3,252	3,919	4,032	4,358	4,472
7B	8,547	10,769	13,932	16,581	17,094	20,598	21,197	22,906	23,504
8A	3,310	4,171	5,395	6,421	6,620	7,977	8,209	8,871	9,103
8B	6,619	8,340	10,789	12,841	13,238	15,952	16,416	17,739	18,202

RTS-CM1

EFFECTIVE DATE: JUL 01 2013

The
Medical Protective Company
Fort Wayne, Indiana 46835
Professional Protection Exclusively Since 1899

ILLINOIS AFFILIATED PHYSICIANS PROGRAM, INC. - AREA 5

ALLIED HEALTHCARE PROVIDERS

STANDARD CLAIMS MADE RATES

2 YRS SINCE RETROACTIVE DATE

Class	100/300	200/600	500/1000	1000/1000	1000/3000	2000/2000	2000/4000	3000/3000	3000/6000
1A	64	78	93	112	116	131	136	142	147
1B	150	183	219	263	270	308	318	333	344
2	250	305	365	438	450	513	530	555	573
3	351	428	512	614	632	720	744	779	804
4	702	856	1,025	1,229	1,264	1,439	1,488	1,558	1,608
5	1,193	1,455	1,742	2,088	2,147	2,446	2,529	2,648	2,732
6	1,458	1,837	2,377	2,829	2,916	3,514	3,616	3,907	4,010
7A	1,975	2,489	3,219	3,832	3,950	4,760	4,898	5,293	5,431
7B	10,379	13,078	16,918	20,135	20,758	25,013	25,740	27,816	28,542
8A	4,019	5,064	6,551	7,797	8,038	9,686	9,967	10,771	11,052
8B	8,038	10,128	13,102	15,594	16,076	19,372	19,934	21,542	22,105

RTS-CM2

EFFECTIVE DATE: JUL 01 2013

The
Medical Protective Company
Fort Wayne, Indiana 46835
Professional Protection Exclusively Since 1899

ILLINOIS AFFILIATED PHYSICIANS PROGRAM, INC. - AREA 5

ALLIED HEALTHCARE PROVIDERS

STANDARD CLAIMS MADE RATES

3 YRS SINCE RETROACTIVE DATE

Class	100/300	200/600	500/1000	1000/1000	1000/3000	2000/2000	2000/4000	3000/3000	3000/5000
1A	67	82	98	117	121	137	142	149	153
1B	159	194	232	278	286	326	337	353	364
2	264	322	385	462	475	541	560	586	605
3	371	453	542	649	668	761	787	824	850
4	741	904	1,082	1,297	1,334	1,519	1,571	1,645	1,697
5	1,264	1,542	1,845	2,212	2,275	2,591	2,680	2,806	2,895
6	1,544	1,945	2,517	2,995	3,088	3,721	3,829	4,138	4,246
7A	2,091	2,635	3,408	4,057	4,182	5,039	5,186	5,604	5,750
7B	10,989	13,846	17,912	21,319	21,978	26,483	27,253	29,451	30,220
8A	4,255	5,361	6,936	8,255	8,510	10,255	10,552	11,403	11,701
8B	8,510	10,723	13,871	16,509	17,020	20,509	21,105	22,807	23,403

RTS-CM3

EFFECTIVE DATE: JUL 01 2013

The
Medical Protective Company
Fort Wayne, Indiana 46835
Professional Protection Exclusively Since 1899

ILLINOIS AFFILIATED PHYSICIANS PROGRAM, INC. - AREA 5
ALLIED HEALTHCARE PROVIDERS
STANDARD CLAIMS MADE RATES

MATURE

Class	100/300	200/600	500/1000	1000/1000	1000/3000	2000/2000	2000/4000	3000/3000	3000/5000
1A	71	87	104	124	128	146	151	158	163
1B	167	204	244	292	301	342	354	371	382
2	278	339	406	487	500	570	589	617	637
3	390	476	569	683	702	800	827	866	893
4	780	952	1,139	1,365	1,404	1,599	1,654	1,732	1,786
5	1,404	1,713	2,050	2,457	2,527	2,878	2,976	3,117	3,215
6	1,715	2,161	2,795	3,327	3,430	4,133	4,253	4,596	4,716
7A	2,323	2,927	3,786	4,507	4,646	5,598	5,761	6,226	6,388
7B	12,210	15,385	19,902	23,687	24,420	29,426	30,281	32,723	33,578
8A	4,728	5,957	7,707	9,172	9,456	11,394	11,725	12,671	13,002
8B	9,456	11,915	15,413	18,345	18,912	22,789	23,451	25,342	26,004

EFFECTIVE DATE: JUL 01 2013

The
Medical Protective Company
Fort Wayne, Indiana 46835
Professional Protection Exclusively Since 1899

ILLINOIS AFFILIATED PHYSICIANS PROGRAM, INC. - AREA 6
ALLIED HEALTHCARE PROVIDERS
STANDARD CLAIMS MADE RATES

0 YR SINCE RETROACTIVE DATE

Class	100/300	200/600	500/1000	1000/1000	1000/3000	2000/2000	2000/4000	3000/3000	3000/5000
1A	43	52	63	75	77	88	91	95	98
1B	100	122	146	175	180	205	212	222	229
2	167	204	244	292	301	342	354	371	382
3	234	285	342	410	421	480	496	519	536
4	468	571	683	819	842	959	992	1,039	1,072
5	541	660	790	947	974	1,109	1,147	1,201	1,239
6	662	834	1,079	1,284	1,324	1,595	1,642	1,774	1,821
7A	896	1,129	1,460	1,738	1,792	2,159	2,222	2,401	2,464
7B	4,710	5,935	7,677	9,137	9,420	11,351	11,681	12,623	12,953
8A	1,824	2,298	2,973	3,539	3,648	4,398	4,524	4,888	5,016
8B	3,647	4,595	5,945	7,075	7,294	8,789	9,045	9,774	10,029

The
Medical Protective Company
Fort Wayne, Indiana 46835
Professional Protection Exclusively Since 1899

ILLINOIS AFFILIATED PHYSICIANS PROGRAM, INC. - AREA 6
ALLIED HEALTHCARE PROVIDERS
STANDARD CLAIMS MADE RATES

1 YR SINCE RETROACTIVE DATE

Class	100/300	200/600	500/1000	1000/1000	1000/3000	2000/2000	2000/4000	3000/3000	3000/5000
1A	57	70	83	100	103	117	121	127	131
1B	134	163	196	235	241	275	284	297	307
2	222	271	324	389	400	455	471	493	508
3	312	381	456	546	562	640	661	693	714
4	624	761	911	1,092	1,123	1,279	1,323	1,385	1,429
5	842	1,027	1,229	1,474	1,516	1,726	1,785	1,869	1,928
6	1,029	1,297	1,677	1,996	2,058	2,480	2,552	2,758	2,830
7A	1,394	1,756	2,272	2,704	2,788	3,360	3,457	3,736	3,834
7B	7,326	9,231	11,941	14,212	14,652	17,656	18,168	19,634	20,147
8A	2,837	3,575	4,624	5,504	5,674	6,837	7,036	7,603	7,802
8B	5,674	7,149	9,249	11,008	11,348	13,674	14,072	15,206	15,604

RTS-CM1

EFFECTIVE DATE: JUL 01 2013

The
Medical Protective Company
Fort Wayne, Indiana 46835
Professional Protection Exclusively Since 1899

ILLINOIS AFFILIATED PHYSICIANS PROGRAM, INC. - AREA 6

ALLIED HEALTHCARE PROVIDERS

STANDARD CLAIMS MADE RATES

2 YRS SINCE RETROACTIVE DATE

Class	100/300	200/600	500/1000	1000/1000	1000/3000	2000/2000	2000/4000	3000/3000	3000/6000
1A	64	78	93	112	115	131	136	142	147
1B	150	183	219	263	270	308	318	333	344
2	250	305	365	438	450	513	530	555	573
3	351	428	512	614	632	720	744	779	804
4	702	856	1,025	1,229	1,264	1,439	1,488	1,558	1,608
5	1,023	1,248	1,494	1,790	1,841	2,097	2,169	2,271	2,343
6	1,250	1,575	2,038	2,425	2,500	3,013	3,100	3,350	3,438
7A	1,692	2,132	2,758	3,282	3,384	4,078	4,196	4,535	4,653
7B	8,896	11,209	14,500	17,258	17,792	21,439	22,062	23,841	24,464
8A	3,445	4,341	5,615	6,683	6,890	8,302	8,544	9,233	9,474
8B	6,889	8,680	11,229	13,365	13,778	16,602	17,085	18,463	18,945

RTS-CM2

EFFECTIVE DATE: JUL 01 2013

The
Medical Protective Company
Fort Wayne, Indiana 46835
Professional Protection Exclusively Since 1899

ILLINOIS AFFILIATED PHYSICIANS PROGRAM, INC. - AREA 6

ALLIED HEALTHCARE PROVIDERS

STANDARD CLAIMS MADE RATES

3 YRS SINCE RETROACTIVE DATE

Class	100/300	200/600	500/1000	1000/1000	1000/3000	2000/2000	2000/4000	3000/3000	3000/5000
1A	67	82	98	117	121	137	142	149	153
1B	159	194	232	278	286	326	337	353	364
2	264	322	385	462	475	541	560	586	605
3	371	453	542	649	668	761	787	824	850
4	741	904	1,082	1,297	1,334	1,519	1,571	1,645	1,697
5	1,083	1,321	1,581	1,895	1,949	2,220	2,296	2,404	2,480
6	1,323	1,667	2,156	2,587	2,646	3,188	3,281	3,546	3,638
7A	1,792	2,258	2,921	3,476	3,584	4,319	4,444	4,803	4,928
7B	9,419	11,868	15,353	18,273	18,838	22,700	23,359	25,243	25,902
8A	3,648	4,596	5,946	7,077	7,296	8,792	9,047	9,777	10,032
8B	7,295	9,192	11,891	14,152	14,590	17,581	18,092	19,551	20,061

The
Medical Protective Company
Fort Wayne, Indiana 46835
Professional Protection Exclusively Since 1899

ILLINOIS AFFILIATED PHYSICIANS PROGRAM, INC. - AREA 6
ALLIED HEALTHCARE PROVIDERS
STANDARD CLAIMS MADE RATES

MATURE

Class	100/300	200/600	500/1000	1000/1000	1000/3000	2000/2000	2000/4000	3000/3000	3000/6000
1A	71	87	104	124	128	146	151	158	163
1B	167	204	244	292	301	342	354	371	382
2	278	339	406	487	500	570	589	617	637
3	390	476	569	683	702	800	827	866	893
4	780	952	1,139	1,365	1,404	1,599	1,654	1,732	1,786
5	1,203	1,468	1,756	2,105	2,165	2,466	2,550	2,671	2,755
6	1,470	1,852	2,396	2,852	2,940	3,543	3,646	3,940	4,043
7A	1,991	2,509	3,245	3,863	3,982	4,798	4,938	5,336	5,475
7B	10,466	13,187	17,060	20,304	20,932	25,223	25,956	28,049	28,782
8A	4,053	5,107	6,606	7,863	8,106	9,768	10,051	10,862	11,146
8B	8,105	10,212	13,211	15,724	16,210	19,533	20,100	21,721	22,289

