

SERFF Tracking Number: PHLX-125331483 State: Arkansas
Filing Company: Philadelphia Indemnity Insurance Company State Tracking Number: AR-PC-07-026508
Company Tracking Number: PR AR0031102R01
TOI: 17.2 Other Liability - Occurrence Only Sub-TOI: 17.2023 Veterinarian
Product Name: Veterinarian Professional
Project Name/Number: Veterinarian Professional/PR AR0031102R01

Filing at a Glance

Company: Philadelphia Indemnity Insurance Company

Product Name: Veterinarian Professional SERFF Tr Num: PHLX-125331483 State: Arkansas
TOI: 17.2 Other Liability - Occurrence Only SERFF Status: Closed State Tr Num: AR-PC-07-026508
Sub-TOI: 17.2023 Veterinarian Co Tr Num: PR AR0031102R01 State Status:
Filing Type: Rate Co Status: Reviewer(s): Betty Montesi, Edith Roberts
Author: SPI PhiladelphiaIndemnity Disposition Date: 10/29/2007
Date Submitted: 10/22/2007 Disposition Status: Filed
Effective Date Requested (New): 11/25/2007 Effective Date (New):
Effective Date Requested (Renewal): Effective Date (Renewal):

General Information

Project Name: Veterinarian Professional
Project Number: PR AR0031102R01
Reference Organization:
Reference Title:
Filing Status Changed: 10/29/2007
State Status Changed: 10/23/2007
Corresponding Filing Tracking Number:
Filing Description:

Status of Filing in Domicile:
Domicile Status Comments:
Reference Number:
Advisory Org. Circular:
Deemer Date:

The Philadelphia Indemnity Insurance Company files for your review, and where required approval, Rating Rule PI-VN-RA/RU CW (07/07), which provides rating information for our new Veterinarians Professional Liability program. This program provides specific tailored coverages for the unique risks presented by veterinarians. Coverage under this program will be available for our insured's under one of our package programs as well as on a monoline basis.

The enclosed rating rule is new and does not replace any other rating rule. A Filing Memorandum providing additional details about the forms for this program is also attached.

A corresponding forms filing is being made under separate cover.

SERFF Tracking Number: PHLX-125331483 State: Arkansas
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 Product Name: Veterinarian Professional
 Project Name/Number: Veterinarian Professional/PR AR0031102R01

Company and Contact

Filing Contact Information

Gary Corbi, Senior Compliance Analyst

One Bala Plaza (610) 617-5980 [Phone]
 Bala Cynwyd, PA 19004 (866) 374-1070[FAX]

Filing Company Information

Philadelphia Indemnity Insurance Company

CoCode: 18058

State of Domicile: Pennsylvania

One Bala Plaza

Group Code: 677

Company Type:

Suite 100

Bala Cynwyd, PA 19004

Group Name: Philadelphia

State ID Number:

Insurance Companies

(610) 617-7900 ext. [Phone]

FEIN Number: 231738402

Filing Fees

Fee Required? Yes

Fee Amount: \$100.00

Retaliatory? No

Fee Explanation:

Per Company: No

CHECK NUMBER	CHECK AMOUNT	CHECK DATE
42304	\$100.00	10/16/2007

SERFF Tracking Number: PHLX-125331483 State: Arkansas
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed	Edith Roberts	10/29/2007	10/29/2007

SERFF Tracking Number:

PHLX-125331483

State:

Arkansas

Filing Company:

Philadelphia Indemnity Insurance Company

State Tracking Number:

AR-PC-07-026508

Company Tracking Number:

PR AR0031102R01

TOI:

17.2 Other Liability - Occurrence Only

Sub-TOI:

17.2023 Veterinarian

Product Name:

Veterinarian Professional

Project Name/Number:

Veterinarian Professional/PR AR0031102R01

Disposition

Disposition Date: 10/29/2007

Effective Date (New):

Effective Date (Renewal):

Status: Filed

Comment:

SERFF Tracking Number: *PHLX-125331483* *State:* *Arkansas*
Filing Company: *Philadelphia Indemnity Insurance Company* *State Tracking Number:* *AR-PC-07-026508*
Company Tracking Number: *PR AR0031102R01*
TOI: *17.2 Other Liability - Occurrence Only* *Sub-TOI:* *17.2023 Veterinarian*
Product Name: *Veterinarian Professional*
Project Name/Number: *Veterinarian Professional/PR AR0031102R01*

An error occurred rendering Disposition 125288690: null.

