

<i>SERFF Tracking Number:</i>	CNAC-125330675	<i>State:</i>	Arkansas
<i>First Filing Company:</i>	Continental Casualty Company, ...	<i>State Tracking Number:</i>	## \$100
<i>Company Tracking Number:</i>	07-2187R		
<i>TOI:</i>	01.0 Property	<i>Sub-TOI:</i>	01.0001 Commercial Property (Fire and Allied Lines)
<i>Product Name:</i>	Long Term Care Program		
<i>Project Name/Number:</i>	/07-2187		

## Filing at a Glance

Companies: Continental Casualty Company, Continental Insurance Company, American Casualty Company of Reading - PA, Transportation Insurance Company, Valley Forge Insurance Company, National Fire Insurance Company of Hartford

Product Name: Long Term Care Program	SERFF Tr Num: CNAC-125330675	State: Arkansas
TOI: 01.0 Property	SERFF Status: Closed	State Tr Num: ## \$100
Sub-TOI: 01.0001 Commercial Property (Fire and Allied Lines)	Co Tr Num: 07-2187R	State Status: Fees verified
Filing Type: Rule	Co Status:	Reviewer(s): Betty Montesi, Llyweyia Rawlins, Brittany Yielding
	Author: Micaah Morris	Disposition Date: 11/21/2007
	Date Submitted: 11/20/2007	Disposition Status: Exempt from Review
Effective Date Requested (New): 04/01/2008		Effective Date (New): 04/01/2008
Effective Date Requested (Renewal): 04/01/2008		Effective Date (Renewal): 04/01/2008

## General Information

Project Name:	Status of Filing in Domicile: Pending
Project Number: 07-2187	Domicile Status Comments:
Reference Organization:	Reference Number: 07-2187
Reference Title:	Advisory Org. Circular:
Filing Status Changed: 11/21/2007	
State Status Changed: 11/21/2007	Deemer Date:
Corresponding Filing Tracking Number:	
Filing Description:	
The CNA Insurance Group of Companies submits on behalf of the above named companies its revised form for use with our Long Term Care Program currently on file with your department.	

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<i>Project Name/Number:</i>	/07-2187		

## Company and Contact

### Filing Contact Information

Morris Micaah, Regulatory Filing Technician    micaah.morris@cna.com  
 40 Wall Street    (212) 440-2319 [Phone]  
 New York, NY 10005    (212) 440-2877[FAX]

### Filing Company Information

Continental Casualty Company	CoCode: 20443	State of Domicile: Illinois
40 Wall Street	Group Code: 218	Company Type:
9th Floor		
New York, NY 10005	Group Name:	State ID Number:
(212) 440-3478 ext. [Phone]	FEIN Number: 36-2114545	
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Continental Insurance Company	CoCode: 35289	State of Domicile: New Hampshire
40 Wall Street	Group Code: 218	Company Type:
9th Floor		
New York, NY 10005	Group Name:	State ID Number:
(212) 440-3478 ext. [Phone]	FEIN Number: 135010440	
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American Casualty Company of Reading - PA	CoCode: 20427	State of Domicile: Pennsylvania
40 Wall Street	Group Code: 218	Company Type:
8th Floor		
New York, NY 10005	Group Name:	State ID Number:
(212) 440-3478 ext. [Phone]	FEIN Number: 23-0342560	
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Transportation Insurance Company	CoCode: 20494	State of Domicile: Illinois
40 Wall Street	Group Code: 218	Company Type:
8th Floor		
New York, NY 10005	Group Name:	State ID Number:
(212) 440-3478 ext. [Phone]	FEIN Number: 36-1877247	
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Valley Forge Insurance Company	CoCode: 20508	State of Domicile: Pennsylvania
40 Wall Street	Group Code: 218	Company Type:
New York, NY 10005	Group Name:	State ID Number:

SERFF Tracking Number: CNAC-125330675 State: Arkansas  
First Filing Company: Continental Casualty Company, ... State Tracking Number: #? \$100  
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TOI: 01.0 Property Sub-TOI: 01.0001 Commercial Property (Fire and Allied Lines)  
Product Name: Long Term Care Program  
Project Name/Number: /07-2187