RTS-CM4

EFFECTIVE DATE: JUL 01 2013

The
Medical Protective Company
Fort Wayne, Indiana 46835
Professional Protection Exclusively Since 1899

ILLINOIS AFFILIATED PHYSICIANS PROGRAM, INC. - AREA 7
ALLIED HEALTHCARE PROVIDERS
STANDARD CLAIMS MADE RATES

0 YR SINCE RETROACTIVE DATE

Class	100/300	200/600	500/1000	1000/1000	1000/3000	2000/2000	2000/4000	3000/3000	3000/5000
1A	43	52	63	76	77	88	91	95	98
1B	100	122	146	175	180	205	212	222	229
2	167	204	244	292	301	342	354	371	382
3	234	285	342	410	421	480	496	519	536
4	468	571	683	819	842	959	992	1,039	1,072
5	406	495	593	711	731	832	861	901	930
6	498	625	808	992	992	1,195	1,230	1,329	1,364
7A	672	847	1,095	1,304	1,344	1,620	1,667	1,801	1,848
7B	3,532	4,450	5,757	6,852	7,064	8,512	8,759	9,466	9,713
8A	1,368	1,724	2,230	2,654	2,736	3,297	3,393	3,666	3,762
8B	2,736	3,447	4,460	5,308	5,472	6,594	6,785	7,332	7,524

The
Medical Protective Company
Fort Wayne, Indiana 46835
Professional Protection Exclusively Since 1899

ILLINOIS AFFILIATED PHYSICIANS PROGRAM, INC. - AREA 7
ALLIED HEALTHCARE PROVIDERS
STANDARD CLAIMS MADE RATES

1 YR SINCE RETROACTIVE DATE

Class	100/300	200/600	500/1000	1000/1000	1000/3000	2000/2000	2000/4000	3000/3000	3000/5000
1A	57	70	83	100	103	117	121	127	131
1B	134	163	196	235	241	275	284	297	307
2	222	271	324	389	400	455	471	493	508
3	312	381	456	546	562	640	661	693	714
4	624	761	911	1,092	1,123	1,279	1,323	1,386	1,429
5	631	770	921	1,104	1,136	1,294	1,338	1,401	1,445
6	772	973	1,258	1,498	1,544	1,861	1,915	2,069	2,123
7A	1,045	1,317	1,703	2,027	2,090	2,518	2,592	2,801	2,874
7B	5,494	6,922	8,955	10,658	10,988	13,241	13,625	14,724	15,109
8A	2,128	2,661	3,469	4,128	4,256	5,128	5,277	5,703	5,852
8B	4,255	5,361	6,936	8,255	8,510	10,255	10,552	11,403	11,701

RTS-CM1

EFFECTIVE DATE: JUL 01 2013

The
Medical Protective Company
Fort Wayne, Indiana 46835
Professional Protection Exclusively Since 1899

ILLINOIS AFFILIATED PHYSICIANS PROGRAM, INC. - AREA 7

ALLIED HEALTHCARE PROVIDERS

STANDARD CLAIMS MADE RATES

2 YRS SINCE RETROACTIVE DATE

Class	100/300	200/600	500/1000	1000/1000	1000/3000	2000/2000	2000/4000	3000/3000	3000/5000
1A	64	78	93	112	115	131	136	142	147
1B	150	183	219	263	270	308	318	333	344
2	250	305	365	438	450	513	530	555	573
3	351	428	512	614	632	720	744	779	804
4	702	856	1,025	1,229	1,264	1,439	1,488	1,558	1,608
5	767	936	1,120	1,342	1,381	1,572	1,626	1,703	1,756
6	938	1,162	1,529	1,820	1,876	2,261	2,326	2,514	2,580
7A	1,269	1,599	2,066	2,462	2,538	3,058	3,147	3,401	3,490
7B	6,672	8,407	10,876	12,944	13,344	16,080	16,547	17,881	18,348
8A	2,564	3,256	4,212	5,013	5,168	6,227	6,408	6,925	7,106
8B	5,167	6,510	8,422	10,024	10,334	12,452	12,814	13,848	14,209

The
Medical Protective Company
Fort Wayne, Indiana 46835
Professional Protection Exclusively Since 1899

ILLINOIS AFFILIATED PHYSICIANS PROGRAM, INC. - AREA 7

ALLIED HEALTHCARE PROVIDERS

STANDARD CLAIMS MADE RATES

3 YRS SINCE RETROACTIVE DATE

Class	100/300	200/600	500/1000	1000/1000	1000/3000	2000/2000	2000/4000	3000/3000	3000/5000
1A	67	82	98	117	121	137	142	149	153
1B	159	194	232	278	286	326	337	353	364
2	264	322	385	462	475	541	560	586	605
3	371	453	542	649	668	761	787	824	850
4	741	904	1,082	1,297	1,334	1,519	1,571	1,645	1,697
5	812	991	1,186	1,421	1,462	1,665	1,721	1,803	1,859
6	993	1,251	1,619	1,926	1,986	2,393	2,463	2,661	2,731
7A	1,344	1,693	2,191	2,607	2,688	3,239	3,333	3,602	3,696
7B	7,064	8,901	11,514	13,704	14,128	17,024	17,519	18,932	19,426
8A	2,736	3,447	4,460	5,308	5,472	6,594	6,785	7,332	7,524
8B	5,471	6,893	8,918	10,614	10,942	13,185	13,568	14,662	15,045

RTS-CM3

EFFECTIVE DATE: JUL 01 2013

The
Medical Protective Company
Fort Wayne, Indiana 46835
Professional Protection Exclusively Since 1899

ILLINOIS AFFILIATED PHYSICIANS PROGRAM, INC. - AREA 7
ALLIED HEALTHCARE PROVIDERS
STANDARD CLAIMS MADE RATES

MATURE

Class	100/300	200/600	500/1000	1000/1000	1000/3000	2000/2000	2000/4000	3000/3000	3000/5000
1A	71	87	104	124	128	146	151	156	163
1B	167	204	244	292	301	342	354	371	382
2	278	339	406	487	500	570	589	617	637
3	390	476	569	683	702	800	827	866	893
4	780	952	1,139	1,365	1,404	1,599	1,654	1,732	1,786
5	902	1,100	1,317	1,579	1,624	1,849	1,912	2,002	2,066
6	1,103	1,390	1,798	2,140	2,206	2,658	2,735	2,956	3,033
7A	1,493	1,881	2,434	2,896	2,986	3,598	3,703	4,001	4,106
7B	7,849	9,890	12,794	15,227	15,698	18,916	19,466	21,035	21,585
8A	3,040	3,830	4,955	5,898	6,080	7,326	7,539	8,147	8,360
8B	6,079	7,660	9,909	11,793	12,158	14,650	15,076	16,292	16,717

RTS-CM4

EFFECTIVE DATE: JUL 01 2013

The
Medical Protective Company
Fort Wayne, Indiana 46835
Professional Protection Exclusively Since 1899

ILLINOIS AFFILIATED PHYSICIANS PROGRAM, INC. - AREA 8
ALLIED HEALTHCARE PROVIDERS
STANDARD CLAIMS MADE RATES

0 YR SINCE RETROACTIVE DATE

Class	100/300	200/600	500/1000	1000/1000	1000/3000	2000/2000	2000/4000	3000/3000	3000/6000
1A	43	52	63	75	77	88	91	95	98
1B	100	122	146	175	180	205	212	222	229
2	167	204	244	292	301	342	354	371	382
3	234	285	342	410	421	480	496	519	536
4	468	571	683	819	842	959	992	1,039	1,072
5	451	550	658	789	812	925	956	1,001	1,033
6	551	694	898	1,069	1,102	1,328	1,366	1,477	1,515
7A	747	941	1,218	1,449	1,494	1,800	1,853	2,002	2,054
7B	3,925	4,946	6,398	7,615	7,850	9,459	9,734	10,519	10,794
8A	1,520	1,915	2,478	2,949	3,040	3,663	3,770	4,074	4,180
8B	3,040	3,830	4,955	5,898	6,080	7,326	7,539	8,147	8,360

RTS-CM0

EFFECTIVE DATE: JUL 01 2013

The
Medical Protective Company
Fort Wayne, Indiana 46835
Professional Protection Exclusively Since 1899

ILLINOIS AFFILIATED PHYSICIANS PROGRAM, INC. - AREA 8
ALLIED HEALTHCARE PROVIDERS
STANDARD CLAIMS MADE RATES

1 YR SINCE RETROACTIVE DATE

Class	100/300	200/600	500/1000	1000/1000	1000/3000	2000/2000	2000/4000	3000/3000	3000/6000
1A	57	70	83	100	103	117	121	127	131
1B	134	163	196	235	241	275	284	297	307
2	222	271	324	389	400	455	471	493	508
3	312	381	456	546	562	640	661	693	714
4	624	761	911	1,092	1,123	1,279	1,323	1,385	1,429
5	702	856	1,025	1,229	1,264	1,439	1,488	1,558	1,608
6	858	1,081	1,399	1,665	1,716	2,068	2,128	2,299	2,360
7A	1,161	1,463	1,692	2,252	2,322	2,798	2,879	3,111	3,193
7B	6,105	7,692	9,951	11,844	12,210	14,713	15,140	16,361	16,789
8A	2,364	2,979	3,853	4,586	4,728	5,697	5,863	6,336	6,501
8B	4,729	5,959	7,708	9,174	9,458	11,397	11,728	12,674	13,005

RTS-CM1

EFFECTIVE DATE: JUL 01 2013

The
Medical Protective Company
Fort Wayne, Indiana 46835
Professional Protection Exclusively Since 1899

ILLINOIS AFFILIATED PHYSICIANS PROGRAM, INC. - AREA 8

ALLIED HEALTHCARE PROVIDERS

STANDARD CLAIMS MADE RATES

2 YRS SINCE RETROACTIVE DATE

Class	100/300	200/600	500/1000	1000/1000	1000/3000	2000/2000	2000/4000	3000/3000	3000/5000
1A	64	78	93	112	115	131	136	142	147
1B	150	183	219	263	270	308	318	333	344
2	250	305	365	438	450	513	530	555	573
3	351	428	512	614	632	720	744	779	804
4	702	856	1,025	1,229	1,264	1,439	1,488	1,558	1,608
5	853	1,041	1,245	1,493	1,535	1,749	1,808	1,894	1,953
6	1,041	1,312	1,697	2,020	2,082	2,509	2,582	2,790	2,863
7A	1,410	1,777	2,298	2,735	2,820	3,398	3,497	3,779	3,878
7B	7,414	9,342	12,085	14,383	14,828	17,868	18,387	19,870	20,389
8A	2,870	3,616	4,678	5,568	5,740	6,917	7,118	7,692	7,893
8B	5,742	7,235	9,359	11,139	11,484	13,838	14,240	15,389	15,791

The
Medical Protective Company
Fort Wayne, Indiana 46835
Professional Protection Exclusively Since 1899

