

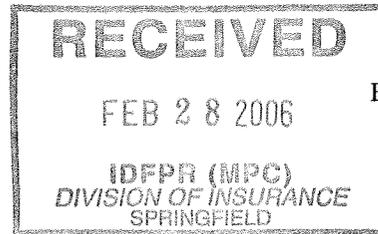
# NATIONAL CASUALTY COMPANY

8877 North Gainey Center Drive  
Scottsdale, Arizona 85258

Reply to:

Post Office Box 4110  
Scottsdale, AZ 85261-4110

Telephone  
480-365-3341  
FAX 480-368-5820



February 23, 2006

**RE: National Casualty Company**  
**NAIC No: 140-11991**  
**Dental Professional Liability Program – Claims Made**  
**Dental Professional Purchasing Group (DPPG), A Risk Purchasing Group**  
**Form Filing**  
**Company File No.: DT 03395NCF01 – R**

Dear Commissioner:

National Casualty Company is submitting a revised manual page and two new forms for use with our Dental Professional Liability Program. We request an effective date of April 1, 2006.

Please find attached:

N-DT-R-IL (2-06) Dental Professional Manual Page which replaces the (6-02) edition.  
DT-APP-18-IL (1-06) Installment Option Supplement – Illinois - NEW  
SC-561s-IL (1-06) Premium Payment Schedule – Illinois - NEW

Should you need any further information; please feel free to contact me on the toll free number or e-mail address listed below.

Sincerely,

A handwritten signature in cursive script that reads "J. Organisciak".

Jodie Organisciak  
Filings Analyst  
E-mail: organij@scottsdaleins.com  
(800) 423-7675 ext. 3341



*Forms separated*

*2/* *[Handwritten mark]*

# Property & Casualty Transmittal Document

**1. Reserved for Insurance Dept. Use Only**

**2. Insurance Department Use only**

a. Date the filing is received:

b. Analyst:

c. Disposition:

d. Date of disposition of the filing:

e. Effective date of filing: **FEB 28 2006**

f. State Filing #:

g. SERFF Filing #:

RECEIVED

IDFPR (MPC)  
DIVISION OF INSURANCE  
SPRINGFIELD

<b>3. Group Name</b>	<b>Group NAIC #</b>
Nationwide	140

4. Company Name(s)	Domicile	NAIC #	FEIN #
National Casualty Company	WI	11991	38-0865250

<b>5. Company Tracking Number</b>	<b>DT 03395NCF01</b>
-----------------------------------	----------------------

**Contact Info of Filer(s) or Corporate Officer(s)** [include toll-free number]

6.	Name and address	Title	Telephone #s	FAX #	e-mail
	Jodie Organisciak PO Box 4110 Scottsdale, AZ 85261-4110	Filing Analyst 1	800-423-7676 ext.3341-	480-368-5820	organij@scottsdaleins.com

7. Signature of authorized filer	<i>J. Organisciak</i>
----------------------------------	-----------------------

8. Please print name of authorized filer	Jodie Organisciak
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**Filing information** (see General Instructions for descriptions of these fields)

9. Type of Insurance (TOI)	17.0 Other
10. Sub-Type of Insurance (Sub-TOI)	17.0019
11. State Specific Product code(s)(if applicable)[See State Specific Requirements]	
12. Company Program Title (Marketing title)	
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
14. Effective Date(s) Requested	New: <b>April 1, 2006</b> Renewal: <b>April 1, 2006</b>
15. Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
16. Reference Organization (if applicable)	N/A
17. Reference Organization # & Title	N/A
18. Company's Date of Filing	February 23, 2006
19. Status of filing in domicile	<input type="checkbox"/> Not Filed <input checked="" type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved



## RATE/RULE FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes rate-related items such as Rate; Rule; Rate & Rule; Reference; Loss Cost; Loss Cost & Rule or Rate, etc.)

(Do not refer to the body of the filing for the component/exhibit listing.)

<b>1.</b>	<b>This filing transmittal is part of Company Tracking #</b>	DT 03395NCF01
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<b>2.</b>	<b>This filing corresponds to form filing number</b> (Company tracking number of form filing, if applicable)	n/a
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Rate Increase
  Rate Decrease
  Rate Neutral (0%)

<b>3.</b>	<b>Overall percentage rate impact for this filing</b>	0%
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<b>4.</b>	<b>Effect of Rate Filing – Written premium change for this program</b>	n/a
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<b>5.</b>	<b>Effect of Rate Filing – Number of policyholders</b>	varies
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<b>6.</b>	<b>Filing Method (Prior Approval, File &amp; Use, Flex Band, etc.)</b>	Prior approval
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Rate Change by Company			
Company Name	Percentage Change for this program	# of policyholders for this program	Written premium for this program
Scottsdale Insurance Co.	neutral	varies	n/a

<b>8.</b>	<b>Overall percentage of last rate revision</b>	15%
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<b>9.</b>	<b>Effective Date of last rate revision</b>	1997
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<b>10.</b>	<b>Filing Method of Last filing (Prior Approval, File &amp; Use, Flex Band, etc.)</b>	File and use
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11.	Exhibit Name/Description /Synopsis	Rule # or Page #	Replacement or withdrawn?	Previous state filing number, if required by state
01	manual page	N-DT-R-IL (2-06)	<input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither	N/A
02			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither	
03			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither	
04			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither	
05			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither	
06			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither	
07			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither	

To be complete, a rate/rule filing must include the following:

1. A completed Rate/Rule Filing Transmittal document (PC RRFS-1) (Do not refer to the body of the filing for the component/exhibit listing.) and,
2. A completed Property & Casualty Transmittal Document (PC TD-1) and,
3. One copy of all rate/rule components/exhibits submitted with the filing, and

**Neuman, Gayle**

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**From:** gormled@scottsdaleins.com  
**Sent:** Tuesday, September 12, 2006 2:51 PM  
**To:** Neuman, Gayle  
**Subject:** RE: National Casualty Company - Rule Filing #OD 03396NCF01-R and #DT 03395NCF01-R  
**Attachments:** N-DT-R-IL.pdf

Here is the rate/rule revision. Thank you!