(212) 440-3478 ext. [Phone]

FEIN Number: 23-1620527

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National Fire Insurance Company of Hartford  
40 Wall Street  
New York, NY 10005  
(212) 440-3478 ext. [Phone]

CoCode: 20478  
Group Code: 218  
Group Name:  
FEIN Number: 06-0464510

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

SERFF Tracking Number: CNAC-125330675 State: Arkansas  
 First Filing Company: Continental Casualty Company, ... State Tracking Number: #? \$100  
 Company Tracking Number: 07-2187R  
 TOI: 01.0 Property Sub-TOI: 01.0001 Commercial Property (Fire and Allied Lines)  
 Product Name: Long Term Care Program  
 Project Name/Number: /07-2187

## Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
American Casualty Company of Reading - PA	\$0.00	11/20/2007	
Continental Casualty Company	\$0.00	11/20/2007	
National Fire Insurance Company of Hartford	\$0.00	11/20/2007	
Transportation Insurance Company	\$0.00	11/20/2007	
Valley Forge Insurance Company	\$0.00	11/20/2007	
Continental Insurance Company	\$0.00	11/20/2007	

CHECK NUMBER	CHECK AMOUNT	CHECK DATE
0000210987	\$100.00	11/01/2007

SERFF Tracking Number: CNAC-125330675 State: Arkansas  
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TOI: 01.0 Property Sub-TOI: 01.0001 Commercial Property (Fire and Allied Lines)  
Product Name: Long Term Care Program  
Project Name/Number: /07-2187

## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Exempt from Review	Llyweyia Rawlins	11/21/2007	11/21/2007

<i>SERFF Tracking Number:</i>	<i>CNAC-125330675</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Company Tracking Number:</i>	<i>07-2187R</i>		
<i>TOI:</i>	<i>01.0 Property</i>	<i>Sub-TOI:</i>	<i>01.0001 Commercial Property (Fire and Allied Lines)</i>
<i>Product Name:</i>	<i>Long Term Care Program</i>		
<i>Project Name/Number:</i>	<i>/07-2187</i>		

## Disposition

Disposition Date: 11/21/2007

Effective Date (New): 04/01/2008

Effective Date (Renewal): 04/01/2008

Status: Exempt from Review

Comment:

This line is exempt from filing rates/rules in compliance with ACA 23-67-206 which states that P&C insurance for commercial risks, excluding workers' compensation, employers' liability and professional liability insurance, including but not limited to, medical malpractice insurance, are exempted from the rate/rule filing and review requirements.

Rate data does NOT apply to filing.

### Overall Rate Information for Multiple Company Filings

<b>Overall Percentage Rate Indicated For This Filing</b>	0.000%
<b>Overall Percentage Rate Impact For This Filing</b>	0.000%
<b>Effect of Rate Filing-Written Premium Change For This Program</b>	\$0
<b>Effect of Rate Filing - Number of Policyholders Affected</b>	0

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Cover Letter	Accepted for Informational Purposes	Yes
Supporting Document	Transmittal	Accepted for Informational Purposes	Yes
Supporting Document	Memo	Accepted for Informational Purposes	Yes
Rate	CNA-LTC-CW-Rate Pages	Accepted for Informational Purposes	Yes
Rate	Attachment1	Accepted for Informational Purposes	Yes

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*Company Tracking Number:* 07-2187R  
*TOI:* 01.0 Property      *Sub-TOI:* 01.0001 Commercial Property (Fire and Allied Lines)  
*Product Name:* Long Term Care Program  
*Project Name/Number:* /07-2187

## **Rate Information**

Rate data does NOT apply to filing.