SERFF Tracking Number: PHLX-125331483 State: Arkansas
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 Company Tracking Number: PR AR0031102R01
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 Product Name: Veterinarian Professional
 Project Name/Number: Veterinarian Professional/PR AR0031102R01

Rate Information

Rate data applies to filing.

Filing Method: Prior Approval
Rate Change Type: Neutral
Overall Percentage of Last Rate Revision: Neutral
Effective Date of Last Rate Revision:
Filing Method of Last Filing:

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):
Philadelphia Indemnity Insurance Company	%	%				%	%

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Rate/Rule Schedule

Review Status:	Exhibit Name:	Rule # or Page #:	Rate Action	Previous State Filing Attachments Number:
Filed	Independent Professional Liability Forms Veterinarians	PI-VN-RA/RU CW	New	PI-VN-RA_RU CW.PDF

**Philadelphia Indemnity Insurance Company
Professional Liability
Independent Professional Liability Forms
Veterinarians**

The following Professional Liability form and Declaration Page are available for risks written with small animal veterinarian professional liability exposures.

1. Veterinary Professional Liability Coverage Form
 - a. Description: This form provides coverage for damages caused by professional incidents arising out of the insured's veterinary practice.
 - b. Form: PI-VN-003
 - c. Premium Determination: See below for Not For Profit Small Animal and Other Than Not For Profit Small Animal rating.

Base Rates for the following Veterinary Professional Liability class codes apply at a \$100,000 occurrence/\$200,000 aggregate limit. For higher limits, use the factors from Insurance Services Office's Premises Operations Increased Limits Factor Table 1. The package modification factor does not apply to these rates.

(1) Not-for-Profit Classes – Small Animal

(a) Table 1 - Entity Coverage (Class Code 07222)

No. of Employees	Rate
0-10	\$ 84
11-50	\$126
> 50	\$210

For entity coverage, charge the applicable rate in Table 1.

(b) Table 2 - Employed Veterinarian (Class Code 07221)

Rate per Employed Veterinarian	\$126
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For employed veterinarians, multiply the number of employed veterinarians x the rate in Table 2.

(c) Table 3 - Contracted, Volunteer or Student Veterinarian (Class Code 07221)

Rate per Contracted, Volunteer or Student Veterinarian	\$63
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(d) For contracted, volunteer or student veterinarians, multiply the number of contracted, volunteer or student veterinarians x the rate in table 3.

(e) For part time veterinarians, use ½ of the applicable veterinarians rate from tables 2 and / or 3 and multiply it by the number of part time veterinarians.

**Philadelphia Indemnity Insurance Company
Professional Liability
Independent Professional Liability Forms
Veterinarians**

Add the premiums from Tables 1, 2 and 3 (Not For Profit) to arrive at the total veterinarian professional liability premium for the risk. A \$300. minimum premium applies.

(2) Other Than Not-for-Profit Classes – Small Animal

(a) Table 1 - Entity Coverage (Class Code 07222)

No. of Employees	Rate
0-10	\$120
11-50	\$180
> 50	\$300

For entity coverage, charge the applicable rate in Table 1.

(b) Table 2 - Employed Veterinarian (Class Code 07221)

Rate per Employed Veterinarian	\$180
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For employed veterinarians, multiply the number of employed veterinarians x the rate in Table 2.

(c) Table 3 - Contracted, Volunteer or Student Veterinarian (Class Code 07221)

Rate per Contracted, Volunteer or Student Veterinarian	\$90
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(d) For contracted, volunteer or student veterinarians, multiply the number of contracted, volunteer or student veterinarians x the rate in table 3.

(e) For part time veterinarians, use $\frac{1}{2}$ of the applicable veterinarians rate from tables 2 and / or 3 and multiply it by the number of part time veterinarians.

