

SERFF Tracking Number: CNNA-125325288 State: Arkansas  
Filing Company: The Cincinnati Insurance Company State Tracking Number: AR-PC-07-026453  
Company Tracking Number: CPRO-07-6009-AR  
TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0000 Other Liability Sub-TOI Combinations  
Product Name: CPRO-07-6009-AR  
Project Name/Number: /

## Filing at a Glance

Company: The Cincinnati Insurance Company

Product Name: CPRO-07-6009-AR

SERFF Tr Num: CNNA-125325288 State: Arkansas

TOI: 17.0 Other Liability - Claims  
Made/Occurrence

SERFF Status: Closed

State Tr Num: AR-PC-07-026453

Sub-TOI: 17.0000 Other Liability Sub-TOI  
Combinations

Co Tr Num: CPRO-07-6009-AR

State Status:

Filing Type: Rate

Co Status:

Reviewer(s): Betty Montesi, Edith  
Roberts, Brittany Yielding

Author: Sharon Grubbs

Disposition Date: 10/22/2007

Date Submitted: 10/16/2007

Disposition Status: Filed

Effective Date Requested (New): 05/01/2008

Effective Date (New):

Effective Date Requested (Renewal):

Effective Date (Renewal):

## General Information

Project Name:

Status of Filing in Domicile: Pending

Project Number:

Domicile Status Comments:

Reference Organization:

Reference Number:

Reference Title:

Advisory Org. Circular:

Filing Status Changed: 10/22/2007

State Status Changed: 10/17/2007

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

At this time, we wish to file manual page(s) per the attached memorandum.

Final copies are attached for your review.

Filing fees will be sent through the Electronic Filing Fee System as a (EFT) filing.

Please be advised that we work on a 90-days-in-advance schedule. As a result, we would appreciate your approval by February 1, 2008, for the software to be mailed to our agents on March 1, 2008, for the effective date of May 1, 2008.

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Your approval is respectfully requested for use on policies effective on or after May 1, 2008.

## Company and Contact

### Filing Contact Information

Sharon Grubbs, Senior Filings Analyst sharon\_grubbs@cinfin.com  
 6200 S. Gilmore Road (513) 870-2091 [Phone]  
 Fairfield, OH 45014 ()-[FAX]

### Filing Company Information

The Cincinnati Insurance Company CoCode: 10677 State of Domicile: Ohio  
 6200 S. Gilmore Road Group Code: 244 Company Type:  
 Fairfield, OH 45014 Group Name: State ID Number:  
 (513) 870-2000 ext. [Phone] FEIN Number: 31-0542366  
 -----

## Filing Fees

Fee Required? Yes  
 Fee Amount: \$100.00  
 Retaliatory? Yes  
 Fee Explanation:  
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
The Cincinnati Insurance Company	\$100.00	10/16/2007	16141953

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Filed	Edith Roberts	10/22/2007	10/22/2007

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 Project Name/Number: /

## Disposition

Disposition Date: 10/22/2007  
 Effective Date (New):  
 Effective Date (Renewal):  
 Status: Filed  
 Comment:

Company Name:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Premium:	Maximum % Change (where required):	Minimum % Change (where required):	Overall % Indicated Change:
The Cincinnati Insurance Company	0.000%	\$0	0	\$153,493	0.000%	0.000%	0.000%

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<b>Item Type</b>	<b>Item Name</b>	<b>Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	PROPERTY AND CASUALTY TRANSMITTAL	Filed	Yes
<b>Supporting Document</b>	EXHIBIT	Filed	Yes
<b>Supporting Document</b>	RULE/RATE FILING SCHEDULE	Filed	Yes
<b>Supporting Document</b>	MEMORANDUM	Filed	Yes
<b>Rate</b>	Professional Liability	Filed	Yes

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 Product Name: CPRO-07-6009-AR  
 Project Name/Number: /

**Rate Information**

Rate data applies to filing.