SERFF Tracking Number: CNAC-125330675 State: Arkansas  
 First Filing Company: Continental Casualty Company, ... State Tracking Number: #? \$100  
 Company Tracking Number: 07-2187R  
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 Product Name: Long Term Care Program  
 Project Name/Number: /07-2187

## Rate/Rule Schedule

Review Status:	Exhibit Name:	Rule # or Page #:	Rate Action	Previous State Filing Number:	Filing Attachments
Accepted for Informational Purposes	CNA-LTC-CW-Rate Pages	1-15	Replacement	95-3340	CNA-LTC-CW-Rate Pages Cwltcru1.pdf
Accepted for Informational Purposes	Attachment1		Replacement	95-3340	LTC Attachment #1.pdf

**CNA HEALTHPRO - LONG TERM CARE  
RULES & RATES**

**SECTION A**

**GENERAL**

The CNA Long Term Care Program was developed with the framework by extending certain additional coverage parts in addition to standard forms for eligible risks.

**1.ELIGIBILITY**

- a.** The following classes are eligible for the application of the rules and rates contained on these additional rule pages:

<b>CLASS CODE</b>	<b>FACILITY CLASSIFICATION</b>	<b>PRIMARY MEDICAL SERVICES PERFORMED</b>
80909 80928	Sub-Acute; FP Sub-Acute; NFP	-Ventilator Care -Wound Management -Post Operative/Trauma Recovery -Intravenous/Antibiotic/Hydration Therapy -Spinal Cord/Head Injury Management -Oncology -Total Parenteral Nutrition (TPN) -Blood/ Plasma Transfusion -Central Line Care -Tracheostomy -Dialysis
80908 80929	Skilled Nursing; FP Skilled Nursing; NFP	-Administering of Medications by Injection -Catheter Insertion and Sterile Irrigation -Physical/Occupational Therapy -Administration of Oxygen and Inhalation Therapy -Routine Changing of Dressings -Tube Feeding
80907 80914	Intermediate Care; FP Intermediate Care; NFP	-Administration of Oral Medications -Assistance with ADL's (Activities of Daily Living, Bathing, Dressing, Walking, Eating) -Preventative Turning/Positioning -Restorative Rehabilitation
80920 80932	Assisted Living; FP Assisted Living; NFP	-Combination of Housing -Personalized Supportive Services -Health Care Services designed for Individual needs for those requiring with ADL's (Activities of Daily Living, Bathing, Dressing, Walking, Eating) but not Skilled Medical Care

<b>CLASS CODE</b>	<b>FACILITY CLASSIFICATION</b>	<b>PRIMARY MEDICAL SERVICES PERFORMED</b>
80906 80915	Personal Care; FP Personal Care; NFP	-Security -Nutritional Meals -Transportation -Recreation -Self-Administration/Assistance with -Medications -Guidance with ADL's (Activities of Daily Living, Bathing, Dressing, Walking, Eating)
80905 80930	Independent Living; FP Independent Living; NFP	-Residents are of retirement age -Occupy apartment/dwelling units that normally include cooking facilities -Do not receive health care services -Administer their own medications without assistance -Full Time Caretaker 24 hours per day

## **SECTION B**

### **COMMERCIAL PROPERTY/INLAND MARINE/CRIME**

#### 1. Commercial Property

##### Section VIII - Rating Plans

#### Rule 81. Deductible Insurance Plan

Refer to Company's State Exception Pages in this manual.

#### 2. The following Long Term Care Program Forms are available:

Health and Personal Care Facilities - Building and Personal Property Coverage Form SCP 00504(5/92)

Commercial Property Coverage Part Declarations - Health & Personal Care Facilities SDEC 190A(3/03)

Commercial Inland Marine Coverage Part Declarations - Health & Personal Care Facilities -  
Accounts Receivable SDEC 191(5/92)

Commercial Inland Marine Coverage Part Declarations - Health & Personal Care Facilities -  
Valuable Papers SDEC 192(5/92)

Mobile Medical Equipment Coverage Form SCM 00532(6/92)

Mobile Medical Equipment Coverage Form Declarations SDEC 195(6/92)

Health and Personal Care - Coverage Limitation Endorsement SCP 04558(5/92)