"Neuman, Gayle" <Gayle.Neuman@illinois.gov>

From "Neuman, Gayle" <Gayle.Neuman@illinois.gov>  
To <gormled@scottsdaleins.com>  
cc  
Subject RE: National Casualty Company - Rule Filing #OD 03396NCF01-R and #DT 03395NCF01-R

09/12/2006 12:22 PM

I will process the form filing with this information, as I am still awaiting the rate/rule revision – however, I will mark the file to indicate this is the effective date requested for the rate/rule also.

---

**From:** gormled@scottsdaleins.com [mailto:gormled@scottsdaleins.com]  
**Sent:** Tuesday, September 12, 2006 2:15 PM  
**To:** Neuman, Gayle  
**Subject:** RE: National Casualty Company - Rule Filing #OD 03396NCF01-R and #DT 03395NCF01-R

September 12 is fine for both the form and rule filing. Thanks!

"Neuman, Gayle" <Gayle.Neuman@illinois.gov>

From "Neuman, Gayle" <Gayle.Neuman@illinois.gov>  
To <gormled@scottsdaleins.com>  
cc  
Subject RE: National Casualty Company - Rule Filing #OD 03396NCF01-R and #DT 03395NCF01-R

09/12/2006 11:29 AM

9/12/2006

The earliest effective date for the form filing is September 12, 2006 (date of receipt). However, the rule filing can have such effective date. Please advise.

---

**From:** gormled@scottsdaleins.com [mailto:gormled@scottsdaleins.com]  
**Sent:** Tuesday, September 12, 2006 11:05 AM  
**To:** Neuman, Gayle  
**Subject:** Re: National Casualty Company - Rule Filing #OD 03396NCF01-R and #DT 03395NCF01-R

Here is the revised form. Please make the effective date 9/06. Please let me know if you need any other info to approve this filing.

Thank you  
Dawn Gormley

"Neuman, Gayle" <Gayle.Neuman@illinois.gov>

09/07/2006 06:59 AM

From "Neuman, Gayle" <Gayle.Neuman@illinois.gov>

To <gormled@scottsdaleins.com>

cc

Subject National Casualty Company - Rule Filing #OD 03396NCF01-R and #DT 03395NCF01-R

9/12/2006

Ms. Gormley,

As I have not received any response from Ms. Junius, I am forwarding this request to you for handling.

This filing has been reviewed, and it was approved by the Director on 8/10/06. We are requesting that language be added to the rule filing to indicate there are no installment fees. As soon as this is received, the filing will be "filed". Do you still wish to have the original effective date of April 1, 2006? If not, please indicate the date you are requesting. Additionally, in a separate response, you can update the form filings submitted.

Thank you for your prompt attention.

---

**From:** Neuman, Gayle  
**Sent:** Thursday, August 31, 2006 2:20 PM  
**To:** 'juniusc@scottsdaleins.com'  
**Subject:** FW: National Casualty Company - Rule Filing #OD 03396NCF01-R and #DT 03395NCF01-R

Ms. Junius,

No response has been received in regard to the e-mail below. Additionally, please confirm if the company implemented these changes as of April 1, 2006? If not, is the company planning to implement the changes as of the date the review of the filing is completed?

Your immediate attention is required so that we may promptly complete these filings.

---

**From:** Neuman, Gayle  
**Sent:** Monday, August 14, 2006 3:26 PM  
**To:** 'juniusc@scottsdaleins.com'  
**Subject:** National Casualty Company - Rule Filing #OD 03396NCF01-R and #DT 03395NCF01-R

Ms. Junius,

As you know, the new Medical Professional Liability law in Illinois, PA94-677 (Senate B8II 475), requires insurers to implement a quarterly premium payment installment plan as prescribed by the Secretary of the Illinois Department of Financial and Professional Regulation (IDFPR).

This email is to advise you of the requirements being prescribed by the Secretary and by the Director of the Division of Insurance regarding the quarterly premium payment installment plan you are required to offer to your insureds. In reviewing your filings (referenced above), we note that your quarterly installment plan does not meet the some or all of the following prescribed requirements.

Please amend your rate/rule manual's quarterly installment plan provisions to comply with all of the following

9/12/2006

**Neuman, Gayle**

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**From:** gormled@scottsdaleins.com  
**Sent:** Thursday, September 07, 2006 4:01 PM  
**To:** Neuman, Gayle  
**Subject:** Re: National Casualty Company - Rule Filing #OD 03396NCF01-R and #DT 03395NCF01-R

Ms. Neuman,

We are amending the N-DT-R-IL Company Exception Page to show the wording regarding additional premium and to change the installments from four equal installments to a 40%/20%/20%/20% split as is allowed.

We are also amending the DT-APP-18-IL (1-06), Installment Option Supplement to show the same wording and percentage breakdown.

We no longer offer Ortho in Illinois, only Dental. Therefore, we are withdraw the Ortho filing.

I will send the revised forms to you asap. Feel free to call or e-mail me with any other questions you may have.

Thank you,  
Dawn Gormley

"Neuman, Gayle" <Gayle.Neuman@illinois.gov>

From "Neuman, Gayle" <Gayle.Neuman@illinois.gov>  
To <gormled@scottsdaleins.com>  
cc  
Subject National Casualty Company - Rule Filing #OD 03396NCF01-R and #DT 03395NCF01-R

09/07/2006 06:59 AM

Ms. Gormley,

As I have not received any response from Ms. Junius, I am forwarding this request to you for handling.

This filing has been reviewed, and it was approved by the Director on 8/10/06. We are requesting that language be added to the rule filing to indicate there are no installment fees. As soon as this is received, the filing will be "filed". Do you still wish to have the original effective date of April 1, 2006? If not, please indicate the date you are requesting. Additionally, in a separate response, you can update the form filings submitted.

Thank you for your prompt attention.

---

9/8/2006

**From:** Neuman, Gayle  
**Sent:** Thursday, August 31, 2006 2:20 PM  
**To:** 'juniusc@scottsdaleins.com'  
**Subject:** FW: National Casualty Company - Rule Filing #OD 03396NCF01-R and #DT 03395NCF01-R

Ms. Junius,

No response has been received in regard to the e-mail below. Additionally, please confirm if the company implemented these changes as of April 1, 2006? If not, is the company planning to implement the changes as of the date the review of the filing is completed?