**Filing Method:** FILE & USE  
**Rate Change Type:** Decrease  
**Overall Percentage of Last Rate Revision:** 0.000%  
**Effective Date of Last Rate Revision:** 01/01/2003  
**Filing Method of Last Filing:** FILE & USE

**Company Rate Information**

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Premium:	Maximum % Change (where required):	Minimum % Change (where required):
The Cincinnati Insurance Company	0.000%	0.000%	\$0	0	\$153,493	0.000%	0.000%

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 Project Name/Number: /

## Rate/Rule Schedule

Review Status:	Exhibit Name:	Rule # or Page #:	Rate Action	Previous State Filing Attachments Number:
Filed	Professional Liability	Rule 4. Dentist's Professional Liability; Rule 33. Printers Errors and Omissions	Replacement	CPRO-06-6001-AR & AR PRO 05-08 D.pdf CPRO-02-6010-AR

# THE CINCINNATI INSURANCE COMPANIES

## DIVISION SEVEN COMMERCIAL LINES PROFESSIONAL LIABILITY MANUAL COVERAGE RULES

### 4. DENTIST'S PROFESSIONAL LIABILITY (Subline Code 230) (Cont'd)

3. Locum Tenens (Temporary Substitute) Coverage. Coverage is extended to a named individual who is temporarily substituting for an insured. The Limits of Insurance do not apply separately to the Locum Tenens, but are shared with the insured. Attach form **PA 204**. No premium charge. Application **PA-007** is required.

#### I. Rate Modification Plan

##### 1. General Rules

- a. All rating plans apply for a period of one year and will be recalculated at each anniversary or renewal.
- b. All credits and debits apply to each dentist individually.
- c. The credits and debits provided by these plans shall be taken one after the other and not added together.
- d. The total credits for all Rating Plans combined, not including the Leave of Absence Rating Plan, may not exceed 60%.

##### 2. Recent Graduate Rating Plan:

	<b>Credit</b>
First year dentist	60% <b>credit</b>
Second year dentist	40% <b>credit</b>
Third year dentist	20% <b>credit</b>

The first year begins on the date the dentist receives the first state or regional board certification.

##### 3. Part-time Rating Plan:

To qualify for a part-time credit of 50%, the dentist must work no more than 20 hours per week.

##### 4. Leave of Absence Rating Plan:

Apply 75% credit to that portion of the premium that is charged for the period of the leave of absence. To qualify for this credit, the dentist must be disabled or on a leave of absence for a period of not less than 45 days but no more than 180 days.

##### 5. Association Rating Plan:

Member of a local, state or national dental association 5% **credit**

##### 6. Practice Rating Plan:

- a. Endodontic work by any classification other than Endodontic specialist:
  - Treatment of single-rooted teeth 10% **debit**
  - Treatment of multi-rooted teeth 25% **debit**

If both, only apply the debit associated with Treatment of multi-rooted teeth.

- b. Extraction of:

- Erupted third molars 15% **debit**
- Impacted third molars - soft tissue or partial bony only 25% **debit**

If both, only apply the debit associated with Impacted third molars - soft tissue or partial bony only.

These debits do not apply to Class 2B dentists.

- c. If not doing oral cancer examinations: 15% **debit**

##### 7. Experience Rating Plan:

The experience period is the three years immediately preceding the effective date of the current policy period.

##### a. Experience Credit:

0 losses 25% **credit**

# THE CINCINNATI INSURANCE COMPANIES

## DIVISION SEVEN COMMERCIAL LINES PROFESSIONAL LIABILITY MANUAL COVERAGE RULES

### 4. DENTIST'S PROFESSIONAL LIABILITY (Subline Code 230) (Cont'd)

#### b. Experience Debits:

1 loss:		
paid or reserve	≤ \$5,000	15% debit
paid or reserve	> \$5,000	25% debit
2 losses		100% debit
3 losses		300% debit

A chargeable loss is defined as a paid loss (expenses are not included as a paid loss) or a reserve for a claim which the underwriter deems there was probable negligence involved and a loss payment is likely.

Any insured who qualifies for an experience debit may also be declined or non-renewed.

#### 8. Expense Considerations

The experience and practice rating modification contemplate the standard provisions for expenses. If such expenses are less than standard, such modifications if a credit, shall be increased, or if a debit, shall be decreased by the amount of the reduction in expenses.

### 5. BLOOD BANK PROFESSIONAL LIABILITY (Subline Code 220)

#### A. Description of Coverage

This coverage form provides protection against liability claims arising from the furnishing or failure to furnish professional services as a blood bank.

#### B. Forms

PA 114 - Hospital Professional Liability Coverage Form

PA 514 - Hospital Professional Liability Coverage Part Declarations

#### C. Application

Refer to Home Office.

#### D. Rates / Premium Determination

##### 1. Premium Basis

Rates and premium are each donation.

##### 2. Rates

Rates for Basic Limits: \$100,000 Each Medical Incident Limit  
\$300,000 Aggregate Limit

For increased limits, refer to Rule 52.