ILLINOIS AFFILIATED PHYSICIANS PROGRAM, INC. - AREA 8

ALLIED HEALTHCARE PROVIDERS

STANDARD CLAIMS MADE RATES

3 YRS SINCE RETROACTIVE DATE

Class	100/300	200/600	500/1000	1000/1000	1000/3000	2000/2000	2000/4000	3000/3000	3000/5000
1A	67	82	98	117	121	137	142	149	153
1B	159	194	232	278	286	326	337	353	364
2	264	322	385	462	475	541	560	586	605
3	371	453	542	649	668	761	787	824	850
4	741	904	1,082	1,297	1,334	1,519	1,571	1,645	1,697
5	903	1,102	1,318	1,580	1,625	1,851	1,914	2,005	2,068
6	1,103	1,390	1,798	2,140	2,206	2,658	2,735	2,956	3,033
7A	1,493	1,881	2,434	2,896	2,986	3,598	3,703	4,001	4,106
7B	7,850	9,891	12,796	15,229	15,700	18,919	19,468	21,038	21,588
8A	3,039	3,829	4,954	5,896	6,078	7,324	7,537	8,145	8,357
8B	6,080	7,661	9,910	11,795	12,160	14,653	15,078	16,294	16,720

RTS-CM3

EFFECTIVE DATE: JUL 01 2013

The
Medical Protective Company
Fort Wayne, Indiana 46835
Professional Protection Exclusively Since 1899

ILLINOIS AFFILIATED PHYSICIANS PROGRAM, INC. - AREA 8
ALLIED HEALTHCARE PROVIDERS
STANDARD CLAIMS MADE RATES

MATURE

Class	100/300	200/600	500/1000	1000/1000	1000/3000	2000/2000	2000/4000	3000/3000	3000/5000
1A	71	87	104	124	128	146	151	158	163
1B	167	204	244	292	301	342	354	371	382
2	278	339	406	487	500	570	589	617	637
3	390	476	569	683	702	800	827	866	893
4	780	952	1,139	1,366	1,404	1,599	1,654	1,732	1,786
5	1,003	1,224	1,464	1,755	1,805	2,056	2,126	2,227	2,297
6	1,225	1,544	1,997	2,377	2,450	2,952	3,038	3,283	3,369
7A	1,659	2,090	2,704	3,218	3,318	3,998	4,114	4,446	4,562
7B	8,722	10,990	14,217	16,921	17,444	21,020	21,631	23,375	23,986
8A	3,377	4,255	5,505	6,551	6,754	8,139	8,375	9,050	9,287
8B	6,755	8,511	11,011	13,105	13,510	16,280	16,752	18,103	18,576

The
Medical Protective Company
Fort Wayne, Indiana 46835
Professional Protection Exclusively Since 1899

ILLINOIS AFFILIATED PHYSICIANS PROGRAM, INC. - AREA 9
ALLIED HEALTHCARE PROVIDERS
STANDARD CLAIMS MADE RATES

0 YR SINCE RETROACTIVE DATE

Class	100/300	200/600	500/1000	1000/1000	1000/3000	2000/2000	2000/4000	3000/3000	3000/5000
1A	43	52	63	75	77	88	91	95	98
1B	100	122	146	175	180	205	212	222	229
2	167	204	244	292	301	342	354	371	382
3	234	285	342	410	421	480	496	519	536
4	468	571	683	819	842	959	992	1,039	1,072
5	498	605	724	868	893	1,017	1,052	1,101	1,136
6	607	765	989	1,178	1,214	1,463	1,505	1,627	1,669
7A	821	1,034	1,338	1,593	1,642	1,979	2,036	2,200	2,258
7B	4,317	5,439	7,037	8,375	8,634	10,404	10,706	11,570	11,872
8A	1,672	2,107	2,725	3,244	3,344	4,030	4,147	4,481	4,598
8B	3,344	4,213	5,451	6,487	6,688	8,059	8,293	8,962	9,196

The
Medical Protective Company
Fort Wayne, Indiana 46835
Professional Protection Exclusively Since 1899

ILLINOIS AFFILIATED PHYSICIANS PROGRAM, INC. - AREA 9
ALLIED HEALTHCARE PROVIDERS
STANDARD CLAIMS MADE RATES

1 YR SINCE RETROACTIVE DATE

Class	100/300	200/600	500/1000	1000/1000	1000/3000	2000/2000	2000/4000	3000/3000	3000/6000
1A	57	70	83	100	103	117	121	127	131
1B	134	163	196	235	241	276	284	297	307
2	222	271	324	389	400	455	471	493	508
3	312	381	456	546	562	640	661	693	714
4	624	761	911	1,092	1,123	1,279	1,323	1,385	1,429
5	772	942	1,127	1,351	1,390	1,583	1,637	1,714	1,768
6	944	1,189	1,639	1,631	1,888	2,275	2,341	2,530	2,596
7A	1,278	1,610	2,083	2,479	2,556	3,080	3,169	3,426	3,515
7B	6,716	8,462	10,947	13,029	13,432	16,186	16,656	17,999	18,469
8A	2,601	3,277	4,240	5,046	5,202	6,268	6,450	6,971	7,153
8B	5,201	6,553	8,478	10,090	10,402	12,534	12,898	13,939	14,303

RTS-CM1

EFFECTIVE DATE: JUL 01 2013

The
Medical Protective Company
Fort Wayne, Indiana 46835
Professional Protection Exclusively Since 1899

ILLINOIS AFFILIATED PHYSICIANS PROGRAM, INC. - AREA 9

ALLIED HEALTHCARE PROVIDERS

STANDARD CLAIMS MADE RATES

2 YRS SINCE RETROACTIVE DATE

Class	100/300	200/600	500/1000	1000/1000	1000/3000	2000/2000	2000/4000	3000/3000	3000/5000
1A	64	78	93	112	115	131	136	142	147
1B	150	183	219	263	270	308	318	333	344
2	250	305	365	438	450	513	530	555	573
3	351	428	512	614	632	720	744	779	804
4	702	856	1,025	1,229	1,264	1,439	1,488	1,558	1,608
5	938	1,144	1,369	1,642	1,688	1,923	1,989	2,082	2,148
6	1,146	1,444	1,868	2,223	2,292	2,762	2,842	3,071	3,152
7A	1,551	1,954	2,528	3,009	3,102	3,738	3,846	4,157	4,265
7B	8,155	10,275	13,293	15,821	16,310	19,654	20,224	21,855	22,426
8A	3,158	3,979	5,148	6,127	6,316	7,611	7,832	8,463	8,685
8B	6,316	7,958	10,295	12,253	12,632	15,222	15,664	16,927	17,369

The
Medical Protective Company
Fort Wayne, Indiana 46835
Professional Protection Exclusively Since 1899

ILLINOIS AFFILIATED PHYSICIANS PROGRAM, INC. - AREA 9

ALLIED HEALTHCARE PROVIDERS

STANDARD CLAIMS MADE RATES

3 YRS SINCE RETROACTIVE DATE

Class	100/300	200/600	500/1000	1000/1000	1000/3000	2000/2000	2000/4000	3000/3000	3000/5000
1A	67	82	98	117	121	137	142	149	153
1B	159	194	232	278	286	326	337	353	364
2	264	322	385	462	475	541	560	586	605
3	371	453	542	649	668	761	787	824	850
4	741	904	1,082	1,297	1,334	1,519	1,571	1,645	1,697
5	993	1,211	1,450	1,736	1,787	2,036	2,105	2,204	2,274
6	1,213	1,528	1,977	2,353	2,426	2,923	3,008	3,261	3,336
7A	1,643	2,070	2,678	3,187	3,286	3,960	4,075	4,403	4,518
7B	8,635	10,880	14,075	16,752	17,270	20,810	21,415	23,142	23,746
8A	3,344	4,213	5,451	6,487	6,688	8,059	8,293	8,962	9,196
8B	6,687	8,426	10,900	12,973	13,374	16,116	16,584	17,921	18,389

The
Medical Protective Company
Fort Wayne, Indiana 46835
Professional Protection Exclusively Since 1899

ILLINOIS AFFILIATED PHYSICIANS PROGRAM, INC. - AREA 9
ALLIED HEALTHCARE PROVIDERS
STANDARD CLAIMS MADE RATES

MATURE

Class	100/300	200/600	500/1000	1000/1000	1000/3000	2000/2000	2000/4000	3000/3000	3000/5000
1A	71	87	104	124	128	146	151	158	163
1B	167	204	244	292	301	342	354	371	382
2	278	339	406	487	500	570	589	617	637
3	390	476	569	683	702	800	827	866	893
4	780	952	1,139	1,365	1,404	1,599	1,654	1,732	1,786
5	1,103	1,346	1,610	1,930	1,985	2,261	2,338	2,449	2,526
6	1,348	1,698	2,197	2,616	2,696	3,249	3,343	3,613	3,707
7A	1,825	2,300	2,975	3,641	3,650	4,398	4,526	4,891	5,019
7B	9,594	12,088	15,638	18,612	19,188	23,122	23,793	25,712	26,384
8A	3,715	4,681	6,055	7,207	7,430	8,953	9,213	9,956	10,216
8B	7,430	9,362	12,111	14,414	14,860	17,906	18,426	19,912	20,433

The

Medical Protective Company

Fort Wayne, Indiana 46835

Professional Protection Exclusively Since 1899

ILLINOIS – AFFILIATED PHYSICIANS PROGRAM, INC.

ALLIED HEALTHCARE PROVIDERS

STANDARD CLAIMS MADE PROGRAM

CLAIMS MADE FACTORS

YEARS SINCE RETROACTIVE DATE	CLASSES 1A-4	CLASSES 5-8B
0	0.60	0.45
1	0.80	0.70
2	0.90	0.85
3	0.95	0.90
4 OR MORE	1.00	1.00
CLAIMS MADE TO OCCURRENCE FACTOR	0.92	0.92

FACTOR APPLIES TO MATURE CLAIMS MADE ALLIED HEALTHCARE PROVIDERS RATE

EFFECTIVE DATE: JUL 01 2013

The

Medical Protective Company

Fort Wayne, Indiana 46835

Professional Protection Exclusively Since 1899

ILLINOIS – AFFILIATED PHYSICIANS PROGRAM, INC.

ALLIED HEALTHCARE PROVIDERS

STANDARD CLAIMS MADE PROGRAM

EXTENSION CONTRACT FACTORS

YEARS RETROACTIVE DATE PRECEDES EXPIRATION DATE	CLASSES 1A-4	CLASSES 5-8B
1	0.750	0.700
2	1.000	1.000
3	1.100	1.150
4	1.150	1.200
5 OR MORE	1.200	1.250

FACTOR APPLIES TO MATURE CLAIMS MADE ALLIED HEALTHCARE PROVIDERS RATE

EFFECTIVE DATE: JUL 01 2013

The

Medical Protective Company

Fort Wayne, Indiana 46835

Professional Protection Exclusively Since 1899

ILLINOIS – AFFILIATED PHYSICIANS PROGRAM, INC.

ALLIED HEALTHCARE PROVIDERS

STANDARD CLAIMS MADE PROGRAM

INCREASED LIMITS TABLE

LIMITS	CLASSES 1A-5	CLASSES 6-8B
100/300	1.00	1.00
200/600	1.22	1.26
500/1000	1.46	1.63
1000/1000	1.75	1.94
1000/3000	1.80	2.00
2000/2000	2.05	2.41
2000/4000	2.12	2.48
3000/3000	2.22	2.68
3000/5000	2.29	2.75

EFFECTIVE DATE: JUL 01 2013

The

Medical Protective Company

Fort Wayne, Indiana 46835

Professional Protection Exclusively Since 1899

ILLINOIS – AFFILIATED PHYSICIANS PROGRAM, INC.