Your immediate attention is required so that we may promptly complete these filings.

---

**From:** Neuman, Gayle  
**Sent:** Monday, August 14, 2006 3:26 PM  
**To:** 'juniusc@scottsdaleins.com'  
**Subject:** National Casualty Company - Rule Filing #OD 03396NCF01-R and #DT 03395NCF01-R

Ms. Junius,

As you know, the new Medical Professional Liability law in Illinois, PA94-677 (Senate Bill 475), requires insurers to implement a quarterly premium payment installment plan as prescribed by the Secretary of the Illinois Department of Financial and Professional Regulation (IDFPR).

This email is to advise you of the requirements being prescribed by the Secretary and by the Director of the Division of Insurance regarding the quarterly premium payment installment plan you are required to offer to your insureds. In reviewing your filings (referenced above), we note that your quarterly installment plan does not meet the some or all of the following prescribed requirements.

Please amend your rate/rule manual's quarterly installment plan provisions to comply with all of the following prescribed requirements and send me your updated manual pages no later than August 23, 2006.

#### Quarterly Premium Payment Installment Plan Prescribed Requirements

All companies writing medical liability insurance shall file with the Secretary or Director a plan to offer each medical liability insured the option to make premium payments, in at least quarterly installments. For purposes of this requirement, insurers may, but are not required to, offer such premium installment plans to insureds whose annual premiums are less than \$500, or for premium for any extension of a reporting period. Quarterly installment premium payment plans subject to this Section shall be included in the initial offer of the policy, or in the first policy renewal occurring after January 1, 2006. Thereafter, the insurer may, but need not re-offer such payment plan, but if an insured requests such payment plan at a later date, the insurer must make it available. All quarterly installment premium payment plan provisions shall be contained in the filed rate and/or rule manual in a section entitled, "Quarterly Installment Option" or a substantially similar title. If the company uses a substantially similar title, the Rule Submission Letter must indicate the name of the section that complies with this requirement. All quarterly installment premium payment plans shall include the minimum standards listed below. Insurers may provide for quarterly installment premium payment plans that differ from these minimum standards, as long as such plans have terms that are at least as or more favorable than those listed below.

- i) An initial payment of no more than 40% of the estimated total premium due at policy inception;
- ii) The remaining premium spread equally among the second, third, and fourth installments, with the maximum for

9/8/2006

**Neuman, Gayle**

**From:** juniusc@scottsd  
**Sent:** Tuesday, August  
**To:** Neuman, Gayle  
**Cc:** gormled@scottsd  
**Subject:** Fw: National Cast  
 03396NCF01-R

Gayle,  
 The manual states the insured  
 There are no fees. They are n  
 Since Jodie Organisciak is r  
 Filings Department if you h

Kind regards,  
 Catherine Junius, CPCU, RPL  
 Underwriting Staff Specialis  
 Professional Liability  
 (480) 365-3464

----- Forwarded by Diana Dean-Sp  
 "Neuman, Gayle" <Gayle.Neuman@

08/01/2006 09:10 AM

Diana,

I am forwarding this e-mail to  
 to the appropriate area.

**From:** Neuman, Gayle  
**Sent:** Monday, July 31, 2006 3:39 PM  
**To:** 'organij@scottsdaleins.com'

8/2/2006

such installments set at 30% of the estimated total premium, and due 3, 6, and 9 months from policy inception, respectively;

iii) No interest charges;

iv) Installment charges or fees of no more than 1% of the total premium or \$25.00, whichever is less;

v) A provision stating that additional premium resulting from changes to the policy shall be spread equally over the remaining installments, if any. If there are no remaining installments, additional premium resulting from changes to a policy may be billed immediately as a separate transaction.

Additionally, changes are required on form filing number OD 03396NCF01 and #DT 03395NCF01. They should be submitted under separate cover.

Your immediate attention is being requested so that these filings may be promptly concluded.

Gayle Neuman  
 Property & Casualty Compliance, Division of Insurance  
 Illinois Department of Financial & Professional Regulation  
 (217) 524-6497

9/8/2006

**Subject:** National Casualty Co. - Dental Rate/Rule #DT 03395NCF01-R and Orthodontist Rate/Rule #OD 03396NCF01-R

Ms. Organisciak,

I have an additional question in regard to the premium installment payment plan issue. The manuals state the insured has the option of paying the premium in full at any time without incurring "additional fees". Please explain what the additional fees are, when they are applied, and their amount(s).

Your prompt attention is appreciated.

Gayle Neuman  
Property & Casualty Compliance Unit, Division of Insurance  
Illinois Department of Financial & Professional Regulation  
(217) 524-6497

Please refer to the Property and Casualty Review Requirement Checklists before submitting a paper filing or an electronic filing (SERFF). The checklists can be accessed through our website at [http://www.idfpr.com/DOI/Prop\\_Cas\\_IS3\\_Checklists/IS3\\_Checklists.htm](http://www.idfpr.com/DOI/Prop_Cas_IS3_Checklists/IS3_Checklists.htm).

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**Neuman, Gayle**

---

**From:** System Administrator  
**To:** organij@lnotes-gw.ent.nwie.net  
**Sent:** Monday, July 31, 2006 3:42 PM  
**Subject:** Undeliverable: National Casualty Co. - Dental Rate/Rule #DT 03395NCF01-R and Orthodontist Rate/Rule #OD 03396NCF01-R

Your message did not reach some or all of the intended recipients.

Subject: National Casualty Co. - Dental Rate/Rule #DT 03395NCF01-R and Orthodontist Rate/Rule #OD 03396NCF01-R  
Sent: 7/31/2006 3:39 PM

The following recipient(s) could not be reached:

organij@lnotes-gw.ent.nwie.net on 7/31/2006 3:39 PM  
The e-mail account does not exist at the organization this message was sent to. Check the e-mail address, or contact the recipient directly to find out the correct address.  
<EntEDCMail22.nwie.net #5.1.1 X-Notes; User organij (organij@lnotes-gw.ent.nwie.net) not listed in Domino Directory >

**Neuman, Gayle**

---

**From:** Neuman, Gayle  
**Sent:** Monday, July 31, 2006 3:39 PM  
**To:** 'organij@scottsdaleins.com'  
**Subject:** National Casualty Co. - Dental Rate/Rule #DT 03395NCF01-R and Orthodontist Rate/Rule #OD 03396NCF01-R

Ms. Organisciak,

I have an additional question in regard to the premium installment payment plan issue. The manuals state the insured has the option of paying the premium in full at any time without incurring "additional fees". Please explain what the additional fees are, when they are applied, and their amount(s).