Add the premiums from Tables 1, 2 and 3 (Other Than Not For Profit) to arrive at the total veterinarian professional liability premium for the risk. A \$300. minimum premium applies.

2. Veterinary Professional Liability Coverage Part Declarations

- a. Description: Use this declarations page when the Veterinary Professional Liability Coverage Form is attached to the policy.
- b. Form: PI-VN-003D
- c. Premium Determination: There is no premium charge.

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Product Name: Veterinarian Professional
Project Name/Number: Veterinarian Professional/PR AR0031102R01

Supporting Document Schedules

Satisfied -Name: ARRRFS-1, ARPCTDrules	Review Status: Filed	10/29/2007
Comments:		
Attachments: ARRRFS-1.PDF ARPCTDrules.PDF		
Satisfied -Name: Countrywide Actuarial Memo & Support	Review Status: Filed	10/29/2007
Comments:		
Attachment: Countrywide Actuarial Memo & Support.PDF		
Satisfied -Name: Arkansas RATES Filing Letter, Veterinarians Explanatory Form Memo	Review Status: Filed	10/29/2007
Comments:		
Attachments: Arkansas RATES Filing Letter.PDF Veterinarians Explanatory Form Memo.PDF		

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.)

1.	This filing transmittal is part of Company Tracking #	VN PR AR0031102R01
2.	This filing corresponds to form filing number (Company tracking number of form filing, if applicable)	VN PR AR0031102F01
<input type="checkbox"/> Rate Increase <input type="checkbox"/> Rate Decrease <input checked="" type="checkbox"/> Rate Neutral (0%)		
3.	Overall percentage rate impact for this filing	None
4.	Effect of Rate Filing – Written premium change for this program	None
5.	Effect of Rate Filing – Number of policyholders	None
6.	Filing Method (Prior Approval, File & Use, Flex Band, etc.)	Prior Approval
7.	Rate Change by Company	
	Company Name	Percentage Change
		Effect of Rate Filing
		# of policyholders for this program
		Written premium change for this program
	None	None. New program.
8.	Overall percentage of last rate revision	None
9.	Effective Date of last rate revision	None
10.	Filing Method of Last filing (Prior Approval, File & Use, Flex Band, etc.)	None

11.	Exhibit Name/Description /Synopsis	Rule # or Page #	Replacement or Withdrawn?	Previous state filing number, if required by state
01	Rating Rule Pages	PI-VN-RA/RU CW (07/07)	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither	None
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	

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
4. The appropriate state review requirements, if required, and
5. The appropriate filing fees, if required, and
6. A postage-paid, self-addressed envelope large enough to accommodate the return

7. You should refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

**DESCRIPTION OF ITEMS
IN THE PROPERTY AND CASUALTY
RATE/RULE FILING SCHEDULE**

- 1. This filing transmittal is part of Company Tracking #:** This ties all of the pages of the transmittal to the same filing. It is helpful for the state
- 2. This filing corresponds to form filing number:** Many states require that rates and forms be submitted separately due to different review procedures that are required by law. For those states, this will tie the form filing with the associated rate filing, if there is one.

Use check boxes to indicate if this is a rate increase, a rate decrease or rate neutral.
- 3. Overall percentage rate impact for this filing:** This is the statewide average percentage change to the approved rates for the coverages included in the filing.
- 4. Effect of Rate Filing—Written Premium Change for this program:** This is the statewide change in written premium based on the requested overall percentage rate impact (#3).
- 5. Effect of Rate Filing—Number of policyholders:** This is the number of policyholders affected by the overall percentage rate impact (#3).
- 6. Filing Method (Prior Approval, File & Use, Flex Band, etc):** This is the review method for which the filing is being submitted. See State Specific Requirements.
- 7. Rate Change by Company:** If the filing is for multiple insurance companies, please indicate the changes by company.
- 8. Overall percentage of last rate revision:** This is the statewide average of the last percentage change implemented in the state.
- 9. Effective Date of last rate revision:** This is the implementation date of the last overall percentage rate impact.
- 10. Filing Method of Last Filing (Prior Approval, File & Use, Flex Band, etc):** This is the review method for which the last filing was submitted. See State Specific Requirements.
- 11. Component or Exhibit Name/Description/Synopsis:** This is the list of changes to the rate/rule manual.