ALLIED HEALTHCARE PROVIDERS

OCCURRENCE PROGRAM

RATING TERRITORIES

TERRITORY 1: COOK COUNTY.

TERRITORY 2: REMAINDER OF STATE.

The

Medical Protective Company

Fort Wayne, Indiana 46835

Professional Protection Exclusively Since 1899

ILLINOIS – AFFILIATED PHYSICIANS PROGRAM, INC.

ALLIED HEALTHCARE PROVIDERS

STANDARD CLAIMS MADE PROGRAM

RATING TERRITORIES

TERRITORY 1: COOK COUNTY.

TERRITORY 2: REMAINDER OF STATE.

The
Medical Protective Company
Fort Wayne, Indiana 46835

Professional Protection Exclusively Since 1899

ILLINOIS - AFFILIATED PHYSICIANS PROGRAM, INC. - AREA 1 ALLIED HEALTHCARE PROGRAM OCCURRENCE RATES					
Class	100/300	200/600	500/1000	1000/1000	1000/3000
1	41	44	50	60	61
2	49	53	61	72	74
3	61	65	75	89	91
4	65	70	80	95	97
5	75	81	92	110	112
6	91	99	113	134	137
7	107	115	132	157	160
8	119	129	147	175	179
9	131	141	161	192	196
10	128	136	159	191	199
11	133	144	165	196	200
12	193	205	239	287	299
13	315	340	389	463	473
14	335	361	413	491	502
15	436	470	538	640	654
16	410	435	509	611	636
17	523	564	645	768	784
18	2,488	3,361	4,244	4,841	5,017
19	2,694	3,395	4,687	5,546	5,844
20	3,732	5,042	6,366	7,262	7,525
21	3,744	4,495	5,246	5,807	6,367
22	5,425	6,514	7,603	8,415	9,227
23	15,182	16,366	18,733	22,284	22,762

The
Medical Protective Company
Fort Wayne, Indiana 46835

Professional Protection Exclusively Since 1899

ILLINOIS - AFFILIATED PHYSICIANS PROGRAM, INC. - AREA 2 ALLIED HEALTHCARE PROGRAM OCCURRENCE RATES					
Class	100/300	200/600	500/1000	1000/1000	1000/3000
1	34	37	42	50	51
2	41	45	51	61	62
3	51	55	63	74	76
4	54	58	67	79	81
5	62	67	77	91	93
6	76	82	94	112	114
7	89	96	109	130	133
8	99	107	123	146	149
9	109	117	134	160	163
10	107	114	133	160	166
11	111	120	137	163	167
12	161	170	199	239	249
13	263	283	324	386	394
14	279	301	344	409	418
15	364	392	449	534	545
16	342	363	424	509	530
17	436	470	537	639	653
18	2,073	2,800	3,535	4,033	4,179
19	2,244	2,828	3,904	4,620	4,868
20	3,109	4,200	5,303	6,049	6,268
21	3,119	3,745	4,370	4,837	5,304
22	4,519	5,426	6,333	7,010	7,686
23	12,646	13,632	15,604	18,562	18,960

The
Medical Protective Company
Fort Wayne, Indiana 46835

Professional Protection Exclusively Since 1899

ILLINOIS - AFFILIATED PHYSICIANS PROGRAM, INC. - AREA 1
ALLIED HEALTHCARE PROGRAM
STANDARD CLAIMS MADE RATES
0 YRS SINCE RETROACTIVE DATE

Class	100/300	200/600	500/1000	1000/1000	1000/3000
1	13	14	16	20	20
2	16	17	20	23	24
3	19	21	24	28	29
4	21	22	26	30	31
5	24	26	30	35	36
6	29	32	36	43	44
7	34	37	42	50	51
8	38	41	47	56	57
9	42	45	52	62	63
10	43	45	53	63	66
11	43	46	53	63	64
12	64	68	79	95	99
13	101	109	124	148	151
14	107	116	133	158	161
15	139	150	172	205	209
16	137	145	170	204	212
17	167	180	207	246	251
18	906	1,224	1,546	1,763	1,827
19	1,450	1,827	2,522	2,985	3,145
20	1,359	1,836	2,318	2,644	2,740
21	1,422	1,708	1,993	2,206	2,419
22	2,062	2,475	2,889	3,197	3,506
23	4,852	5,230	5,987	7,121	7,274

The
Medical Protective Company
Fort Wayne, Indiana 46835

Professional Protection Exclusively Since 1899

ILLINOIS - AFFILIATED PHYSICIANS PROGRAM, INC. - AREA 1 ALLIED HEALTHCARE PROGRAM STANDARD CLAIMS MADE RATES 1 YR SINCE RETROACTIVE DATE					
Class	100/300	200/600	500/1000	1000/1000	1000/3000
1	23	25	29	34	35
2	29	31	35	42	43
3	35	37	43	51	52
4	37	40	45	54	55
5	42	45	52	62	63
6	52	56	64	76	78
7	61	65	75	89	91
8	68	73	84	100	102
9	75	81	92	110	112
10	73	77	90	109	113
11	76	82	94	112	114
12	110	116	136	163	170
13	180	194	222	264	270
14	191	206	235	280	286
15	249	268	307	365	373
16	234	248	290	349	363
17	298	321	368	438	447
18	1,721	2,325	2,936	3,349	3,470
19	2,111	2,660	3,672	4,345	4,579
20	2,581	3,487	4,403	5,022	5,204
21	2,134	2,562	2,990	3,310	3,629
22	3,092	3,713	4,333	4,796	5,259
23	8,652	9,327	10,676	12,700	12,972

The
Medical Protective Company
Fort Wayne, Indiana 46835

Professional Protection Exclusively Since 1899

ILLINOIS - AFFILIATED PHYSICIANS PROGRAM, INC. - AREA 1
ALLIED HEALTHCARE PROGRAM
STANDARD CLAIMS MADE RATES
2 YRS SINCE RETROACTIVE DATE

Class	100/300	200/600	500/1000	1000/1000	1000/3000
1	31	34	39	46	47
2	39	42	48	57	58
3	47	50	58	69	70
4	50	54	62	73	75
5	57	62	71	84	86
6	70	75	86	103	105
7	82	88	101	120	123
8	92	99	114	135	138
9	101	109	124	148	151
10	92	97	114	136	142
11	103	111	127	151	154
12	137	146	170	205	213
13	243	262	300	356	364
14	258	278	319	379	387
15	336	362	414	492	503
16	293	311	363	436	454
17	403	434	497	591	604
18	2,216	2,994	3,780	4,312	4,468
19	2,506	3,158	4,359	5,158	5,435
20	3,324	4,490	5,669	6,466	6,701
21	3,023	3,630	4,236	4,689	5,141
22	4,381	5,260	6,139	6,794	7,450
23	11,687	12,598	14,420	17,153	17,521

The
Medical Protective Company
Fort Wayne, Indiana 46835

Professional Protection Exclusively Since 1899

ILLINOIS - AFFILIATED PHYSICIANS PROGRAM, INC. - AREA 1
ALLIED HEALTHCARE PROGRAM
STANDARD CLAIMS MADE RATES
3 YRS SINCE RETROACTIVE DATE

Class	100/300	200/600	500/1000	1000/1000	1000/3000
1	35	37	43	51	52
2	42	45	52	62	63
3	51	55	63	74	76
4	54	58	67	79	81
5	62	67	77	91	93
6	76	82	94	112	114
7	89	96	110	131	134
8	100	108	123	147	150
9	110	119	136	162	165
10	104	110	129	155	161
11	112	121	138	164	168
12	156	166	194	233	242
13	265	285	327	389	397
14	281	303	346	412	421
15	366	395	452	537	549
16	332	352	411	494	514
17	439	473	542	644	658
18	2,260	3,053	3,855	4,398	4,557
19	2,612	3,292	4,544	5,377	5,666
20	3,390	4,579	5,782	6,596	6,835
21	3,556	4,270	4,984	5,516	6,048
22	5,154	6,188	7,222	7,994	8,765
23	12,738	13,731	15,718	18,697	19,098

The
Medical Protective Company
Fort Wayne, Indiana 46835

Professional Protection Exclusively Since 1899

ILLINOIS - AFFILIATED PHYSICIANS PROGRAM, INC. - AREA 1 ALLIED HEALTHCARE PROGRAM STANDARD CLAIMS MADE RATES MATURE					
Class	100/300	200/600	500/1000	1000/1000	1000/3000
1	41	44	50	60	61
2	49	53	61	72	74
3	60	65	74	88	90
4	64	69	79	94	96
5	73	79	91	108	110
6	90	97	111	132	135
7	105	114	130	155	158
8	118	127	146	173	177
9	129	139	160	190	194
10	122	129	151	182	189
11	132	142	163	194	198
12	183	194	227	273	284
13	312	336	385	458	468
14	331	357	409	487	497
15	432	465	532	633	647
16	390	414	484	581	605
17	518	558	639	760	776
18	2,260	3,053	3,855	4,398	4,557
19	2,639	3,326	4,591	5,432	5,724
20	3,390	4,579	5,782	6,596	6,835
21	3,556	4,270	4,984	5,516	6,048
22	5,154	6,188	7,222	7,994	8,765
23	15,022	16,193	18,535	22,048	22,521

The
Medical Protective Company
Fort Wayne, Indiana 46835

Professional Protection Exclusively Since 1899

ILLINOIS - AFFILIATED PHYSICIANS PROGRAM, INC. - AREA 2
ALLIED HEALTHCARE PROGRAM
STANDARD CLAIMS MADE RATES
0 YRS SINCE RETROACTIVE DATE

Class	100/300	200/600	500/1000	1000/1000	1000/3000
1	11	12	13	16	16
2	13	14	16	20	20
3	16	17	20	23	24
4	17	19	21	25	26
5	20	22	25	29	30
6	24	26	30	35	36
7	29	31	35	42	43
8	31	34	39	46	47
9	35	37	43	51	52
10	35	38	44	53	55
11	35	38	44	52	53
12	54	57	66	80	83
13	84	91	104	123	126
14	89	96	110	131	134
15	116	125	143	170	174
16	114	120	141	169	176
17	139	150	172	205	209
18	755	1,020	1,288	1,469	1,522
19	1,209	1,523	2,103	2,488	2,622
20	1,132	1,530	1,931	2,203	2,283
21	1,185	1,423	1,661	1,839	2,016
22	1,718	2,062	2,407	2,664	2,921
23	4,043	4,359	4,989	5,935	6,062

The
Medical Protective Company
Fort Wayne, Indiana 46835

Professional Protection Exclusively Since 1899

ILLINOIS - AFFILIATED PHYSICIANS PROGRAM, INC. - AREA 2
ALLIED HEALTHCARE PROGRAM
STANDARD CLAIMS MADE RATES
1 YR SINCE RETROACTIVE DATE