Your prompt attention is appreciated.

Gayle Neuman  
Property & Casualty Compliance Unit, Division of Insurance  
Illinois Department of Financial & Professional Regulation  
(217) 524-6497

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**Neuman, Gayle**

**From:** organij@scottsdaleins.com  
**Sent:** Friday, May 12, 2006 12:37 PM  
**To:** Gayle\_Neuman@ins.state.il.us  
**Subject:** Re: National Casualty - Dentist #DT 03395NCF01-R & Orthodontist #OD 03396NCF01-R

Gayle,  
I was just following up on this filing we had been going back and forth over. I wanted to make sure you had received the below email dated 4/21/06 and had gotten the updated pages. Please let me know if you did not receive them or if the filing is being held up for further information.

Thanks,  
Jodie Organisciak  
Filings Analyst 1  
organij@scottsdaleins.com  
800-423-7675 ext. 3341

**Jodie Organisciak**  
State Filing Analyst  
Product Forms & Filings  
Actuarial Division  
Phone: 480-365-3341  
800-423-7675 x3341  
Fax: 480-368-5820

**From** Jodie L Organiscak/Scottsdale/NWIE  
**To** Gayle\_Neuman@ins.state.il.us  
**cc** organij@scottsdaleins.com  
**Subject** Re: National Casualty - Dentist #DT 03395NCF01-R & Orthodontist #OD 03396NCF01-R [Link](#)

04/21/2006 08:26 AM

Gayle,  
Attached below are the latest updates addressing the extended reporting period. Please contact me if you need anything further.

Thanks,  
Jodie Organisciak  
Filings Analyst 1  
organij@scottsdaleins.com  
800-423-7675 ext. 3341

Gayle\_Neuman@ins.state.il.us

**From** Gayle\_Neuman@ins.state.il.us  
**To** organij@scottsdaleins.com  
**cc**  
**Subject** National Casualty - Dentist #DT 03395NCF01-R & Orthodontist #OD 03396NCF01-R

04/18/2006 11:43 AM

5/15/2006

Ms. Organisciak,

In regard to the extended reporting period information provided, National Casualty additionally needs to indicate in the manual:

- 1) if the period is for 12 months or unlimited;
- 2) the insured will be allowed at least 30 days after the end of the policy period to purchase the extended reporting period; and
- 3) the extended reporting period premium will be priced as a factor of one of the following: (a) the last twelve months premium; (b) the premium in effect at policy issuance; or (c) the expiring annual premium. The manual must list the factor (s) to be used to figure the premium, which of the three premiums the factor will be applied to, and any credits, discounts, etc. that will be added or removed when determining the final premium.

Thank you for your prompt attention.

Gayle Neuman  
Property & Casualty Compliance Unit, Division of Insurance  
Illinois Department of Financial & Professional Regulation  
(217) 524-6497

Please refer to the Property and Casualty Review Requirement Checklists before submitting a paper filing or an electronic filing (SERFF). The checklists can be accessed through our website at [http://www.idfpr.com/DOI/Prop\\_Cas\\_IS3\\_Checklists/IS3\\_Checklists.htm](http://www.idfpr.com/DOI/Prop_Cas_IS3_Checklists/IS3_Checklists.htm).

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organij@scottsdaleins.com  
04/21/2006 10:26 AM

To Gayle\_Neuman@ins.state.il.us  
cc organij@scottsdaleins.com  
bcc  
Subject Re: National Casualty - Dentist #DT 03395NCF01-R &  
Orthodontist #OD 03396NCF01-R

Gayle,  
Attached below are the latest updates addressing the extended reporting period.  
Please contact me if you need anything further.

Thanks,  
Jodie Organisciak  
Filings Analyst 1  
organij@scottsdaleins.com  
800-423-7675 ext. 3341

Gayle\_Neuman@ins.state.il.us From Gayle\_Neuman@ins.state.il.us  
To organij@scottsdaleins.com  
cc  
Subject National Casualty - Dentist #DT 03395NCF01-R & Orthodontist #OD  
03396NCF01-R

04/18/2006 11:43 AM

Ms. Organisciak,

In regard to the extended reporting period information provided, National Casualty additionally needs to indicate in the manual:

- 1) if the period is for 12 months or unlimited;
- 2) the insured will be allowed at least 30 days after the end of the policy period to purchase the extended reporting period; and
- 3) the extended reporting period premium will be priced as a factor of one of the following: (a) the last twelve months premium; (b) the premium in effect at policy issuance; or (c) the expiring annual premium. The manual must list the factor(s) to be used to figure the premium, which of the three premiums the factor will be applied to, and any credits, discounts, etc. that will be added or removed when determining the final premium.

Thank you for your prompt attention.

Gayle Neuman  
Property & Casualty Compliance Unit, Division of Insurance  
Illinois Department of Financial & Professional Regulation  
(217) 524-6497

Please refer to the Property and Casualty Review Requirement Checklists before submitting a paper filing or an electronic filing (SERFF). The checklists can be accessed through our website at [http://www.idfpr.com/DOI/Prop\\_Cas\\_IS3\\_Checklists/IS3\\_Checklists.htm](http://www.idfpr.com/DOI/Prop_Cas_IS3_Checklists/IS3_Checklists.htm).

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N-DT-R-IL (2-06) UPDATED.doc N-DC-R-IL (4-06) LATEST VERSION.doc



organij@scottsdaleins.com  
04/18/2006 05:37 PM

To Gayle\_Neuman@ins.state.il.us  
cc  
bcc  
Subject Re: National Casualty - Dentist #DT 03395NCF01-R

Gayle,

Yes, that is correct.

Gayle\_Neuman@ins.state.il.us

From Gayle\_Neuman@ins.state.il.us  
To organij@scottsdaleins.com  
cc  
Subject National Casualty - Dentist #DT 03395NCF01-R

04/18/2006 11:15 AM

Ms. Organisciak,

Thank you for your e-mail of April 14, 2006. I just want to clarify that you do not intend to have page N-DT-R-IL-1 in the manual anymore, as the info is provided on page N-DT-R-IL.