Property & Casualty Transmittal Document

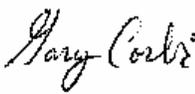
1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only
	a. Date the filing is received:
	b. Analyst:
	c. Disposition:
	d. Date of disposition of the filing:
	e. Effective date of filing:
	f. State Filing #:
	g. SERFF Filing #:

3. Group Name	Group NAIC #
Philadelphia Insurance Companies	0677

4. Company Name(s)	Domicile	NAIC #	FEIN #
Philadelphia Indemnity Insurance Company	PA	18058	23-1738402

5. Company Tracking Number	VN PR AR0031102R01
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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
	Gary Corbi, One Bala Plaza, Suite 100 Bala Cynwyd, PA 19004	Compliance Analyst	(610) 617-5980	None	gcorbi@phlyins.com
	7. Signature of authorized filer				
	8. Please print name of authorized filer		Gary Corbi		

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

9. Type of Insurance (TOI)	17.2 Other Liability - Occurrence Only
10. Sub-Type of Insurance (Sub-TOI)	17.2023 Veterinarian
11. State Specific Product code(s) (if applicable)[See State Specific Requirements]	N/A
12. Company Program Title (Marketing title)	Veterinarians Professional Liability Program
13. Filing Type	<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)
14. Effective Date(s) Requested	New: 11/25/2007 Renewal: 11/25/2007
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	October 22, 2007
19. Status of filing in domicile	<input type="checkbox"/> Not Filed <input checked="" type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

Property & Casualty Transmittal Document—

20.	This filing transmittal is part of Company Tracking #	VN PR AR0031102R01
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21.	Filing Description [This area should be similar to the body of a cover letter and is free-form text]
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The Philadelphia Indemnity Insurance Company files for your review, and where required approval, Rating Rule PI-VN-RA/RU CW (07/07), which provides rating information for our new Veterinarians Professional Liability program. This program provides specific tailored coverages for the unique risks presented by veterinarians. Coverage under this program will be available for our insured's under one of our package programs as well as on a monoline basis.

The enclosed rating rule is new and does not replace any other rating rule. A Filing Memorandum providing additional details about the forms for this program is also attached.

A corresponding forms filing is being made under separate cover.

22.	Filing Fees (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]
<p>Check #: 42304 Amount: \$100.00</p> <p>Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.</p>	

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

PHILADELPHIA INDEMNITY INSURANCE COMPANY
FILING MEMORANDUM
PROFESSIONAL LIABILITY
VETERINARIAN PROFESSIONAL

Philadelphia Indemnity Insurance Company (PIIC) is introducing rates and rating factors for a new Veterinarian Professional Liability program. This filing applies to professional liability and rates are developed for employed veterinarians and contracted or volunteer veterinarians as well as the entity coverage.

Employed Veterinarians (Class 07221)

The rates for Not-For-Profit Employed Veterinarians are based off the Great American Insurance Group rating plan approved in Pennsylvania (filing # A90587001). Great American Insurance group uses a flat rate per employed veterinarian and applies an ILF as well as a package modification factor. PIIC will also apply a rate per employed veterinarian and continue to use ISO ILFs from the Prem/Ops table 1. The package modification factor will not apply, however it will be incorporated into the base rate. See attached table A.

The rates for For-Profit small animal organizations are based off the rates for Non-Profit organizations. A deviation factor is developed based on the rates from the American Veterinary Medical Association (AVMA). See attached tables C and D.

Contracted / Volunteer Veterinarians (Class 07221)

The rates for Not-For-Profit Contracted / Volunteer Veterinarians are based off the Great American Insurance Group rating plan approved in Pennsylvania (filing # A90587001). Great American Insurance Group uses a flat rate per employed veterinarian and applies an ILF as well as a package modification factor. PIIC will also apply a rate per employed veterinarian and continue to use ISO ILFs from the Prem/Ops table 1. The package modification factor will not apply, however it will be incorporated into the base rate. See attached table A.