Class	100/300	200/600	500/1000	1000/1000	1000/3000
1	19	21	24	28	29
2	23	25	29	34	35
3	29	31	35	42	43
4	31	33	38	45	46
5	35	38	44	52	53
6	43	47	53	64	65
7	51	55	63	74	76
8	57	61	70	83	85
9	62	67	77	91	93
10	61	64	75	90	94
11	63	68	78	93	95
12	92	97	114	136	142
13	150	162	185	220	225
14	159	171	196	233	238
15	207	223	255	303	310
16	195	207	242	290	302
17	248	267	306	364	372
18	1,434	1,938	2,447	2,791	2,892
19	1,760	2,218	3,061	3,622	3,817
20	2,151	2,906	3,669	4,185	4,337
21	1,778	2,135	2,492	2,758	3,024
22	2,577	3,094	3,611	3,996	4,382
23	7,210	7,772	8,897	10,583	10,810

The
Medical Protective Company
Fort Wayne, Indiana 46835

Professional Protection Exclusively Since 1899

ILLINOIS - AFFILIATED PHYSICIANS PROGRAM, INC. - AREA 2
ALLIED HEALTHCARE PROGRAM
STANDARD CLAIMS MADE RATES
2 YRS SINCE RETROACTIVE DATE

Class	100/300	200/600	500/1000	1000/1000	1000/3000
1	26	28	32	38	39
2	31	34	39	46	47
3	39	42	48	57	58
4	41	45	51	61	62
5	48	52	59	70	72
6	59	63	72	86	88
7	69	74	85	101	103
8	76	82	94	112	114
9	83	90	103	122	125
10	76	81	94	113	118
11	85	92	105	125	128
12	114	121	142	170	177
13	202	218	249	297	303
14	215	232	265	315	322
15	279	301	345	410	419
16	244	259	302	363	378
17	336	362	414	492	503
18	1,847	2,494	3,150	3,593	3,723
19	2,088	2,632	3,633	4,299	4,530
20	2,770	3,741	4,724	5,389	5,584
21	2,519	3,025	3,530	3,907	4,284
22	3,650	4,383	5,115	5,662	6,208
23	9,740	10,499	12,017	14,295	14,602

The
Medical Protective Company
Fort Wayne, Indiana 46835

Professional Protection Exclusively Since 1899

ILLINOIS - AFFILIATED PHYSICIANS PROGRAM, INC. - AREA 2
ALLIED HEALTHCARE PROGRAM
STANDARD CLAIMS MADE RATES
3 YRS SINCE RETROACTIVE DATE

Class	100/300	200/600	500/1000	1000/1000	1000/3000
1	28	30	35	41	42
2	35	37	43	51	52
3	43	46	53	63	64
4	45	49	56	67	68
5	52	56	64	76	78
6	64	69	79	94	96
7	75	81	92	110	112
8	83	90	103	122	125
9	91	99	113	134	137
10	86	92	107	129	134
11	93	101	115	137	140
12	130	137	161	193	201
13	221	238	272	324	331
14	234	252	289	344	351
15	305	329	376	447	457
16	276	293	342	411	428
17	366	394	451	536	548
18	1,884	2,545	3,213	3,665	3,798
19	2,177	2,744	3,788	4,482	4,723
20	2,825	3,816	4,818	5,496	5,695
21	2,964	3,558	4,153	4,596	5,040
22	4,295	5,157	6,018	6,661	7,304
23	10,615	11,443	13,098	15,581	15,915

The
Medical Protective Company
Fort Wayne, Indiana 46835

Professional Protection Exclusively Since 1899

ILLINOIS - AFFILIATED PHYSICIANS PROGRAM, INC. - AREA 2
ALLIED HEALTHCARE PROGRAM
STANDARD CLAIMS MADE RATES
MATURE

Class	100/300	200/600	500/1000	1000/1000	1000/3000
1	33	36	41	49	50
2	41	44	50	60	61
3	50	54	62	73	75
4	53	58	66	78	80
5	61	66	76	90	92
6	75	81	93	111	113
7	88	95	109	129	132
8	98	106	121	144	147
9	107	116	133	158	161
10	101	107	126	151	157
11	110	119	136	162	165
12	152	161	189	227	236
13	260	280	321	382	390
14	276	298	341	405	414
15	360	388	444	528	539
16	325	345	403	484	504
17	431	464	532	632	646
18	1,884	2,545	3,213	3,665	3,798
19	2,199	2,772	3,826	4,528	4,771
20	2,825	3,816	4,818	5,496	5,695
21	2,964	3,558	4,153	4,596	5,040
22	4,295	5,157	6,018	6,661	7,304
23	12,518	13,494	15,446	18,374	18,768

The

Medical Protective Company

Fort Wayne, Indiana 46835

Professional Protection Exclusively Since 1899

ILLINOIS - AFFILIATED PHYSICIANS PROGRAM, INC.

ALLIED HEALTHCARE PROVIDERS

STANDARD CLAIMS MADE PROGRAM

EXTENSION CONTRACT RATING FACTORS

Years Retroactive Date Precedes Effective Date	All Other Classes	Classes 18 & 20	Class 19	Classes 10, 12, 16	Classes 21 & 22
Less than 1	0.920	0.670	0.544	0.864	0.960
1	1.430	1.065	0.792	1.247	1.487
2	1.700	1.285	0.940	1.487	1.679
3	1.870	1.607	0.980	1.631	1.727
4 or More	1.870	1.607	0.990	1.631	1.727

The

Medical Protective Company

Fort Wayne, Indiana 46835

Professional Protection Exclusively Since 1899

ILLINOIS - AFFILIATED PHYSICIANS PROGRAM, INC.

ALLIED HEALTHCARE PROVIDERS

OCCURRENCE PROGRAM

INCREASED LIMIT FACTORS

Limits	All Other Classes	Classes 18 & 20	Class 19	Classes 10, 12 & 16	Classes 21 & 22
100/300	0.667	0.496	0.461	0.645	0.588
200/600	0.719	0.670	0.581	0.684	0.706
500/1000	0.823	0.846	0.802	0.800	0.824
1000/1000	0.979	0.965	0.949	0.961	0.912
1000/3000	1.000	1.000	1.000	1.000	1.000

The

Medical Protective Company

Fort Wayne, Indiana 46835

Professional Protection Exclusively Since 1899

ILLINOIS - AFFILIATED PHYSICIANS PROGRAM, INC.

ALLIED HEALTHCARE PROVIDERS

STANDARD CLAIMS MADE PROGRAM

INCREASED LIMIT FACTORS

Limits	All Other Classes	Classes 18 & 20	Class 19	Classes 10, 12 & 16	Classes 21 & 22
100/300	0.667	0.496	0.461	0.645	0.588
200/600	0.719	0.670	0.581	0.684	0.706
500/1000	0.823	0.846	0.802	0.800	0.824
1000/1000	0.979	0.965	0.949	0.961	0.912
1000/3000	1.000	1.000	1.000	1.000	1.000

The

Medical Protective Company

Fort Wayne, Indiana 46835

Professional Protection Exclusively Since 1899

ILLINOIS - AFFILIATED PHYSICIANS PROGRAM, INC.

ALLIED HEALTHCARE PROVIDERS

OCCURRENCE PROGRAM

EXCESS LIMIT FACTORS

Limits	All Other Classes	Classes 18 & 20	Class 19	Classes 10, 12 & 16	Classes 21 & 22
1M/1M xs 1M/3M	1.198	1.198	1.180	1.129	1.200
2M/2M xs 1M/3M	1.366	1.376	1.355	1.277	1.476
3M/3M xs 1M/3M	1.509	1.536	1.512	1.438	1.793
4M/4M xs 1M/3M	1.631	1.680	1.655	1.613	2.140

Note: For aggregate limits not listed above, refer to company

The

Medical Protective Company

Fort Wayne, Indiana 46835

Professional Protection Exclusively Since 1899

ILLINOIS - AFFILIATED PHYSICIANS PROGRAM, INC.

ALLIED HEALTHCARE PROVIDERS

STANDARD CLAIMS MADE PROGRAM

EXCESS LIMIT FACTORS

Limits	All Other Classes	Classes 18 & 20	Class 19	Classes 10, 12 & 16	Classes 21 & 22
1M/1M xs 1M/3M	1.198	1.198	1.180	1.129	1.200
2M/2M xs 1M/3M	1.366	1.376	1.355	1.277	1.476
3M/3M xs 1M/3M	1.509	1.536	1.512	1.438	1.793
4M/4M xs 1M/3M	1.631	1.680	1.655	1.613	2.140

Note: For aggregate limits not listed above, refer to company

The

Medical Protective Company

Fort Wayne, Indiana 46835

Professional Protection Exclusively Since 1899

ILLINOIS – AFFILIATED PHYSICIANS PROGRAM, INC.

ALLIED HEALTHCARE PROVIDERS

STANDARD CLAIMS MADE PROGRAM

MINIMUM PREMIUM REQUIREMENT RULE

ALL POLICIES ARE SUBJECT TO A MINIMUM PREMIUM OF $~~50~~10. THE MINIMUM PREMIUM WILL BE RETAINED WHEN THE INSURED REQUESTS CANCELLATION UNLESS THE POLICY IS CANCELED AS OF THE INCEPTION DATE.

The

Medical Protective Company

Fort Wayne, Indiana 46835

Professional Protection Exclusively Since 1899

ILLINOIS – AFFILIATED PHYSICIANS PROGRAM, INC.

ALLIED HEALTHCARE PROVIDERS

STANDARD CLAIMS MADE PROGRAM

PART TIME PRACTICE RULE

ANY INSURED WHO PRACTICES ON AVERAGE 20 HOURS OR LESS IN A WEEK OR LESS THAN AN AGGREGATE OF 1,050 HOURS DURING THE TERM OF AN ANNUAL POLICY WILL BE CONSIDERED A PART TIME PRACTITIONER AND WILL BE ELIGIBLE FOR A REDUCTION IN THE OTHERWISE APPLICABLE RATE BASED ON THE FOLLOWING SCHEDULE.

AVERAGE NUMBER HOURS PRACTICED PER WEEK	MAX. AGGREGATE HOURS PER YR	CREDIT
0-10 HOURS	515	50%
11-20 HOURS	1,050	30%

NO OTHER CREDITS OR DISCOUNTS ARE TO APPLY CONCURRENT WITH THIS RULE EXCEPT RISK MANAGEMENT CREDIT, HEALTH CARE SYSTEM AFFILIATION AND SCHEDULE RATING MODIFICATIONS.

~~DUE~~ THE ~~TO~~ MINIMUM PREMIUM REQUIREMENT~~S~~ RULE~~,~~ APPLIES TO PART TIME ~~CREDITS ARE AVAILABLE FOR CLASS 4-8B ONLY~~ PRACTITIONERS.

The

Medical Protective Company

Fort Wayne, Indiana 46835

Professional Protection Exclusively Since 1899

ILLINOIS – AFFILIATED PHYSICIANS PROGRAM, INC.

ALLIED HEALTHCARE PROVIDERS

STANDARD CLAIMS MADE PROGRAM

PARTNERSHIP OR CORPORATION COVERAGE

REGARDLESS OF THE NUMBER OF PARTNERS OR SHAREHOLDERS OR THE RATE CLASSES OF THE INDIVIDUAL PARTNERS OR SHAREHOLDERS, THE PREMIUM FOR A PARTNERSHIP OR CORPORATION POLICY SHALL BE AS FOLLOWS:

POLICY LIMITS	PREMIUM
$100,000/$300,000	$500

~~FOR HIGHER LIMITS,~~ ~~A~~APPLY THE ALLIED HEALTHCARE PROVIDERS "ALL OTHER CLASSES" INCREASED LIMITS FACTORS ~~(CLASSES 1A-5)~~ FOUND IN THE RATES SECTION OF THIS MANUAL.