Thank you for your prompt attention.

Gayle Neuman  
Property & Casualty Compliance Unit, Division of Insurance  
Illinois Department of Financial & Professional Regulation  
(217) 524-6497

Please refer to the Property and Casualty Review Requirement Checklists before submitting a paper filing or an electronic filing (SERFF). The checklists can be accessed through our website at [http://www.idfpr.com/DOI/Prop\\_Cas\\_IS3\\_Checklists/IS3\\_Checklists.htm](http://www.idfpr.com/DOI/Prop_Cas_IS3_Checklists/IS3_Checklists.htm).

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**NATIONAL CASUALTY COMPANY  
PROFESSIONAL LINES  
DENTIST PROFESSIONAL LIABILITY PROGRAM  
CLAIMS MADE  
COMPANY EXCEPTION PAGE**

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**GENERAL INSTRUCTIONS**

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The following rates shall apply to the Dentist Professional Liability Program - Claims Made:

Basic Limits - \$100,000 Each Claim/\$300,000 Annual Aggregate

Territory 1 –Cook County.

Class 1	Class 1A	Class 2	Class 2A
\$1,850	\$1,665	\$3,601	\$3,750

Territory 3 – Remainder of State.

Class 1	Class 1A	Class 2	Class 2A
\$903	\$813	\$1,201	\$1,255

5. The maximum debit/credit allowed is +/-40%.



organij@scottsdaleins.com  
04/14/2006 03:13 PM

To Gayle\_Neuman@ins.state.il.us  
cc  
bcc  
Subject Extended Reporting Illinois

Gayle,

Attached below are the update rate pages I received from our underwriting dept. Please contact me if you have further questions.

- Here is the amended Dentist Illinois rate page:

Please note that I also changed the item "5. The maximum debit/credit allowed is +/-40%." to indicate that it is item "6." because the numbering was incorrect.

- Here is the amended Ortho Illinois rate page:

Please note that the ERP section is added to the state rate page to comply with Illinois requirements.

Thanks,  
Jodie Organisciak  
Filings Analyst 1  
organij@scottsdaleins.com



800-423-7675 ext. 3341 N-DT-R-IL DRAFT.doc N-OC-R-IL DRAFT.doc



**NATIONAL CASUALTY COMPANY  
PROFESSIONAL LINES  
DENTAL PROFESSIONAL LIABILITY (CLAIMS-MADE)  
DENTIST PROFESSIONAL LIABILITY  
COMPANY EXCEPTION PAGE**

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**GENERAL INSTRUCTIONS**


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Territory 1 –Cook County.

Class 1	Class 1A	Class 2	Class 2A
\$1,850	\$1,665	\$3,601	\$3,750

Territory 2 – Remainder of State.

Class 1	Class 1A	Class 2	Class 2A
\$903	\$813	\$1,201	\$1,255

6. The maximum debit/credit allowed is +/-40%.
9. Extended Reporting Period is deleted and replaced with the following:

A dentist who is insured on a claims-made policy may elect to buy an unlimited Extended Reporting Period per the policy provisions upon termination of coverage.

We will advise the insured in writing within thirty (30) days after the date of termination of coverage of the availability of unlimited Extended Reporting Period. The insured must deliver a written request for the endorsement no later than thirty (30) days after our notice or within sixty (60) days after the end of the policy period, whichever is greater.

The cost of the unlimited Extended Reporting Period will be two hundred percent (200%) of the expiring annual premium of the policy.

There will be no additional charge for Extended Reporting Coverage in the event of the insured's death or disability.

There will be no additional charge for Extended Reporting Coverage if the insured retires from dentistry after being insured with the company for the last 5 (five) consecutive years prior to retirement.

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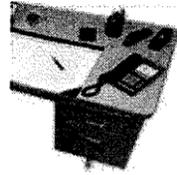
**INSTALLMENTS**


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The insured has the option of paying their premium in four quarterly installments with no interest charges. The option shall be made available at the initial offer or at the first policy renewal occurring after January 1, 2006. If the insured requests installment payments, the following payment plan is available:

Initial payment due at inception.	Equal to 25% of the premium.
Second payment due three months after inception.	Equal to 25% of the premium.
Third payment due six months after inception.	Equal to 25% of the premium.
Final payment due nine months after inception.	Equal to 25% of the premium.

Additional premium resulting from changes to the policy shall be billed immediately as a separate transaction. The insured has the option of paying the premium in full at any time without incurring additional fees. In the event that the insured fails to pay an installment, the policy may be cancelled for non-payment of premium in accordance with the policy provisions.



Gayle Neuman/INS  
04/05/2006 11:51 AM

To organij@scottsdaleins.com  
cc  
bcc  
Subject National Casualty - Dentist #DT 03395NCF01-R

Ms. Organisciak,

Thank you for your prompt reply.

Page N-DT-R-IL-1 as filed on September 10, 2003 included changes to 9 - extended reporting period. Now, I cannot find these changes anywhere.

Additionally, extended reporting period (tail coverage) premium must be priced as a factor of one of the following: (1) the last twelve months premium; (2) the premium in effect at policy issuance; or (3) the expiring annual premium. The manual must list the factor(s) to be used to figure the premium, which of the three premiums the factor will be applied to, and any credits, discounts, etc. that will be added or removed when determining the final premium.

The copy of page N-DT-R-IL-1 as provided with your 4/5/06 e-mail is not the way it was filed with our Department. In comparing pages N-DT-R-IL-1 with N-DT-R-IL, why are both pages necessary?

Your prompt attention is appreciated.

Gayle Neuman  
Property & Casualty Compliance Unit, Division of Insurance  
Illinois Department of Financial & Professional Regulation  
(217) 524-6497

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**NATIONAL CASUALTY COMPANY  
PROFESSIONAL LINES  
DENTAL PROFESSIONAL LIABILITY (CLAIMS-MADE)  
DENTIST PROFESSIONAL LIABILITY  
COMPANY EXCEPTION PAGE**

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**GENERAL INSTRUCTIONS**

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The following rates shall apply to the Dentist Professional Liability Program - Claims Made:

Basic Limits - \$100,000 Each Claim/\$300,000 Annual Aggregate

Territory 1 –Cook County.