The rates for For-Profit small animal organizations are based off the rates for Non-Profit organizations. A deviation factor is developed based on the rates from the AVMA. See attached tables C and D.

Entity Coverage (Class 07222)

The rates for Not-For Profit Entity Coverage are based off the Great American Insurance Group rating plan approved in Pennsylvania (filing # A90587001). Great American Insurance group uses a flat rate based on the number of employees and applies an ILF as well as a package modification factor. PIIC will also apply a flat rate based on the number of employees and continue to use ISO ILF's from the Prem/Ops table 1. The package modification factor will not apply, however it will be incorporated into the base rate. See attached table B.

The rates for For-Profit small animal organizations are based off the rates for Non-Profit organizations. A deviation factor is developed based on the rates from the AVMA. See attached tables C and E.

**PHILADELPHIA INDEMNITY INSURANCE COMPANY
VETERINARIAN PROFESSIONAL LIABILITY
RATING PLAN**

Table A - Not For Profit

		a	b	c = a * b
Veterinarian Coverage	Class Code	GAIC Rate	Pack Mod	PIIC Rates
Per Employed Veterinarian	07221	150	0.84	126
Per Contracted or Volunteer Veterinarian	07221	75	0.84	63

Table B - Not For Profit Entity

Number of Employees		a	b	c = a * b
Lower	Upper	GAIC Rate	Pack Mod	PIIC Rate
0	10	100	0.84	84
11	50	150	0.84	126
51	Over	250	0.84	210

Table C - For Profit Small Animal Adjustment Factor

	a	b	c	d = a / (b * c)
Veterinarian Coverage	For-Profit AVMA Rate at \$100k / \$300k	ILF \$100k / \$300k Table 1	Not-For-Profit PIIC Rates at \$100k / \$200k	For-Profit Adjustment Factor
Per Employed Veterinarian	182	1.01	126	1.430

Table D - For Profit Small Animal

		a	b	c = a * b
Veterinarian Coverage	Class Code	Not-For-Profit PIIC Rates at \$100k / \$200k	FP Adj Fac	For-Profit PIIC Rates at \$100k / \$200k
Per Employed Veterinarian	07221	126	1.430	180
Per Contracted or Volunteer Veterinarian	07221	63	1.430	90

Table E - For Profit Small Animal Entity

Number of Employees		a	b	c = a * b
Lower	Upper	Not-For-Profit PIIC Rates at \$100k / \$200k	FP Adj Fac	For-Profit PIIC Rates at \$100k / \$200k
0	10	84	1.430	120
11	50	126	1.430	180
51	Over	210	1.430	300

* Basic Limit of \$100 / \$200

* A minimum premium of \$300 will apply

Specialty Operations
49 East Fourth Street
Dixie Terminal South Building
4th Floor
Cincinnati, OH 45202-3803
PO Box 5425
Cincinnati, OH 45201-5425
513.287.8100 ph
513.333.6996 fax

OTHER LIABILITY - 017
RATES

A 90587001



August 5, 2005

Honorable M. Diane Koken
Insurance Commissioner
Bureau of Property and Casualty Insurance
Pennsylvania Insurance Department
1311 Strawberry Square
Harrisburg, Pennsylvania 17120

RECEIVED
Insurance Product Regulation
and Market Enforcement

AUG 08 2005

Pennsylvania
Insurance Department

RE: Great American Insurance Group
Great American Insurance Company 084-16691 31-0501234
Great American Alliance Insurance Company 084-26832 95-1542353
Great American Assurance Company 084-26344 15-6020948
Great American Insurance Company of New York 084-22136 13-5539046
General Liability
Rate and Rule Filing
Introduction of Veterinarian Professional Liability Coverage
Company File # GLPA 0507 VETN (rr)

To Whom It May Concern:

The Great American Insurance Group, composed of the above referenced companies, hereby submits for your approval, a rate and rule filing for the introduction of Veterinarian's Professional Liability Coverage. This rate and rule filing coincides with our form filing (submitted under separate cover), which introduces the Veterinarians Professional Liability Coverage Form Declarations Page (CG8701 Ed. 06/05) and the Veterinarians Professional Liability Coverage Form (CG8702 Ed. 06/05), which provides coverage for any act, error, or omission arising out of "Professional Veterinarian Services Activity" and will only be written as an additional coverage part to a package policy that includes commercial general liability. Please see the enclosed explanatory memorandum for more details.