Classification	Code	Rate
Blood Bank (Each Donation)	80992	\$0.26

# THE CINCINNATI INSURANCE COMPANIES

## DIVISION SEVEN COMMERCIAL LINES PROFESSIONAL LIABILITY MANUAL COVERAGE RULES

### 33. PRINTERS ERRORS AND OMISSIONS (Subline Code 398) (Cont'd)

c. High Hazard (\$1,000 minimum deductible)

Advertising	Graphic Design
Annual reports	Labels - stickers, wrapping tags
Book Binding	Manuals
Catalogs	Mailings
Computer forms	Optical character recognition (OCR)
Coupons	Posters
Design / typography	Signs
Direct Mailings	Trade show material
Financial	Typesetting
Forms & documents	Universal products code (UPC)

**Ineligible E & O classes:**

Games of Chance  
Magazine publishing  
Newspaper (excluding weekly advertisers), book or magazine printing  
Printing Brokers  
Printing of stamps (postage or trading)  
Printing of controversial material  
Printing of currency, securities, travelers checks or money orders  
Telephone directories  
Ticket printing, such as but not limited to, raffle, lottery, sports or concert tickets  
Web site design or development

3. Rates

Rates for Basic Limits: \$100,000 Each Claim Limit  
\$300,000 Aggregate Limit

For increased limits, refer to Rule 52.

Classification	Code	Rate per \$1,000 of receipts
Low Hazard	25051	.05
Average Hazard	25052	.07
High Hazard	25053	.18

**E. Deductible**

1. The minimum deductible is \$500 per claim for low and average hazard classes and \$1,000 per claim for high hazard classes.
2. If Correction of Work Coverage applies, minimum deductibles are higher. See paragraph F. below. The E&O deductible must be written at the Correction of Work deductible.
3. For the following optional deductibles, multiply the rates shown in paragraph D. by the following factors:

# THE CINCINNATI INSURANCE COMPANIES

## DIVISION SEVEN COMMERCIAL LINES PROFESSIONAL LIABILITY MANUAL COVERAGE RULES

### 33. PRINTERS ERRORS AND OMISSIONS (Subline Code 398) (Cont'd)

#### 6. Sublimit of Insurance

Correction of Work Coverage is available at limits of \$100,000 per claim/\$100,000 aggregate and \$300,000 per claim/\$300,000 aggregate. The \$300,000/\$300,000 limit is only available if the per claim limit for the Printers E&O is at least \$300,000.

#### 7. Premium Determination

a. Base rates (per \$1,000 sales) for Correction of Work coverage:

Hazard	Correction of Work Rate	
	100/100	300/300*
Low (Code 25047)	.15	.20
Average (Code 25048)	.22	.28
High (Code 25049)	.35	.46

\* Only available if Printers E&O per claim limit is at least \$300,000.

- b. Multiply base rate by the deductible factors in paragraph E. of this rule.
- c. Result of a. x b. is the Correction of Work rate.
- d. Multiply c. by the amount of sales (per \$1,000) that was used to determine the E&O premium. This is the Correction of Work premium.
- e. The Correction of Work premium is in addition to the Printers E&O premium. Except for expense modification, the premium for this coverage is not subject to any further modification or rate plan.

### 34. REAL ESTATE AGENTS' ERRORS AND OMISSIONS (Subline Code 398)

#### A. Description of Coverage

This coverage form provides protection against liability claims arising from the furnishing or failure to furnish real estate professional services.

#### B. Forms

PA 118 - Real Estate Agents' Errors and Omissions Insurance Coverage Form

PA 515 - Errors and Omissions Insurance Coverage Part Declarations

#### C. Application

MP-1007 - Real Estate Errors and Omissions Application

#### D. Rates / Premium Determination

##### 1. Premium Basis

Rates and premium are based upon the **gross income** of the insured. Gross Income is the total amount of money charged by the insured for real estate agency services.