Class 1	Class 1A	Class 2	Class 2A
\$1,850	\$1,665	\$3,601	\$3,750

Territory 2 – Remainder of State.

Class 1	Class 1A	Class 2	Class 2A
\$903	\$813	\$1,201	\$1,255

5. The maximum debit/credit allowed is +/-40%.

The insured has the option of paying their premium in four quarterly installments with no interest charges. The option shall be made available at the initial offer or at the first policy renewal occurring after January 1, 2006. If the insured requests installment payments, the following payment plan is available:

Initial payment due at inception.	Equal to 25% of the premium.
Second payment due three months after inception.	Equal to 25% of the premium.
Third payment due six months after inception.	Equal to 25% of the premium.
Final payment due nine months after inception.	Equal to 25% of the premium.

Additional premium resulting from changes to the policy shall be billed immediately as a separate transaction. The insured has the option of paying the premium in full at any time without incurring additional fees. In the event that the insured fails to pay an installment, the policy may be cancelled for non-payment of premium in accordance with the policy provisions.



organij@scottsdaleins.com  
04/05/2006 10:57 AM

To: Gayle\_Neuman@ins.state.il.us  
cc  
bcc  
Subject: Re: National Casualty - Orthodontist #OD 03396NCF01-R & Dentist #DT 03395NCF01-R

Ms. Neuman,

N-OC-R-IL: There is no maximum debit/credit on the countrywide manual pages as the combination of all credits shall not exceed the maximum allowed by the state (since these are countrywide pages, every state is different). Attached is the countrywide manual pages for your reference.

Yes, the territory definitions are not the same for dentists and orthodontists.

Please find attached the countrywide Dental manual pages for your reference as well as Illinois Dental pages dated (6-02) and the current edition (2-06) we wish to have approved.

Thank you,  
Jodie Organisciak  
Filings Analyst 1  
organij@scottsdaleins.com  
800-423-7675 ext. 3341



N-OC-R-CW.doc N-DT-R-CW.doc N-DT-R-IL (2-06).doc N-DT-R-IL (6-02).doc



Gayle Neuman/INS  
04/04/2006 02:21 PM

To organij@scottsdaleins.com  
cc  
bcc  
Subject National Casualty - Orthodontist #OD 03396NCF01-R &  
Dentist #DT 03395NCF01-R

Ms. Organisciak,

Please address the requests/questions listed below:

1. On page N-OC-R-IL, is "7" referring the experience rating plan? Does the scheduled rating plan have a maximum debit/credit?

We request you also file or refile the countrywide pages that apply to orthodontist.

2. As we are also reviewing the dentist rate/rule filing, please confirm the territory definitions are not the same for dentists as for orthodontists.

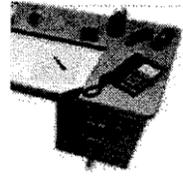
3. Previously, page N-DT-R-IL-1 (as filed in our manual copy effective 9/10/03) made corrections to the countrywide pages - such as the correction to the extended reporting period. As the correction is no longer on the exception page, all pages of the manual (countrywide and Illinois) should be refiled for review.

We request receipt of your response by no later than April 14, 2006.

Gayle Neuman  
Property & Casualty Compliance Unit, Division of Insurance  
Illinois Department of Financial & Professional Regulation  
(217) 524-6497

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Gayle Neuman/INS  
03/01/2006 11:00 AM

To organij@scottsdaleins.com  
cc  
bcc  
Subject Revised - Dental Rate/Rule Filing #DT 03395NCF01-R

Ms. Organisciak,

We are in receipt of the above referenced filing submitted by your letter dated February 23, 2006. As forms cannot be filed with rates/rules, we have separated the filings and added "-R" to the rate/rule portion filing number.

We are currently holding all medical malpractice filings because of pending legislation (which includes the premium installment plan) in the "first notice" period (2/10/06 through 3/27/06). For information explaining the "first notice" period, go to the website [ilga.gov](http://ilga.gov) and click on "Additional Resources - Legislative Support Services" - then choose "Joint Committee on Administrative Rules" - you will see the Illinois Rulemaking Process.

If you wish to see a copy of the pending legislation, here is a link to the SOS website site where the Registers are posted: <http://www.sos.state.il.us/departments/index/register/home.html#volume30>.

If National Casualty Company has any comments they wish to make regarding such regulations (which includes the premium installment plan), you should forward such written information to Tim Cena ([tim\\_cena@ins.state.il.us](mailto:tim_cena@ins.state.il.us)) or Barb Smith ([BSmith1@idfpr.com](mailto:BSmith1@idfpr.com)) of this Department.

Gayle Neuman  
Property & Casualty Compliance Unit, Division of Insurance  
Illinois Department of Financial & Professional Regulation  
(217) 524-6497

Please refer to the Property and Casualty Review Requirement Checklists before submitting a paper filing or an electronic filing (SERFF). The checklists can be accessed through our website at [http://www.idfpr.com/DOI/Prop\\_Cas\\_IS3\\_Checklists/IS3\\_Checklists.htm](http://www.idfpr.com/DOI/Prop_Cas_IS3_Checklists/IS3_Checklists.htm).

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**NATIONAL CASUALTY COMPANY  
PROFESSIONAL LINES  
DENTISTS PROFESSIONAL LIABILITY PROGRAM  
CLAIMS MADE**

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**GENERAL INSTRUCTIONS**

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The following rating factors shall apply to the Dentists Professional Liability Program – Claims Made:

1. Policy Type: Claims Made and Reported
2. Basic Coverage and Base Limits of Liability
  - A. Dentists Professional Liability - \$100,000 Each Claim/\$300,000 Annual Aggregate
  - B. First Aid - \$5,000 each person
3. Increased Limits Table

LIMITS	FACTOR
\$200,000/\$600,000	1.14
\$500,000/\$1,500,000	1.22
\$1,000,000/\$3,000,000	1.28

For higher limits please refer to the Company.