We request this filing be made applicable to all policies written on or after October 1, 2005.

Please return the enclosed duplicate of this letter to acknowledge your receipt and confirm your action. A stamped, self-addressed envelope is enclosed for your convenience.

Sincerely,

Rose Redman
Product Analyst
Phone: 513-763-7904
Email: rredman@gaic.com

APPROVED, EFFECTIVE 10-1-05

PENNSYLVANIA INSURANCE DEPARTMENT

BY: Ken Coughlin

N/C

bc

VETERINARIAN PROFESSIONAL LIABILITY

This form provides coverage for any act, error, or omission arising out of "Professional Veterinarian Services Activity" as stated in coverage part CG 87 02 and DEC page CG 87 01. This coverage form will only be written as an additional coverage part to a package policy that includes commercial general liability.

The company has established internal Premises/Operations classification numbers to be used for coding. Do not enter the CLM class code for "Veterinarian or Veterinarian Hospitals", 99851. Use the following classification codes as specified below.

<u>Entity Coverage</u>	<u>No. of Employees</u>	<u>Premium</u>
	0-10	\$100
	11-50	\$150
	50+	\$250

<u>Veterinarian Coverage</u>	<u>Class Code</u>	<u>Premium</u>
Per Employed Veterinarians	07221	\$150 (per employed Veterinarian)
Per Contracted or Volunteer Veterinarians	07222	\$75 (per contractor/volunteer)

This rating is subject to the application of the package modification factor.

1. Increased Limit Factors

Annual basic limits are \$100,000 per claim and \$200,000 aggregate. Increased limits are obtained by using Premises/Operations CGL Table 1.

- This coverage is subject to a \$300 minimum premium.
- Use subline 317 and the appropriate class codes as outlined above for the coding of premium and losses under this coverage.
- This coverage is written only in conjunction with a Commercial General Liability policy.

GREAT AMERICAN INSURANCE COMPANY
GREAT AMERICAN INSURANCE COMPANY OF NEW YORK
GREAT AMERICAN ASSURANCE COMPANY
GREAT AMERICAN ALLIANCE INSURANCE COMPANY



Annual Premiums Effective January 1, 2007

Primary Professional Liability Insurance

(Please see reverse side for a detailed list of insurance rating codes.)

Plan	Limits (per claim/aggregate)	Equine	Food Animal	Mixed Practice Predominantly Small	Small Animal
		Class I	Class II	Class III	Class IV
1	100,000/300,000	\$ 1,807	\$ 672	\$ 257	\$ 182
2	300,000/900,000	2,107	782	287	202
3	1,000,000/3,000,000	2,782	967	347	234

Excess Professional Liability Insurance

Must have \$1,000,000/3,000,000 Primary Limits

Plan	Limits (per claim/aggregate)	Equine	Food Animal	Mixed Practice Predominantly Small	Small Animal
		1	1,000,000/1,000,000	\$ 506	\$ 249
2	2,000,000/2,000,000	823	405	212	163
3	3,000,000/3,000,000	1,088	535	280	216
4	4,000,000/4,000,000	1,278	629	329	254
5	5,000,000/5,000,000	1,417	697	365	281

Excess Insurance is professional liability coverage that can be purchased in addition to primary plan 3 only.

Professional Extension Endorsement (Animal Bailee)

(Employed veterinarians do not need this coverage.)