##### 2. Rates - Class Code 25070

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Product Name: CPRO-07-6009-AR  
Project Name/Number: /

## Supporting Document Schedules

**Satisfied -Name:** PROPERTY AND CASUALTY  
TRANSMITTAL **Review Status:** Filed 10/22/2007

**Comments:**  
PROPERTY AND CASUALTY TRANSMITTAL

**Attachment:**  
F777AR\_pdf.pdf

**Satisfied -Name:** EXHIBIT **Review Status:** Filed 10/22/2007

**Comments:**  
EXHIBIT

**Attachment:**  
EXHIBIT.pdf

**Satisfied -Name:** RULE/RATE FILING SCHEDULE **Review Status:** Filed 10/22/2007

**Comments:**  
RULE/RATE FILING SCHEDULE

**Attachment:**  
F779AR\_pdf.pdf

**Satisfied -Name:** MEMORANDUM **Review Status:** Filed 10/22/2007

**Comments:**  
MEMORANDUM

**Attachment:**  
MEMOF.pdf

## Property & Casualty Transmittal Document

<b>1. Reserved for Insurance Dept. Use Only</b>	<b>2. Insurance Department Use only</b>
	a. Date the filing is received:
	b. Analyst:
	c. Disposition:
	d. Date of disposition of the filing:
	e. Effective date of filing:
	New Business
	Renewal Business
	f. State Filing #:
	g. SERFF Filing #:
	h. Subject Codes

<b>3. Group Name</b>	<b>Group NAIC #</b>
The Cincinnati Insurance Company	0244

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
The Cincinnati Insurance Company	Ohio	0244-10677	31-0542366	03

<b>5. Company Tracking Number</b>	<b>CPRO-07-6009-AR</b>
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**Contact Info of Filer(s) or Corporate Officer(s)** [include toll-free number]

6.	Name and address	Title	Telephone #s	FAX #	e-mail
	6200 South Gilmore Road Fairfield, Ohio 45014-5141	Senior Filing Analyst	513-870-2091	513-870-2097	Sharon_grubbs@ cinfin.com
<b>7.</b>	Signature of authorized filer		<i>Sharon Grubbs</i>		
<b>8.</b>	Please print name of authorized filer		Sharon Grubbs		

**Filing information** (see General Instructions for descriptions of these fields)

<b>9. Type of Insurance (TOI)</b>	Division Seven - Professional Liability
<b>10. Sub-Type of Insurance (Sub-TOI)</b>	Division Seven - Professional Liability
<b>11. State Specific Product code(s)</b> (if applicable)[See State Specific Requirements]	n/a
<b>12. Company Program Title</b> (Marketing title)	n/a
<b>13. Filing Type</b>	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input checked="" type="checkbox"/> Rates/Rules <input type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
<b>14. Effective Date(s) Requested</b>	New: 05/01/2008                      Renewal:
<b>15. Reference Filing?</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>16. Reference Organization</b> (if applicable)	n/a
<b>17. Reference Organization # &amp; Title</b>	n/a
<b>18. Company's Date of Filing</b>	10/16/08
<b>19. Status of filing in domicile</b>	<input type="checkbox"/> Not Filed <input checked="" type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

## Property & Casualty Transmittal Document—

<b>20. This filing transmittal is part of Company Tracking #</b>	CPRO-07-6009-AR
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<b>21. Filing Description</b> [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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See Memorandum

<b>22. Filing Fees</b> (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]
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**Check #:** EFT FILING  
**Amount:** \$100.00

**Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.**

**\*\*\*Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)**

**Cincinnati Insurance Company**  
**Professional Liability**  
**Printers Professional**  
**Arkansas**  
**Proposed Effective Date: 5/1/2008**

<b>Basic 100/300</b>	<b>Code</b>	<b>Current Rate</b>	<b>Proposed Rate</b>	<b>Written Premium</b>	<b>Net Effect</b>	<b>Percent Change</b>
Low Hazard	25051	0.07	0.05	0	0	-28.6%
Average Hazard	25052	0.10	0.07	0	0	-30.0%
High Hazard	25053	0.25	0.18	0	0	-28.0%

<b>Correction of Work 100/100</b>	<b>Code</b>	<b>Current Rate</b>	<b>Proposed Rate</b>	<b>Written Premium</b>	<b>Net Effect</b>	<b>Percent Change</b>
Low Hazard	25047	0.22	0.15	0	0	-31.8%
Average Hazard	25048	0.31	0.22	0	0	-29.0%
High Hazard	25049	0.50	0.35	0	0	-30.0%

<b>Correction of Work 300/300</b>	<b>Code</b>	<b>Current Rate</b>	<b>Proposed Rate</b>	<b>Written Premium</b>	<b>Net Effect</b>	<b>Percent Change</b>
Low Hazard	25047	0.29	0.20	0	0	-31.0%
Average Hazard	25048	0.40	0.28	0	0	-30.0%
High Hazard	25049	0.65	0.46	0	0	-29.2%