4. Entity Coverage
  - A. Entity coverage with shared limits of liability will be provided at no additional premium charged.
  - B. Entity coverage with separate limit of liability will be provided as follows:
    - 1 When all the Dentist of the business entity are insured with National Casualty Company 10% of the applicable Dentist rate will be charged.
    - 2 When not all the Dentist of the business entity are insured with National Casualty Company 20% of the applicable Dentist rate will be charged.
5. Professional Liability Rate Modifiers

All credits and debits developed in this section are multiplicative. The maximum for any combination of debits or credits is 50%. The maximum combination does not apply to Deductible Credit, Risk Management or Group Credits.

A. Deductibles

DEDUCTIBLE	Credit
\$3,000 / \$6,000	7.5%
\$5,000 / \$10,000	10.0%
\$10,000 / \$20,000	20.0%

DIVISION OF INSURANCE STATE OF ILLINOIS/IDFPR <b>FILED</b>  SEP 12 2006  SPRINGFIELD, ILLINOIS
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**NATIONAL CASUALTY COMPANY  
PROFESSIONAL LINES  
DENTISTS PROFESSIONAL LIABILITY PROGRAM  
CLAIMS MADE**

**B. New Dentist**

A "new" dentist is defined as a student who has completed their training within the previous twelve months from license date or the experienced military dentist who within twelve months of honorable military discharge or a foreign graduate of a 4-year program from an accredited U.S. dental school enters full-time private or group practice.

YEAR	Credit
First Year	50%
Second Year	25%
Third Year	25%

**C. Part Time**

50%	Part-time Dentist (average of 20 hours or less per week).....	
	Full-time Dental Postgraduate Students (with school verification and an average of 20 hours or less per week).....	50%
	Full-time Dental Faculty (with school verification and an average of 20 hours or less per week).....	50%

**D. Risk management**

A 10% Risk Management credit will be applied to the applicable rate for dentist who successfully complete a Risk Management Program approved by the Company. The credit will be allowed for three (3) successive policy periods with the initial credit being applied to the first full policy period after completion of the program.

**6. Schedule Rating**

	Credit	Debit
Procedure Mix A substantive percentage of the General Dentist's practice is in specialty areas: Endodontics, Periodontics, Extraction of impacted third molars, etc.	0-25%	0-25%
Training / Education Training or lack of training in specialty areas in which the dentist is performing procedures	0-25%	0-25%
Unusual Risk Characteristics -Practice characteristics not contemplated in the basic premium -More than three owned location -Increased/Decreased risk	0-25%	0-25%

Dental Board Examiner Actions



**NATIONAL CASUALTY COMPANY  
PROFESSIONAL LINES  
DENTISTS PROFESSIONAL LIABILITY PROGRAM  
CLAIMS MADE**

-Negative outcomes at peer review or other disciplinary body activity 0% 25%

NOTE: In no event shall the combination of credits/debits exceed the maximum allowed by the state (see State Page).

7. Experience Rating

Based upon the insured's claim experience and history over the proceeding 5(five) year period, an Experience Rating Debit or credit may be applied. The maximum credit or debit shall not exceed 25%. Criteria used to determine the application of such credits or debits shall include:

- Number of claims in prior 5 years
- Total incurred losses in prior 5 years
- Total paid losses in prior 5 years
- The cause of losses
- Corrective actions taken for subsequent loss prevention
- Areas of specialization

8. Prior Acts Factors

YEAR	FACTOR
1	0.32
2	0.62
3	0.77
4	0.85
5	1.00

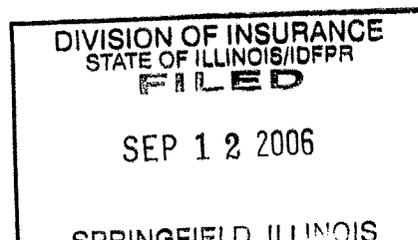
9. Extended Reporting Period

A dentist who is insured on a claims-made policy and whose policy terminates for any reason other than failure to pay the premium may elect to buy the Tail per the policy provisions.

There will be no additional charge for Extended Reporting Coverage in the event of the insured's death or disability.

There will be no additional charge for Extended Reporting Coverage if the insured retires form dentistry after being insured with the company for the last 5 consecutive years prior to retirement.

10. Group Practice Credit



**NATIONAL CASUALTY COMPANY  
PROFESSIONAL LINES  
DENTISTS PROFESSIONAL LIABILITY PROGRAM  
CLAIMS MADE**

When all dentists within a group of four or more are insured by the Company under a single policy the following factors will apply to the final premium.

Dentist	Factor
4 - 10 Dentists	.93
11+ Dentists	.85

11. Risks with membership in an accredited dental society or organization will be eligible for a 10% premium credit.

12. Leave of Absence – (Parenting, Health, Extended Office Closure, Education, Military)

The policy expiration date may be extended for up to 12 months at no additional charge. Minimum leave is 30 days; maximum is one year except for education leave. No professional liability exposure is permitted during leave of absence. Leave of absence will not be considered as consecutive years of insurance to qualify for free retirement reporting provision.

Example: A dentist is less than halfway through the Second Year claims-made year and a Leave of Absence extends coverage for 12 months. The dentist returns to practice and is rated as Second Year. Had this dentist not taken a Leave of Absence, the Third Year rate would have applied.

13. Locum Tenens

Coverage for a substitute dentist (120-day maximum). Prior approval required by the Company

14. Rounding Rule

All premiums shown on the policy and endorsements will be rounded to the nearest whole dollar. A premium of \$.50 or more will be rounded to the next highest whole dollar.

15. Location of Practice

The rates contemplate 50% or greater exposure derived from professional practice within the rating territory. Dentists with exposures outside the rating state are acceptable if the rating state criteria are met.

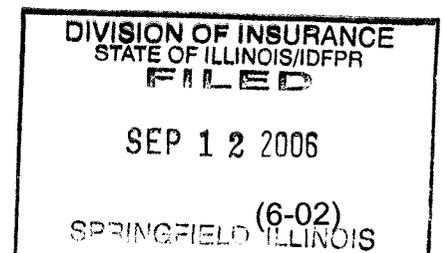
16. Cancellation of Policy

A. If the policy is canceled at the insured's request; the return premium will be 90% of the pro rata unearned premium (10% penalty)

B. If the policy is canceled at the insurer's request; the return premium will be 100% of the pro rata unearned premium (no penalty)

17. Policy Writing Minimum Premium

The minimum premium shall be \$250.00 per annual or lesser period.