Health and Personal Care Facilities - Coinsurance and Automatic Adjustment of Covered Property Limit Endorsement	SCP 04559(5/92)
Health and Personal Care Facilities - Ordinance or Law - Increased Period of Restoration	SCP 15503 (5/92)
Commercial Crime Coverage Endorsement	G144192B (04/03)
Homes and Services for the Aging – Supplemental Property Coverage Endorsement	G 144935-A (2/03)
Employee Theft of Client’s Property From Client’s Residence	GSL1500xx (04/05)
Sprinkler Leakage - Limited Earth Movement Extension	G120168-A (2/89)
Reward Endorsement	GSL 5564 (10/05)
Key Employee Replacement Expense Coverage	GSL 5563 (10/05)
Business Income Changes – 24 Hour Time Period	GSL 6652xx (06/06)
Business Income Changes – 48 Hour Time Period	GSL 6654xx (06/06)
Business Income Changes – 72 Hour Time Period	GSL 6651xx (06/06)

### 3. Forms Description and Premiums

#### a. Health and Personal Care Facilities - Building and Personal Property Coverage Form (SCP00504)

##### Commercial Property Coverage Part Declarations - Health & Personal Care Facilities (SDEC 190)

This Coverage Form and Declarations are designed to provide broad, flexible property coverage for hospitals, clinics, and other health and personal care facilities. The coverage provided approximates the insurance provided under the Building and Personal Property Coverage Form (CP 0010) and the Causes of Loss - Special Form (CP 1030), with the additional features listed below. Do **not** attach a Causes of Loss Form to the Health and Personal Care Facilities - Building and Personal Property Coverage Form. Commercial Property Conditions (SCP 0090A - 2/89) and any mandatory state endorsements applicable to the Commercial Property Part must continue to be attached.

#### Features of the Health and Personal Care Facilities Building and Personal Property Coverage Form

(1) Real property and business personal property, including property of others (other than property of patients or residents), is automatically covered subject to a single Covered Property Limit of Insurance, unless otherwise indicated in the Declarations.

(2) Coverage is automatically provided on an “all risks” basis, including coverage for loss caused by the breakdown of:

- a) Boilers, fired and unfired pressure vessels, or piping and its accessory equipment;
- b) Refrigeration or air conditioning systems; and
- c) Mechanical or electrical machines or apparatus used for the generation, transmission or utilization of mechanical or electrical power.

By indication in the Declarations, this coverage may be deleted or limited to only the described in “a” above.

(3) Under the Preservation of Property Additional Coverage, the 10 day coverage period limitation is deleted.

(4) Coverage for loss of business income and extra expense due to a covered loss at any described premises, including the premises of dependent properties, described in the Declarations, is automatically provided subject to the Covered Property Limit of Insurance, unless a separate limit is shown in the **Declarations**. This coverage applies for up to 60 days after the date when the property should be repaired or replaced, or up to the date when business operations are restored to normal, whichever occurs first.

Coverage is also provided for loss of business income and extra expense due to a civil authority action prohibiting access to the described premises. This coverage applies for 30 days from the date of the civil authority action.

(5) Coverage is added for loss caused by surface water, water that backs up from a sewer or drain, or water under the ground that flows or seeps through basements, walls, floors, foundations, doors, windows, or other openings. A \$25,000 limit applies to this additional coverage unless a higher limit is shown in the Declarations. This is not additional insurance.

(6) Coverage is added for loss to perishable business personal property caused by spoilage which results from:

(a) Complete or partial interruption of electrical power to the described premises; or

(b) Mechanical breakdown of the heating, cooling, or humidity control equipment at the described premises.

This limit on this additional coverage is \$25,000 unless a higher limit is shown in the Declarations. This additional coverage is not additional insurance. A \$1,000 deductible applies to this coverage.

(7) Under the Newly Acquired Property Coverage Extension:

(a) The coverage for newly acquired or constructed buildings is extended to include buildings being constructed at any newly acquired location, and additions and alterations being made to existing covered buildings.

(b) Coverage is provided for loss of business income and extra expense incurred due to loss to property at a newly acquired location, subject to a \$25,000 limit; and

(c) The period of time this extension applies is increased to 180 days.

(8) The per premises limit that applies to the Personal Effects Coverage Extension is increased to \$25,000 per occurrence/\$5,000 per person. A \$250 deductible applies to this extension.