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

A SEPARATE POLICY IS ISSUED.

The

Medical Protective Company

Fort Wayne, Indiana 46835

Professional Protection Exclusively Since 1899

ILLINOIS – AFFILIATED PHYSICIANS PROGRAM, INC.

ALLIED HEALTHCARE PROVIDERS

OCCURRENCE PROGRAM

MINIMUM PREMIUM REQUIREMENT RULE

ALL POLICIES ARE SUBJECT TO A MINIMUM PREMIUM OF $~~50~~10. THE MINIMUM PREMIUM WILL BE RETAINED WHEN THE INSURED REQUESTS CANCELLATION UNLESS THE POLICY IS CANCELED AS OF THE INCEPTION DATE.

The

Medical Protective Company

Fort Wayne, Indiana 46835

Professional Protection Exclusively Since 1899

ILLINOIS – AFFILIATED PHYSICIANS PROGRAM, INC.

ALLIED HEALTHCARE PROVIDERS

OCCURRENCE PROGRAM

PART TIME PRACTICE RULE

ANY INSURED WHO PRACTICES ON AVERAGE 20 HOURS OR LESS IN A WEEK OR LESS THAN AN AGGREGATE OF 1,050 HOURS DURING THE TERM OF AN ANNUAL POLICY WILL BE CONSIDERED A PART TIME PRACTITIONER AND WILL BE ELIGIBLE FOR A REDUCTION IN THE OTHERWISE APPLICABLE RATE BASED ON THE FOLLOWING SCHEDULE.

AVERAGE NUMBER HOURS PRACTICED PER WEEK	MAX. AGGREGATE HOURS PER YR	CREDIT
0-10 HOURS	515	50%
11-20 HOURS	1,050	30%

NO OTHER CREDITS OR DISCOUNTS ARE TO APPLY CONCURRENT WITH THIS RULE EXCEPT RISK MANAGEMENT CREDIT, HEALTH CARE SYSTEM AFFILIATION AND SCHEDULE RATING MODIFICATIONS.

~~DUE TO~~THE MINIMUM PREMIUM REQUIREMENT~~S~~ RULE~~,~~ APPLIES TO PART TIME ~~CREDITS ARE AVAILABLE FOR CLASS 4-8B ONLY~~PRACTITIONERS.

The

Medical Protective Company

Fort Wayne, Indiana 46835

Professional Protection Exclusively Since 1899

ILLINOIS – AFFILIATED PHYSICIANS PROGRAM, INC.

ALLIED HEALTHCARE PROVIDERS

OCCURRENCE PROGRAM

PARTNERSHIP OR CORPORATION COVERAGE

REGARDLESS OF THE NUMBER OF PARTNERS OR SHAREHOLDERS OR THE RATE CLASSES OF THE INDIVIDUAL PARTNERS OR SHAREHOLDERS, THE PREMIUM FOR A PARTNERSHIP OR CORPORATION POLICY SHALL BE AS FOLLOWS:

POLICY LIMITS	PREMIUM
$100,000/$300,000	$500

~~FOR HIGHER LIMITS,~~ ~~A~~APPLY THE ALLIED HEALTHCARE PROVIDERS "ALL OTHER CLASSES" INCREASED LIMITS FACTORS ~~(CLASSES 1A-5)~~ FOUND IN THE RATES SECTION OF THIS MANUAL.

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

A SEPARATE POLICY IS ISSUED.

A. Classifications

1. Applicable to the Occurrence and Standard Claims Made Programs.

2. The following classification plan shall be used to determine the appropriate rating class for each individual insured.

CLASS ~~I~~ A1

Dental Assistant~~,~~.

CLASS 2

Dental Hygienist.

CLASS ~~I~~ B3

Physical Therapy Assistant.

CLASS 4

Audiologist/Speech Pathologist and Occupational Therapist Assistant.

CLASS 5

Cardiology Technologist, Clinical Laboratory Technologist~~, Counselor~~, Dietician, Electrocardiograph Technician, Electroneurodiagnostic Technologist, Licensed Practicing Nurse, Medical Laboratory Technician, Medical (Office) Assistant, Medical Records Technician, Nuclear Medicine Technologist, ~~Ophthalmology Technician~~Occupational Therapist, Radiation Therapy Technologist, Registered Nurse, Respiratory Therapist, Respiratory Therapy Assistant, ~~Registered Nurse~~Surgical Technician and X-Ray Technician.

CLASS ~~II~~6

~~Audiologist/Speech Pathologist, Nurse Midwife Assistant, Occupational Therapist Assistant, Optician, Physical Therapy Assistant, Radiation Therapy Technologist, Social Worker, Surgical Technician, X-Ray Technician.~~

Case Manager, Counselor and Social Worker.

CLASS ~~III~~7

~~Optometrist, Paramedic/EMT,~~ Pharmacist~~, Physical Therapist (Non-Owner)~~.

CLASS ~~IV~~8

~~Case Manager, Occupational Therapist, Perfusionist,~~ Physical Therapist ~~(~~- Non Owner~~), Psychologist, Respiratory Therapist~~.

CLASS ~~V~~9

~~Nurse Practitioner (Non-prescribing), Physician's Assistant (Non-prescribing).~~

Perfusionist.

CLASS ~~VI~~10

Optician.

CLASS 11

Paramedic/EMT.

CLASS 12

Ophthalmic Technologist.

CLASS 13

Psychologist.

CLASS 14

Physical Therapist – Owner.

CLASS 15

Nurse ~~Surgical~~Midwife Assistant~~, Physician Surgical Assistant.~~

CLASS 16

Optometrist.

CLASS 17

Nurse Practitioner (Non-Prescribing), Nurse Practitioner (Prescribing~~), Physician's~~) and Nurse Surgical Assistant ~~(Prescribing).~~.

CLASS ~~VII-A~~18

Physician's Assistant (Non-Prescribing) and Physician's Assistant (Prescribing).

CLASS 19

Anesthesia Assistant, Certified Registered Nurse Anesthetist~~,~~ and Registered Nurse Anesthetist~~, Anesthesia Assistant~~.

CLASS ~~VII-B~~20

~~Nurse Midwife.~~

Physician Surgical Assistant.

CLASS ~~VIII-A~~21

Podiatrist (No Surgery~~)~~).

CLASS ~~VIII-B~~22

Podiatrist (Surgery).

CLASS 23

Nurse Midwife.

B. Manual Rates

1. Territory Definitions

~~Refer to Program Type for the Territory definition and description.~~

~~2. Occurrence Program.~~

Area 1~~Class~~	~~Rate~~Cook County
~~1A~~	~~5% of 80211 base rate (General Dentistry)~~
~~1B~~	~~3% of 80420 base rate (Family/General Practice – No Surgery)~~
Area 2	~~5% of 80420 base rate (Family/General Practice – No Surgery)~~Remainder of State
~~3~~	~~7% of 80420 base rate (Family/General Practice – No Surgery)~~
~~4~~	~~14% of 80420 base rate (Family/General Practice – No Surgery)~~
~~5~~	~~18% of 80420 (Family/General Practice – No Surgery)~~
~~6~~	~~22% of 80420 (Family/General Practice – No Surgery)~~
~~7A~~	~~25% of 80151 (Anesthesiology)~~
~~7B~~	~~40% of 80153 (Obstetrics/Gynecology)~~
~~8A~~	~~25% of 80176 (Orthopedic Surgery – Excluding Spinal)~~
~~8B~~	~~50% of 80176 (Orthopedic Surgery – Excluding Spinal)~~

~~a. Class 1A base rates are calculated as a percentage of the Dentists Statewide 100/300 Limits Occurrence rate.~~

~~b. Classes 1B-4 base rates are calculated as a percentage of the Physicians & Surgeons Territory 2 (Rest of State) 100/300 Limits Occurrence rate.~~

~~c. Classes 5 – 8B base rates are calculated as a percentage of the Physicians & Surgeons 100/300 Limits occurrence rate for the appropriate territory.~~

~~d. Rates for higher that 100/300 limits are calculated by applying the Allied Healthcare Provider increased limit factors to the base rate.~~

~~3. Standard Claims Made Program.~~

~~Class~~	~~Rate~~
~~1A~~	~~5% of 80211 base rate (General Dentistry)~~
~~1B~~	~~3% of 80420 base rate (Family/General Practice – No Surgery)~~
~~2~~	~~5% of 80420 base rate (Family/General Practice – No Surgery)~~
~~3~~	~~7% of 80420 base rate (Family/General Practice – No Surgery)~~
~~4~~	~~14% of 80420 base rate (Family/General Practice – No Surgery)~~
~~5~~	~~18% of 80420 (Family/General Practice – No Surgery)~~
~~6~~	~~22% of 80420 (Family/General Practice – No Surgery)~~
~~7A~~	~~25% of 80151 (Anesthesiology)~~
~~7B~~	~~40% of 80153 (Obstetrics/Gynecology)~~
~~8A~~	~~25% of 80176 (Orthopedic Surgery – Excluding Spinal)~~
~~8B~~	~~50% of 80176 (Orthopedic Surgery – Excluding Spinal)~~

~~a. The Mature Standard Claims Made rate for Class 1A is 0.920 of [MP1] the corresponding Allied Health Care Provider Occurrence rate.~~

~~b. The Mature Standard Claims Made rate for Classes 1B-8B is 0.920 of the corresponding Allied Health Care Provider Occurrence Rate.~~

~~c. Class 1A base rates are calculated as a percentage of the Dentists Territory (Rest of State) 100/300 Limits Occurrence rate.~~

~~d. Classes 1B-4 base rates are calculated as a percentage of the Physicians & Surgeons Territory (Rest of State) 100/300 Limits Occurrence rate.~~

~~e. Classes 5 – 8B base rates are calculated as a percentage of the Physicians & Surgeons 100/300 Limits occurrence rate for the appropriate territory.~~

~~f. Allied Health Care Provider Claims Made Factors may be applied to the Mature Standard Claims Made base rate for the applicable year of claims made coverage.~~

~~g. Rates for limits higher than 100/300 limits are calculated by applying the Allied Health Care Provider increased limit factors to the base rate.~~

4. Increased Limits Factors

~~Limits~~ Limits	All Other Classes	Classes ~~1A-5~~ 18 & 20	Class 19	Classes ~~6-8B~~ 10, 12 & 16	Classes 21 & 22
100/300	~~1.000~~0.667	0.496~~1.000~~	0.461	0.645	0.588
200/600	~~1.220~~0.719	~~1.260~~0.670	0.581	0.684	0.706
500/1000	~~1.460~~0.823	~~1.630~~0.846	0.802	0.800	0.824
1000/1000	~~1.750~~0.979	~~1.940~~0.965	0.949	0.961	0.912
1000/3000	1.~~800~~000	~~2~~1.000	1.000	1.000	1.000
~~2000/2000~~	~~2.050~~	~~2.410~~			
~~2000/4000~~	~~2.120~~	~~2.480~~			
~~3000/3000~~	~~2.220~~	~~2.680~~			
~~3000/5000~~	~~2.290~~	~~2.750~~			