Printers Professional Liability				0	0	0.00%
All Other Professional Liability				153,493	153,493	0.00%
<b>Total</b>				<b>153,493</b>	<b>153,493</b>	<b>0.00%</b>

**RATE/RULE FILING SCHEDULE**

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

**(Do not refer to the body of the filing for the component/exhibit listing, unless allowed by state.)**

<b>1.</b>	<b>This filing transmittal is part of Company Tracking #</b>	<b>CPRO-07-6009-AR</b>
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<b>2.</b>	<b>This filing corresponds to form filing number</b> (Company tracking number of form filing, if applicable)	<b>CPRO-07-6008-AR</b>
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Rate Increase       Rate Decrease       Rate Neutral (0%)

<b>3.</b>	<b>Filing Method (Prior Approval, File &amp; Use, Flex Band, etc.)</b>	<b>File &amp; Use</b>
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<b>4a.</b>	<b>Rate Change by Company (As Proposed)</b>						
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Company Name	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change (where required)	Minimum % Change (where required)
The Cincinnati Insurance Company	N/A	0.00%	\$0	0	\$153,493	0%	0%

<b>4b.</b>	<b>Rate Change by Company (As Accepted) For State Use Only</b>						
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Company Name	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change (where required)	Minimum % Change (where required)

**Overall Rate Information (Complete for Multiple Company Filings only)**

		COMPANY USE	STATE USE
<b>5a.</b>	<b>Overall percentage rate indication (when applicable)</b>	N/A	
<b>5b.</b>	<b>Overall percentage rate impact for this filing</b>	0.00%	
<b>5c.</b>	<b>Effect of Rate Filing – Written premium change for this program</b>	\$0	
<b>5d.</b>	<b>Effect of Rate Filing – Number of policyholders affected</b>	0	

<b>6.</b>	<b>Overall percentage of last rate revision</b>	<b>0</b>
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<b>7.</b>	<b>Effective Date of last rate revision</b>	<b>0</b>
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<b>8.</b>	<b>Filing Method of Last filing (Prior Approval, File &amp; Use, Flex Band, etc.)</b>	<b>File &amp; Use</b>
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<b>9.</b>	<b>Rule # or Page # Submitted for Review</b>	<b>Replacement or Withdrawn?</b>	<b>Previous state filing number, if required by state</b>
01	RULE 4. DENTIST'S PROFESSIONAL LIABILITY	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	CPRO-06-6001-AR
02	RULE 33. PRINTERS ERRORS AND OMISSIONS	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	CPRO-02-6010-AR and CPRO-03-6017-AR
03		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	

**ARKANSAS  
DIVISION SEVEN - PROFESSIONAL LIABILITY  
RULES AND RATES MEMORANDUM**

<b>NEW PAGE</b>	<b>OLD PAGE</b>	<b>DESCRIPTION OF CHANGE</b>
PL-25 (5/08)	PL-25 (9/06)	<p><b>RULE 4. DENTIST'S PROFESSIONAL LIABILITY,</b> I. Rate Modification Plan, 7. Experience Rating Plan: The first sentence was revised to limit the experience period to the "three years immediately preceding the effective date"; deleted the "three years since the insured has had an experience debit" definition.</p> <p>Rule 4. DENTIST'S PROFESSIONAL LIABILITY, I. Rate Modification Plan, 7. Experience Rating Plan, a. Experience Credit: Deleted the requirement that, in order to apply an experience credit, the dentist must be insured with the Cincinnati Insurance Company entirely during the experience period.</p>
PL-26 (5/08)	PL-26 (9/06)	<p><b>RULE 4. DENTIST'S PROFESSIONAL LIABILITY,</b> I. Rate Modification Plan, 7. Experience Rating Plan, b. Experience Debits: Experience debits were revised as follows: 1 loss - from 15% to 15% or 25% 2 losses - from 50% to 100% 3 losses - from 100% to 300%</p>
PL-50 (5/08)	PL-50 (1/03)	<p><b>RULE 33. PRINTERS ERRORS AND OMISSIONS</b> The rates for E&amp;O are amended approximately a 30% reduction.</p>
PL-52 (5/08)	PL-52 (5/04)	<p><b>RULE 33. PRINTERS ERRORS AND OMISSIONS</b> The rates for Correction of Work are amended approximately a 30% reduction.</p>