(9) Coverage for loss to property of patients and residents at the described premises, at temporary locations, at newly acquired locations or in transit is provided up to \$25,000 per occurrence/\$5,000 per person, unless higher limits are shown in the Declarations. Coverage for loss of money and securities of patients and residents while in buildings at the described premises is provided up to \$5,000 per occurrence/\$500 per person. A \$250 deductible applies to this extension.

(10) Coverage is provided for the cost to research, replace or restore data on lost or damaged media in the data processing operations, subject to a limit of \$25,000 per occurrence unless a higher limit is shown in the Declarations

(11) The limit that applies to property at a temporary location is increased to 20% of the Covered Property Limit of Insurance or \$500,000, whichever is less.

(12) Property in transit is covered for loss caused by any Covered Cause of Loss (not just named perils), subject to a \$25,000 limit unless a higher limit is shown in the Declarations. Coverage is also provided for loss of business income and extra expense incurred due to a covered loss to property in transit, subject to a \$25,000 limit unless a higher limit is shown in the Declarations.

(13) Coverage for emergency vacating expenses is provided subject to a \$50,000 limit and a \$250 deductible ***unless a higher limit is indicated on the declarations page*** .

(14) Coverage is provided for loss of business income and extra expense incurred due to loss to property at the premises of an undesignated dependent property. The limit on this coverage is \$10,000.

(15) Extended perils coverage on Fine Arts is provided subject to a \$25,000 limit.

(16) When Equipment Breakdown is a Covered Cause of Loss, Equipment Breakdown is added to the list of perils for which resulting loss by pollutants is covered.

(17) The following exclusions are deleted:

- (a) Loss to the interior of a building caused by rain, snow, sleet, ice, sand and dust unless the building is first damaged by a covered cause, or the loss results the thawing of ice or snow on the building.
- (b) Loss to gutters and downspouts caused by the weight of snow, ice or sleet.
- (c) Loss of building materials and supplies caused by theft.

(18) Building glass is covered on an "all risk" basis, without sublimit.

(19) The Theft limitation on jewelry, watches, furs, precious and semi-precious stones and precious alloys and metals is increased to \$25,000 per occurrence/\$5,000 per article.

(20) Coverage is automatically provided on a replacement cost basis.

(21) No coinsurance provision applies.

The premium for this form is developed in accordance with rule 4. PREMIUM for the Health and Personal Care Facilities - Building and Personal Property Coverage Form.

**b. Commercial Inland Marine Coverage Part Declarations - Health and Personal Care Facilities - Accounts Receivable (SDEC 191) and Valuable Papers (SDEC 192)**

Coverage for loss of accounts receivable and coverage for the cost to research, replace or restore lost data on lost or damaged valuable papers and records, other than those which exist on media used in data processing operations, are each provided using the Accounts Receivable and Valuable Papers and records Commercial Inland Marine Coverage Forms and these Declarations. A \$25,000 limit applies to each of these coverages unless higher limits are indicated in these Declarations. These forms must be attached to all policies unless the Health and Personal Care Facilities - Coverage Limitation Endorsement (SCP 04558) applies.

The premium for these coverages at the automatic \$25,000 limits is included in the premium for the Health and Personal Care Facilities - Building and Personal Property Coverage Form

**c. Health and Personal Care Facilities - Coverage Limitation Endorsement (SCP 04558)**

This optional endorsement reduces the limits on several coverages under the Health and Personal Care Facilities - Building and Personal Property Coverage Form (SCP 00504), as follows:

COVERAGE	REDUCED LIMIT of INSURANCE
Limited Water Damage Additional Coverage.....	\$10,000
Spoilage Additional Coverage .....	\$10,000

Data Restoration Expense Coverage Extension.....	\$15,000
Property Off Premises Coverage Extension.....	the lesser of 20% of the Covered Property Limit or \$50,000
Property In Transit Coverage Extension:	
Direct Damage.....	\$10,000
Business Income and Extra Expense.....	\$10,000
Emergency Vacating Expense Coverage.....	\$25,000
Theft of Jewelry, Watches, Jewels, Pearls, Precious and Semi-Precious Stones, Precious Alloys, etc.....	\$5,000 per occurrence/ \$2,500 per person

In addition, Accounts Receivable and Valuable Papers and Records Coverages are each provided subject to a \$15,000 limit. **Note:** Do not attach the Accounts Receivable and Valuable Papers and Records Commercial Inland Marine Coverage Forms and Declarations (SDEC 191 and SDEC 192) when this option is elected.