~~A minimum of 1000/3000 underlying limits required in order to purchase shared excess limits.~~

~~Extended Reporting Period Coverage~~

5. Excess Limit Factors

OCCURRENCE RATES Area 1					
Class	100/300	200/600	500/1000	1000/1000	1000/3000
1	41	44	50	60	61
2	49	53	61	72	74
3	61	65	75	89	91
4	65	70	80	95	97
5	75	81	92	110	112
6	91	99	113	134	137
7	107	115	132	157	160
8	119	129	147	175	179
9	131	141	161	192	196
10	128	136	159	191	199
11	133	144	165	196	200
12	193	205	239	287	299
13	315	340	389	463	473
14	335	361	413	491	502
15	436	470	538	640	654
16	410	435	509	611	636
17	523	564	645	768	784
18	2,488	3,361	4,244	4,841	5,017
19	2,694	3,395	4,687	5,546	5,844
20	3,732	5,042	6,366	7,262	7,525
21	3,744	4,495	5,246	5,807	6,367
22	5,425	6,514	7,603	8,415	9,227
23	15,182	16,366	18,733	22,284	22,762

ALLIED HEALTHCARE PROVIDERS
STANDARD CLAIMS MADE RATES
Area 1
0 YRS SINCE RETROACTIVE DATE

Class	100/300	200/600	500/1000	1000/1000	1000/3000
1	13	14	16	20	20
2	16	17	20	23	24
3	19	21	24	28	29
4	21	22	26	30	31
5	24	26	30	35	36
6	29	32	36	43	44
7	34	37	42	50	51
8	38	41	47	56	57
9	42	45	52	62	63
10	43	45	53	63	66
11	43	46	53	63	64
12	64	68	79	95	99
13	101	109	124	148	151
14	107	116	133	158	161
15	139	150	172	205	209
16	137	145	170	204	212
17	167	180	207	246	251
18	906	1,224	1,546	1,763	1,827
19	1,450	1,827	2,522	2,985	3,145
20	1,359	1,836	2,318	2,644	2,740
21	1,422	1,708	1,993	2,206	2,419
22	2,062	2,475	2,889	3,197	3,506
23	4,852	5,230	5,987	7,121	7,274

ALLIED HEALTHCARE PROVIDERS Area 1 1 YR SINCE RETROACTIVE DATE					
Class	100/300	200/600	500/1000	1000/1000	1000/3000
1	23	25	29	34	35
2	29	31	35	42	43
3	35	37	43	51	52
4	37	40	45	54	55
5	42	45	52	62	63
6	52	56	64	76	78
7	61	65	75	89	91
8	68	73	84	100	102
9	75	81	92	110	112
10	73	77	90	109	113
11	76	82	94	112	114
12	110	116	136	163	170
13	180	194	222	264	270
14	191	206	235	280	286
15	249	268	307	365	373
16	234	248	290	349	363
17	298	321	368	438	447
18	1,721	2,325	2,936	3,349	3,470
19	2,111	2,660	3,672	4,345	4,579
20	2,581	3,487	4,403	5,022	5,204
21	2,134	2,562	2,990	3,310	3,629
22	3,092	3,713	4,333	4,796	5,259
23	8,652	9,327	10,676	12,700	12,972

ALLIED HEALTHCARE PROVIDERS Area 1 2 YRS SINCE RETROACTIVE DATE					
Class	100/300	200/600	500/1000	1000/1000	1000/3000
1	31	34	39	46	47
2	39	42	48	57	58
3	47	50	58	69	70
4	50	54	62	73	75
5	57	62	71	84	86
6	70	75	86	103	105
7	82	88	101	120	123
8	92	99	114	135	138
9	101	109	124	148	151
10	92	97	114	136	142
11	103	111	127	151	154
12	137	146	170	205	213
13	243	262	300	356	364
14	258	278	319	379	387
15	336	362	414	492	503
16	293	311	363	436	454
17	403	434	497	591	604
18	2,216	2,994	3,780	4,312	4,468
19	2,506	3,158	4,359	5,158	5,435
20	3,324	4,490	5,669	6,466	6,701
21	3,023	3,630	4,236	4,689	5,141
22	4,381	5,260	6,139	6,794	7,450
23	11,687	12,598	14,420	17,153	17,521

ALLIED HEALTHCARE PROVIDERS Area 1 3 YRS SINCE RETROACTIVE DATE					
Class	100/300	200/600	500/1000	1000/1000	1000/3000
1	35	37	43	51	52
2	42	45	52	62	63
3	51	55	63	74	76
4	54	58	67	79	81
5	62	67	77	91	93
6	76	82	94	112	114
7	89	96	110	131	134
8	100	108	123	147	150
9	110	119	136	162	165
10	104	110	129	155	161
11	112	121	138	164	168
12	156	166	194	233	242
13	265	285	327	389	397
14	281	303	346	412	421
15	366	395	452	537	549
16	332	352	411	494	514
17	439	473	542	644	658
18	2,260	3,053	3,855	4,398	4,557
19	2,612	3,292	4,544	5,377	5,666
20	3,390	4,579	5,782	6,596	6,835
21	3,556	4,270	4,984	5,516	6,048
22	5,154	6,188	7,222	7,994	8,765
23	12,738	13,731	15,718	18,697	19,098

ALLIED HEALTHCARE PROVIDERS Area 1 MATURE					
Class	100/300	200/600	500/1000	1000/1000	1000/3000
1	41	44	50	60	61
2	49	53	61	72	74
3	60	65	74	88	90
4	64	69	79	94	96
5	73	79	91	108	110
6	90	97	111	132	135
7	105	114	130	155	158
8	118	127	146	173	177
9	129	139	160	190	194
10	122	129	151	182	189
11	132	142	163	194	198
12	183	194	227	273	284
13	312	336	385	458	468
14	331	357	409	487	497
15	432	465	532	633	647
16	390	414	484	581	605
17	518	558	639	760	776
18	2,260	3,053	3,855	4,398	4,557
19	2,639	3,326	4,591	5,432	5,724
20	3,390	4,579	5,782	6,596	6,835
21	3,556	4,270	4,984	5,516	6,048
22	5,154	6,188	7,222	7,994	8,765
23	15,022	16,193	18,535	22,048	22,521

OCCURRENCE RATES Area 2					
Class	100/300	200/600	500/1000	1000/1000	1000/3000
1	34	37	42	50	51
2	41	45	51	61	62
3	51	55	63	74	76
4	54	58	67	79	81
5	62	67	77	91	93
6	76	82	94	112	114
7	89	96	109	130	133
8	99	107	123	146	149
9	109	117	134	160	163
10	107	114	133	160	166
11	111	120	137	163	167
12	161	170	199	239	249
13	263	283	324	386	394
14	279	301	344	409	418
15	364	392	449	534	545
16	342	363	424	509	530
17	436	470	537	639	653
18	2,073	2,800	3,535	4,033	4,179
19	2,244	2,828	3,904	4,620	4,868
20	3,109	4,200	5,303	6,049	6,268
21	3,119	3,745	4,370	4,837	5,304
22	4,519	5,426	6,333	7,010	7,686
23	12,646	13,632	15,604	18,562	18,960

ALLIED HEALTHCARE PROVIDERS
STANDARD CLAIMS MADE RATES
Area 2
0 YRS SINCE RETROACTIVE DATE

Class	100/300	200/600	500/1000	1000/1000	1000/3000
1	11	12	13	16	16
2	13	14	16	20	20
3	16	17	20	23	24
4	17	19	21	25	26
5	20	22	25	29	30
6	24	26	30	35	36
7	29	31	35	42	43
8	31	34	39	46	47
9	35	37	43	51	52
10	35	38	44	53	55
11	35	38	44	52	53
12	54	57	66	80	83
13	84	91	104	123	126
14	89	96	110	131	134
15	116	125	143	170	174
16	114	120	141	169	176
17	139	150	172	205	209
18	755	1,020	1,288	1,469	1,522
19	1,209	1,523	2,103	2,488	2,622
20	1,132	1,530	1,931	2,203	2,283
21	1,185	1,423	1,661	1,839	2,016
22	1,718	2,062	2,407	2,664	2,921
23	4,043	4,359	4,989	5,935	6,062

ALLIED HEALTHCARE PROVIDERS Area 2 1 YR SINCE RETROACTIVE DATE					
Class	100/300	200/600	500/1000	1000/1000	1000/3000
1	19	21	24	28	29
2	23	25	29	34	35
3	29	31	35	42	43
4	31	33	38	45	46
5	35	38	44	52	53
6	43	47	53	64	65
7	51	55	63	74	76
8	57	61	70	83	85
9	62	67	77	91	93
10	61	64	75	90	94
11	63	68	78	93	95
12	92	97	114	136	142
13	150	162	185	220	225
14	159	171	196	233	238
15	207	223	255	303	310
16	195	207	242	290	302
17	248	267	306	364	372
18	1,434	1,938	2,447	2,791	2,892
19	1,760	2,218	3,061	3,622	3,817
20	2,151	2,906	3,669	4,185	4,337
21	1,778	2,135	2,492	2,758	3,024
22	2,577	3,094	3,611	3,996	4,382
23	7,210	7,772	8,897	10,583	10,810

ALLIED HEALTHCARE PROVIDERS Area 2 2 YRS SINCE RETROACTIVE DATE					
Class	100/300	200/600	500/1000	1000/1000	1000/3000
1	26	28	32	38	39
2	31	34	39	46	47
3	39	42	48	57	58
4	41	45	51	61	62
5	48	52	59	70	72
6	59	63	72	86	88
7	69	74	85	101	103
8	76	82	94	112	114
9	83	90	103	122	125
10	76	81	94	113	118
11	85	92	105	125	128
12	114	121	142	170	177
13	202	218	249	297	303
14	215	232	265	315	322
15	279	301	345	410	419
16	244	259	302	363	378
17	336	362	414	492	503
18	1,847	2,494	3,150	3,593	3,723
19	2,088	2,632	3,633	4,299	4,530
20	2,770	3,741	4,724	5,389	5,584
21	2,519	3,025	3,530	3,907	4,284
22	3,650	4,383	5,115	5,662	6,208
23	9,740	10,499	12,017	14,295	14,602

ALLIED HEALTHCARE PROVIDERS Area 2 3 YRS SINCE RETROACTIVE DATE					
Class	100/300	200/600	500/1000	1000/1000	1000/3000
1	28	30	35	41	42
2	35	37	43	51	52
3	43	46	53	63	64
4	45	49	56	67	68
5	52	56	64	76	78
6	64	69	79	94	96
7	75	81	92	110	112
8	83	90	103	122	125
9	91	99	113	134	137
10	86	92	107	129	134
11	93	101	115	137	140
12	130	137	161	193	201
13	221	238	272	324	331
14	234	252	289	344	351
15	305	329	376	447	457
16	276	293	342	411	428
17	366	394	451	536	548
18	1,884	2,545	3,213	3,665	3,798
19	2,177	2,744	3,788	4,482	4,723
20	2,825	3,816	4,818	5,496	5,695
21	2,964	3,558	4,153	4,596	5,040
22	4,295	5,157	6,018	6,661	7,304
23	10,615	11,443	13,098	15,581	16,915