**NATIONAL CASUALTY COMPANY  
PROFESSIONAL LINES  
DENTISTS PROFESSIONAL LIABILITY PROGRAM  
CLAIMS MADE**

18. Classification Guide

Coverage for Dentists Professional Liability is offered for Class 1, Class 1A, Class 2 and Class 2A as defined below.

**Class 1 – General Dentist, Endodontist, Dentist, Periodontist, Prosthodontist:**

This classification applies to all DDS' or DMD's who practice these specialties and who use local, nitrous oxide or oral conscious sedation (swallowed). This classification would also apply to all dentists who provide services to patients who have been administered deep sedation or general anesthesia in their office, hospital or surgi-center by an MD / nurse anesthetist, dentist anesthetist, or oral surgeon other than the dentist or his/her licensed employee.

**Class 1A – Pediatric Dentist or Oral Pathologist:**

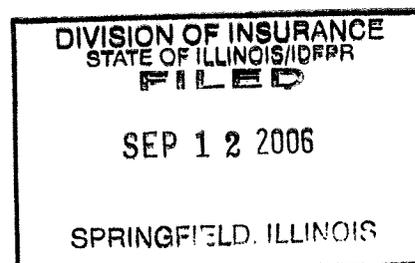
This classification applies to all DDS' or DMD's whose practice is limited to these specialties and who use local, nitrous oxide or oral conscious sedation (swallowed). This classification would also apply to all dentists who provide services to patients who have been administered deep sedation or general anesthesia in their office, hospital or surgi-center by an MD / nurse anesthetist, dentist anesthetist, or oral surgeon other than the dentist or his/her licensed employee.

**Class 2 – Implantologist – Surgical**

This classification applies to all DDS' or DMD's whose practice specializes in providing surgical implant services. For Classification purposes all insureds that treat 15% or more of their patients for surgical implants will be rated under this classification. It also contemplates the use of local, nitrous oxide or oral conscious sedation (swallowed). This classification would also apply to all dentists who provide services to patients who have been administered deep sedation or general anesthesia in their office, hospital or surgi-center by an MD / nurse anesthetist, dentist anesthetist, or oral surgeon other than the dentist or his/her licensed employee.

**Class 2A – Temporomandibular Joint Specialist**

This classification applies to all DDS's or DMD's whose practice specializes in treating patients with Temporomandibular Joint Symptoms. For Classification purposes all insureds that treat 25% or more of their patients for this disorder will be rated under this classification. Local, nitrous oxide or oral conscious sedation (swallowed) can be administered by the DDS or DMD. This classification would also apply to all dentists who provide services to patients who have been administered deep sedation or general anesthesia in their office, hospital or surgi-center by an MD / nurse anesthetist, dentist anesthetist, or oral surgeon other than the dentist or his/her licensed employee.



**NATIONAL CASUALTY COMPANY  
PROFESSIONAL LINES  
DENTAL PROFESSIONAL LIABILITY (CLAIMS-MADE)  
DENTIST PROFESSIONAL LIABILITY  
COMPANY EXCEPTION PAGE**

---

**GENERAL INSTRUCTIONS**

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The following rates shall apply to the Dentist Professional Liability Program - Claims Made:

Basic Limits - \$100,000 Each Claim/\$300,000 Annual Aggregate

Territory 1 –Cook County.

Class 1	Class 1A	Class 2	Class 2A
\$1,850	\$1,665	\$3,601	\$3,750

Territory 2 – Remainder of State.

Class 1	Class 1A	Class 2	Class 2A
\$903	\$813	\$1,201	\$1,255

6. The maximum debit/credit allowed is +/-40%.
9. Extended Reporting Period is deleted and replaced with the following:

A dentist who is insured on a claims-made policy may elect to buy an unlimited Extended Reporting Period per the policy provisions upon termination of coverage.

We will advise the insured in writing within thirty (30) days after the date of termination of coverage of the availability of unlimited Extended Reporting Period. The insured must deliver a written request for the endorsement no later than thirty (30) days after our notice or within sixty (60) days after the end of the policy period, whichever is greater.

The cost of the unlimited Extended Reporting Period will be two hundred percent (200%) of the expiring annual premium of the policy.

There will be no additional charge for Extended Reporting Coverage in the event of the insured's death or disability.

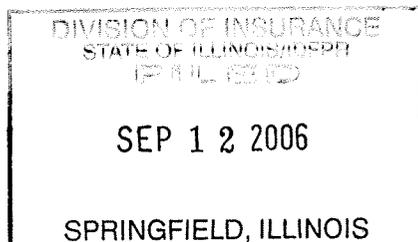
There will be no additional charge for Extended Reporting Coverage if the insured retires from dentistry after being insured with the company for the last 5 (five) consecutive years prior to retirement.

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**QUARTERLY INSTALLMENT OPTION**

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The insured has the option of paying their premium in four quarterly installments with no interest charges. The option shall be made available at the initial offer or at the first policy renewal occurring after January 1, 2006. If the insured requests installment payments, the following payment plan is available:



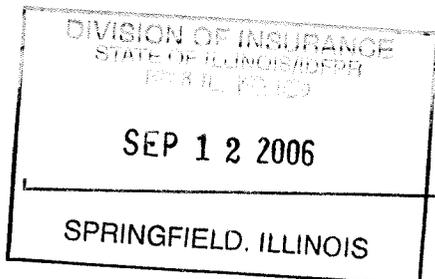
N-DT-R-IL

08-06

Initial payment due at inception.	Equal to 40% of the premium.
Second payment due three months after inception.	Equal to 20% of the premium.
Third payment due six months after inception.	Equal to 20% of the premium.
Final payment due nine months after inception.	Equal to 20% of the premium.

Additional premium resulting from changes to the policy shall be spread equally over the remaining installments, if any. If there are no remaining installments, additional premium resulting from changes to a policy may be billed immediately as a separate transaction.

The insured has the option of paying the premium in full at any time without incurring additional fees. In the event that the insured fails to pay an installment, the policy may be cancelled for non-payment of premium in accordance with the policy provisions.



N-DT-R-IL

08-06