When this optional endorsement applies, the premium for the Health and Personal Care Facilities - Building and Personal Property Coverage Form is developed in accordance with rule 4. PREMIUM Development for the Health and Personal Care Facilities - Building and Personal Property Coverage Form.

d. Health and Personal Care Facilities - Coinsurance and Automatic Adjustment of Covered Property Limit Endorsement (SCP 04559)

This optional endorsement:

(1) Converts the insurance provided under the Health and Personal Care Facilities - Building and Personal Property Coverage Form (SCP 00504) to a coinsurance basis; and

(2) Provides an automatic annual increase in the Covered Property Limit equal to 8% of the value of Covered Property contemplated in the Covered Property Limit.

When this endorsement applies, premiums for the Health and Personal Care Facilities - Building and Personal Property Coverage Form are developed using the applicable coinsurance rates in effect for the Company.

e) Health and Personal Care Facilities Ordinance or Law Increased period of Restoration (SCP 15503)  
This optional endorsement extends the insurance provided for loss of income and extra expense to apply to loss incurred during increased period of time operations are suspended due to an ordinance or law that regulates the construction or repair, or requires the tearing down of any property. This endorsement is to be used instead of CP 1531, but the rates and rules in effect for the Company for form CP 1531 continue to apply for this optional coverage.

f) Commercial Crime Coverage Endorsement G144192B (4/03)

This Coverage Form provides coverage for Inside The Premises - Theft of Money & Securities and Outside the Premises subject to a limit of \$7,000. Specified Property Coverage Limits (ie. Precious metals, precious or semi precious stones, stones, pearls, furs) are for \$5,000 .

g. Employee Theft of Client's Property From Client's Residence GSL1500xx (04/05)

This coverage form provides 3<sup>rd</sup> party employee theft for operations other than the Insured's premises. Coverage is applied for operations where Insured renders services to individuals requiring rehabilitation services at their residence.

h) Homes and Services for the Aging–Supplemental Property Coverage Endorsement G 144935-A (2/03)  
This coverage form provides broader, more flexible property coverages in addition to those under the Health and Personal Care Facilities - Building and Personal Property Coverage Form – SCP 00504.

i) Reward Endorsement GSL 5564 (10/05)  
This coverage form provides reward reimbursement as a result in the arrest of any one or more persons who are then convicted of committing arson, vandalism or burglary which results in a loss covered under the policy.

j) Key Employee Replacement Expense Coverage GSL 5563 (10/05)  
This coverage form provides the necessary expense coverage for a key employee due to a permanent loss of the services of a key employee that is named in the schedule.

#### **4. PREMIUM**

**a.** Premiums for the Health and Personal Care Facilities - Building and Personal Property Coverage Form will be developed as follows:

(1) Premiums for direct damage, business income and extra expense coverages will be developed in accordance with the rates, rating plans and rating modifications in effect for the Company.

(2) An additional premium charge must be added for the Equipment Breakdown Coverage, unless the Equipment Breakdown Cause of Loss is deleted. This additional premium charge shall be developed in accordance with rule 4.b. below.

(3) Finally, an additional premium must be added to reflect the additional coverages provided, as follows:

(a) When the Health and Personal Care Facilities - Coverage Limitation Endorsement (SCP 04558) applies, the additional annual premium charge is \$300 per location.

(b) Otherwise, the additional annual premium charge is \$700 per location.

(c) When the Homes and Services for the Aging–Supplemental Property Coverage Endorsement G 144935-A applies, the additional annual premium charge is \$375 per location.

These additional premiums are not subject to modification of any type, except:

(a) To add a charge for any Increased Limit of Insurance Options developed under rule 4.c.; or

(b) To apply a multiple location credit for three or more locations in accordance with rule 4.d.

**b.** Premiums for Employee Theft of Client's Property From Client's Residence (GSL 1500xx) are calculated in accordance to the rules and rates filed on behalf of the Company using ISO Employee Theft Loss Costs.