ALLIED HEALTHCARE PROVIDERS Area 2 MATURE					
Class	100/300	200/600	500/1000	1000/1000	1000/3000
1	33	36	41	49	50
2	41	44	50	60	61
3	50	54	62	73	75
4	53	58	66	78	80
5	61	66	76	90	92
6	75	81	93	111	113
7	88	95	109	129	132
8	98	106	121	144	147
9	107	116	133	158	161
10	101	107	126	151	157
11	110	119	136	162	165
12	152	161	189	227	236
13	260	280	321	382	390
14	276	298	341	405	414
15	360	388	444	528	539
16	325	345	403	484	504
17	431	464	532	632	646
18	1,884	2,545	3,213	3,665	3,798
19	2,199	2,772	3,826	4,528	4,771
20	2,825	3,816	4,818	5,496	5,695
21	2,964	3,558	4,153	4,596	5,040
22	4,295	5,157	6,018	6,661	7,304
23	12,518	13,494	15,446	18,374	18,768

Limits	All Other Classes	Classes 18 & 20	Class 19	Classes 10, 12 & 16	Classes 21 & 22
1M/1M xs 1M/3M	1.198	1.198	1.180	1.129	1.200
2M/2M xs 1M/3M	1.366	1.376	1.355	1.277	1.476
3M/3M xs 1M/3M	1.509	1.536	1.512	1.438	1.793
4M/4M xs 1M/3M	1.631	1.680	1.655	1.613	2.140

Note: For aggregate limits not listed above, refer to company

6. Extension Contract Factors

Years ~~Retro.~~Retroactive Date Precedes ~~Expiration~~ Effective Date	All Other Classes	Classes ~~1A-4~~18 & 20	Class 19	Classes ~~5-8B~~10, 12, 16	Classes 21 & 22
Less than 1	0.~~750~~920	0.~~700~~670	0.544	0.864	0.960
~~2~~1	1.~~000~~430	1.~~000~~065	0.792	1.247	1.487
~~3~~2	1.~~100~~700	1.~~150~~285	0.940	1.487	1.679
43	1.~~150~~870	1.~~200~~607	0.980	1.631	1.727
~~5~~4 or ~~more~~More	1.~~200~~870	1.~~250~~607	0.990	1.631	1.727

~~a. Factor applies to Mature Claims-Made Allied Health Care Provider rate.~~

~~6. Claims Made Factors~~

~~Years Since Retroactive Date~~	~~Class 1A-4~~	~~Classes 5-8B~~
~~0~~	~~0.60~~	~~0.45~~
~~1~~	~~0.80~~	~~0.70~~
~~2~~	~~0.90~~	~~0.85~~
~~3~~	~~0.95~~	~~0.90~~
~~4 or More~~	~~1.00~~	~~1.00~~

7. Shared Limits Modification

Modification
Up to 25%

C. **Policy Writing Minimum Premium**
(Occurrence & Standard Claims Made Programs)

Allied Health Care Provider	$~~50~~10

D. **Premium Modifications**

1. **Part Time Allied Health Care Provider**
(Occurrence & Standard Claims Made Programs)

Hours Practicing Per Week	Max Aggregate Hours Per Year	Credit
0-10	515	50%
11-20	1050	30%

No other credits or discounts are to apply concurrent with this rule except Risk Management credit, Health Care System Affiliation and Schedule Rating Modifications.

~~Part Time Credits are available for AHCP Classes 4-8B only.~~
The Minimum Premium Requirement Rule applies to part time practitioners.

2. **Dental Hygienist in Training**

NOT AVAILABLE

3. **Locum Tenens**

NOT AVAILABLE

4. **Temporary Staffing Agency Rating Coverage**
(Occurrence & Standard Claims Made Programs)

Formula
(Applicable Manual Rate / 3120) * 1.60

5. **Leave of Absence**

Program Type	Credit
Occurrence	100%
Standard Claims Made	100%

6. **Military Leave of Absence**

Program Type	Credit
Occurrence	100%
Standard Claims Made	100%

7. **Schedule Rating**
(Occurrence & Standard Claims Made Programs)

The Medical Protective Company shall utilize the following schedule of modifications to determine appropriate premiums for certain insureds, or groups of insureds, who in the opinion of The Medical Protective Company, uniquely qualify for such modifications because of factors not contemplated in the filed rate structure of the company.

The premium for a risk may be modified in accordance with the following, subject to a maximum modification of -25% / +25%, to recognize risk characteristics that are not reflected in the otherwise applicable premium. All modifications applied under this schedule rating plan are subject to periodic review.

The modification shall be based on one or more of the following considerations:

		Credit / debit
1.	Organizational Management/ Structure A. Performance of a quality review committee to evaluate patient encounter outcomes, address unexpected results and integrate suitable solutions. B. Existence of committee structure/processes to review healthcare procedures, treatments and protocols in order to address appropriate integration into the medical practice. C. Established guidelines, procedures and resources for the maintenance of medical equipment and premises.	-10% to 10%
2.	Risk management Processes A. On-site risk manager. B. Utilization of Patient surveys to identify and address potential risk factors. D. Dedicated resource(s) and Processes in place to assimilate and respond to patient complaints.	-5% to 5%
3.	Classification anomalies A. Characteristics of individual insureds within a classification that distinguish it from the typical risk characteristics of that classification. B. Recognition of recent medical/legal developments that are anticipated to impact future loss experience.	-10% to 10%
4.	Claim anomalies A. Unusual circumstances of a claim(s) that influence the frequency of claims and/or the ultimate severity of losses. B. Recognition of economic, societal or jursidictional changes that tend to influence the ultimate severity of losses.	-10% to 10%
5.	Professional staffing, training and patient relationships A. Demonstrates stable, longstanding practice, continuity of healthcare providers and significant degree of experience in the area(s) of medicine. B. Volume and demographics of patient population appropriate for staffing levels and area(s) of medicine. C. Staffing sufficient to address appropriate availability of non-physicians and physicians during after hours and weekends. D. Degree to which staffing provides hospitalists and laborists for continuity of care E. Guidelines and compliance standards in place to	-15% to 15%

support continuing professional education.

F. Demonstrated effectiveness of credentialing and training for new staff members.

G. Proportion of staff that is board certified in their respective medical specialty.

The aforementioned modifications contemplate the standard allowance for expenses and are subject to the maximum modification referenced above. If the expenses are less than standard, an additional modification may be made to reflect this reduction.

The aforementioned modifications contemplate the standard allowance for expenses and are subject to the maximum modification referenced above. If the expenses are less than standard, an additional modification may be made to reflect this reduction.

8. **Risk Management**
(Occurrence & Standard Claims Made Programs)

Year	Credit	Addtl Credit – if EMR
1	5%	2.5%
2	5%	2.5%
3	5%	2.5%

9. **Deductible Credits**
(Occurrence & Standard Claims Made Program)

PREMIUM CREDIT FOR LOSS ONLY DEDUCTIBLE

	Incident Policy Limit (000's)				
Deductible (000's)	100	200	250	500	1000
50	7% to 28%	6% to 12%	5% to 20%	3% to 16%	2% to 14%
100	17% to 46%	15% to 26%	13% to 32%	10% to 25%	8% to 22%
200		30% to 47%	26% to 52%	21% to 40%	17% to 33%
250			32% to 60%	26% to 46%	21% to 38%
500				43% to 69%	36% to 56%

PREMIUM CREDIT FOR LOSS AND ALE DEDUCTIBLE

	Incident Policy Limit (000's)				
Deductible (000's)	100	200	250	500	1000
50	16% to 44%	14% to 24%	12% to 30%	9% to 24%	6% to 20%
100	29% to 66%	26% to 41%	22% to 46%	17% to 35%	14% to 29%
200		44% to 67%	39% to 70%	31% to 53%	25% to 43%
250			45% to 79%	36% to 60%	30% to 49%
500				57% to 87%	46% to 70%

The Deductible Credits are applicable to the primary limit premium, net of all other applicable credits and subject to a maximum dollar credit of 85% of the aggregate limit.

For Deductible and Limit combinations not listed, credits will be interpolated or extrapolated from the above ranges.

10. **Self-Insured Retention Credits**

NOT AVAILABLE

11. **Experience Rating**

NOT AVAILABLE

12. **Group Rating Rule**
(Occurrence & Standard Claims Made Programs)

AVAILABLE

13. **Slot Rating**
(Standard Claims Made Program)

AVAILABLE

14. **Full-Time Equivalency Rating**
(Occurrence & Standard Claims Made Programs)

FTE* Per Policy	Premium Modification
1-4	0.0%
5-9	-2.0%
10-14	-5.0%
15-24	-10.0%
25 +	-15.0%

Only Schedule Rating Modifications, Health Care System Affiliation and Deductible Credits may be used in conjunction with this rating rule.

15. **OPV Rating**
(Occurrence & Standard Claims Made Programs)

AVAILABLE

16. **Accelerated Extension Contract Rating**
(Standard Claims Made Program)

AVAILABLE

17. **Aggregate Credit Rule**
(Occurrence & Standard Claims Made Programs)

Max Available Credit
50%

This rule does not apply to Part Time Practice, Leave of Absence, Military Leave of Absence, Risk Management, Health Care System Affiliation or Deductible Credits.

18. **Quarterly Installment Option**

(Occurrence & Standard Claims Made Programs)

The following Interest Free Installment Payment Plans are available, at the insureds request.

- 4 PAY - 25% down, 3 equal quarterly payments thereafter

  If manual premium is over $150,000

- 25% Down, 9 equal monthly payments thereafter

The Company may assess installment fees. Such fees will not exceed $25 or 1% of the total policy premium, whichever is less, and will not exceed a total fee payment of $100 over any one policy term.

Premium bearing adjustments will be spread across remaining installments in equal amounts.

Installments are not available for Extension Contract Premium.

19. **Renewal Rate Rule**
(Occurrence & Standard Claims Made Programs)

Premium Threshold
$250,000

20. **Deferred Premium Payment Plan**
(Occurrence & Standard Claims Made Programs)

Refer to Quarterly Installment Option rule.

21. **Temporary Staffing Rating Agency**
(Occurrence & Standard Claims Made Programs)

Formula
(Applicable Manual Rate / 3120) * 1.60

22. **Health Care System Affiliation**
(Occurrence & Standard Claims Made Programs)

Any healthcare provider that is affiliated with a Company approved health care system that has implemented specific clinical integration (CI) requirements, processes and/or incentives shall be eligible for a credit, in addition to those otherwise applicable, if the CI program includes two or more of the following attributes:

- Adoption of key technologies
- Quality and efficiency standards & processes
- Patient safety / satisfaction standards & processes
- Processes to improve system wide coordination of care
- Post-hospitalization transition care procedures
- Measurement of provider participation / compliance
- Coordination of communication/resolution of adverse medical outcomes

Health care providers that are identified as meeting or exceeding the minimum requirements of the health care system's CI program shall receive a credit of 10.0%.

A health care system that has incorporated a qualified electronic health records (EHR) program in the CI shall be pre-approved for an electronic health records credit. In those instances, the Health care providers that receive a CI credit shall also receive an EHR credit of 2.5%.

This plan is not subject to the Aggregate Credit Rule.