Total Limits of Liability	Plan #1	Plan #2	Plan #3	Plan #4	Plan #5	Plan #6	Plan #7	Plan #8
Any One Animal	\$2,000	\$4,000	\$6,000	\$8,000	\$10,000	\$16,000	\$20,000	\$25,000
Transportation	6,000	12,000	18,000	24,000	30,000	48,000	60,000	75,000
Per Specified Premises	25,000	50,000	75,000	100,000	130,000	200,000	250,000	315,000
Annual Premium (Per Location)	\$16	\$26	\$36	\$46	\$56	\$66	\$76	\$86

Total Limits of Liability	Plan #9	Plan #10	Plan #11	Plan #12	Plan #13
Any One Animal	\$50,000	\$100,000	\$250,000	\$500,000	\$1,000,000
Transportation	150,000	300,000	750,000	1,000,000	1,000,000
Per Specified Premises	625,000	1,000,000	1,000,000	1,000,000	3,000,000
Annual Premium (Per Location)	\$1,328	\$2,273	\$2,682	\$3,303	\$4,613

The Professional Extension Endorsement (Animal Bailee) protects your business from losses due to injury or death of animals in your care, custody and control from causes unrelated to treatment. Coverage provided for injuries to and death of animals due to: fire and lightning; windstorm and water damage; theft and vandalism; escape (except for mysterious disappearance); automobile accidents; injuries from other animals. Coverage also includes charges that are uncollectible as a result of loss or damage to your client's animal, and direct physical loss or damage to animal accessories (subject to policy terms, limitations and exclusions).

Veterinary Professional Liability Regulatory Action Defense Coverage (also known as Veterinary License Defense)

Coverage provides up to \$25,000 per year in legal fees to defend actions against licenses required for the practice of veterinary medicine for an annual premium of \$69. This covers disciplinary issues which arise out of incidents that occur after the date coverage is secured (subject to policy terms, conditions and exclusions).

If you have had a regulatory action taken against any veterinary license in the past three years, you must wait three years from the date of the regulatory action to apply for this endorsement. A regulatory action means any formal warning, restriction, probation, fine, penalty, suspension or revocation of any veterinary license. A dismissed complaint is not considered a regulatory action. If you are involved in an ongoing investigation, you are not eligible for coverage. Please contact us when the outcome has been finalized to determine eligibility.

Philadelphia Indemnity Insurance Company

October 22, 2007

Commissioner of Insurance
Arkansas Insurance Department
1200 West Third Street
Little Rock, AR 72201-1904

Subject: Philadelphia Indemnity Insurance Company
NAIC# 677-18058 FEIN# 23-1738402
Rating Rule filing for our new Veterinarians Professional Liability program
Line 17, Other Liability
Filing Number: VN PR AR0031102R01

Filing Fee of \$100.00

Dear Sir or Madam:

The Philadelphia Indemnity Insurance Company files for your review, and where required approval, Rating Rule PI-VN-RA/RU CW (07/07), which provides rating information for our new Veterinarians Professional Liability program. This program provides specific tailored coverages for the unique risks presented by veterinarians. Coverage under this program will be available for our insured's under one of our package programs as well as on a monoline basis.

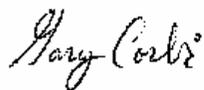
The enclosed rating rule is new and does not replace any other rating rule. A Filing Memorandum providing additional details about the forms for this program is also attached.

A corresponding forms filing is being made under separate cover.

We would like to implement this filing on the earlier of November 25, 2007 or the first date possible after receiving your Department's approval. Our domiciliary state of Pennsylvania approved this filing, effective November 15, 2007.

Your acknowledgement and or approval will be appreciated. Please contact me at the phone number or e-mail address shown below if you have any questions or comments.

Sincerely,



Gary Corbi
Compliance Analyst
PHONE: 610-617-5980
gcorbi@phlyins.com

Forms Memorandum - Countrywide
Philadelphia Indemnity Insurance Company
Professional Liability – Veterinary Professional Liability Coverage

Philadelphia Indemnity Insurance Company is introducing a Veterinary Professional Liability Coverage Form and Declarations page which we plan to use for risks with small animal veterinary exposures.

A copy of the form and declaration page is enclosed for your review.

- 1) Veterinary Professional Liability Coverage Form PI-VN-003 (07/07) provides coverage for damages caused by professional incidents arising out of the insured's veterinary practice. Coverage applies to the entity, employed veterinarians and contracted, volunteer or student veterinarians.
- 2) Veterinary Professional Liability Coverage Part Declarations PI-VN-003D (07/07) is used when the Veterinary Professional Liability Coverage Form is attached to the policy.