**c.** Equipment Breakdown Coverage Additional Premium Charge

(1) The additional premium charge for Equipment Breakdown Coverage is developed as follows:

(a) For each location, select the applicable premium shown in the \$1,000 Deductible Equipment Breakdown Premium Table in provision (2) below, for the 100% replacement cost value of the buildings at that location.

(b) Deductibles other than \$1,000 are available, subject to the following minimum deductibles:

100% Replacement Cost Cost Value of Buildings at Location	Minimum Deductible Limited	
	Eqpmn't Breakdown	Eqpmn't Breakdown
\$20,000,000 or less	\$500	\$250
\$20,000,001 to \$30,000,000	\$1,000	\$500
\$30,000,001 to \$60,000,000	\$2,500	\$1,000
\$60,000,000 to \$100,000,000	\$5,000	\$2,500

(c) If a deductible other than \$1,000 applies, multiply the premium determined in (a) above by the applicable factor shown below:

Deductible		Deductible	
Amount	Factor	Amount	Factor
\$250	1.064	\$10,000	.85
\$500	1.032	\$25,000	.81
\$2,500	.96	\$50,000	.78
\$5,000	.90	\$75,000	.75

This amount is the Equipment Breakdown Coverage additional premium charge for the location, and is not subject to further modification of any type.

(2) \$1,000 Deductible Equipment Breakdown Premium Table

100% Building RC Value @ Location **	Equipment Brkdw'n With Boilers	Equipment Brkdw'n Without Boilers	Limited Equipment Breakdown Coverage
Up to \$ 100,000	\$ 500*	\$ 500*	\$ 300*
\$ 200,000	\$ 513	\$ 500*	\$ 300*
\$ 300,000	\$ 525	\$ 500*	\$ 300*
\$ 400,000	\$ 589	\$ 500*	\$ 300*
\$ 500,000	\$ 644	\$ 500*	\$ 300*
\$ 600,000	\$ 688	\$ 502	\$ 300*
\$ 700,000	\$ 731	\$ 516	\$ 300*
\$ 800,000	\$ 775	\$ 533	\$ 300*
\$ 900,000	\$ 818	\$ 577	\$ 310
\$ 1,000,000	\$ 860	\$ 620	\$ 322
\$ 1,250,000	\$ 945	\$ 710	\$ 343
\$ 1,500,000	\$1,017	\$ 792	\$ 362
\$ 1,750,000	\$1,074	\$ 863	\$ 376
\$ 2,000,000	\$1,129	\$ 924	\$ 390
\$ 2,500,000	\$1,211	\$1,108	\$ 411
\$ 3,000,000	\$1,292	\$1,062	\$ 431
\$ 3,500,000	\$1,350	\$1,111	\$ 447
\$ 4,000,000	\$1,409	\$1,147	\$ 462
\$ 4,500,000	\$1,453	\$1,177	\$ 472
\$ 5,000,000	\$1,495	\$1,204	\$ 484
\$ 5,500,000	\$1,523	\$1,218	\$ 491
\$ 6,000,000	\$1,552	\$1,243	\$ 498
\$ 6,500,000	\$1,579	\$1,264	\$ 505
\$ 7,000,000	\$1,596	\$1,277	\$ 509
\$ 7,500,000	\$1,611	\$1,292	\$ 513
\$ 8,000,000	\$1,628	\$1,306	\$ 517
\$ 8,500,000	\$1,645	\$1,318	\$ 522
\$ 9,000,000	\$1,554	\$1,326	\$ 524

\$ 9,500,000	\$1,664	\$1,337	\$ 525
\$10,000,000	\$1,672	\$1,341	\$ 528
\$11,000,000	\$1,682	\$1,351	\$ 530
\$12,000,000	\$1,700	\$1,370	\$ 537
\$13,000,000	\$1,717	\$1,378	\$ 541
\$14,000,000	\$1,731	\$1,394	\$ 545
\$15,000,000	\$1,746	\$1,416	\$ 553
\$17,500,000	\$1,782	\$1,453	\$ 566
\$20,000,000	\$1,816	\$1,488	\$ 578
\$25,000,000	\$2,216	\$1,833	\$ 709
\$30,000,000	\$2,438	\$2,016	\$ 780
\$35,000,000	\$2,750	\$2,274	\$ 871
\$40,000,000	\$2,948	\$2,438	\$ 934
\$45,000,000	\$3,133	\$2,591	\$ 993
\$50,000,000	\$3,308	\$2,735	\$1,049
\$60,000,000	\$3,640	\$3,009	\$1,154
\$70,000,000	\$4,204	\$3,477	\$1,302
\$80,000,000	\$4,507	\$3,727	\$1,396
\$90,000,000	\$4,791	\$3,961	\$1,483
\$100,000,000	\$5,059	\$4,183	\$1,567

\*\* Risks with 100% Building Replacement Cost Value in excess of \$100,000,000 at any one location are not eligible for this coverage.

Refer to Company for proper building values of buildings in which the insured is a tenant.

**d. Additional Premium Charges for Increased Limit of Insurance Options**

The additional premium charges developed below for increased Limits of Insurance on the coverages listed below apply per location, and are not subject to further modification of any type except to apply a multiple location credit for three or more locations in accordance with rule 4.d.

**(1) Limited Water Damage**

The additional annual per location charge for increased limits on the Limited Water Damage Additional Coverage is developed by multiplying the amount of the limit increase (in hundreds) by \$0.75.

**(2) Spoilage**

The additional annual per location charge for increased limits on the Spoilage Additional Coverage is developed by multiplying the amount of limit increase (in hundreds) by \$1.00.

**(3) Property of Patients or Residents (Other than Money & Securities)**

The additional annual per location charge for increased limits on the Property of Patients or Residents Coverage Extension, other than money and securities, is developed by multiplying the amount of the per occurrence limit increase (in hundreds) by the final rate developed for the Covered Property under the policy. This additional charge contemplates an automatic increase in the per person limit to 20% of the increased per occurrence limit.

**(4) Property In Transit**

To develop the annual per location charge for increased limits under the Property In Transit Coverage Extension on:

(a) Direct Damage to property in transit, use the rates and rules in effect for the Company.

(b) Loss of business income and extra expense due to direct damage to property in transit, multiply the amount of limit increase (in hundreds) by \$2.35.

**(5) Miscellaneous Dependent Property Locations**

To develop the annual per location charge for increased limits on the Miscellaneous Dependent Property Locations Coverage Extensions, multiply the amount of the limit increase (in hundreds) by \$2.35.

**(6) Ordinance or Law – Undamaged Portion of the Building**

A 3% debit applies to the Company developed rate for Coverage “A” – Undamaged portion of the Building.

**(7) Increased Limits for Demolition Cost and Increased Cost of Construction**

The additional annual premium charges for Demolition Cost and Increased Cost of Construction:

<b>Limit</b>	<b>Demolition Cost Premium</b>	<b>Increased Cost of Construction Premium</b>
\$10,000	\$ 12.00	\$ 12.00
\$20,000	\$ 23.00	\$ 23.00
\$30,000	\$ 35.00	\$ 35.00
\$40,000	\$ 46.00	\$ 46.00
\$50,000	\$ 58.00	\$ 58.00
\$75,000	\$ 86.00	\$ 86.00

**(8) Increased Limits for Data Restoration Expense**

The additional annual premium charges for Data Restoration Expense:

<b>Limit</b>	<b>Premium</b>
\$10,000	\$14.00
\$20,000	\$ 28.00
\$30,000	\$ 42.00
\$40,000	\$ 56.00
\$50,000	\$ 70.00
\$75,000	\$105.00

**(9) Increased Limits for Valuable Papers and/or Accounts Receivable Coverages**

The additional annual premium charges for Valuable Papers and/or Accounts Receivable:

<b>Limit</b>	<b>Valuable Papers Premium</b>	<b>Accounts Receivable Premium</b>
\$10,000	\$ 18.00	\$ 3.00
\$15,000	\$ 27.00	\$ 4.00
\$25,000	\$ 45.00	\$ 7.00
\$40,000	\$ 71.00	\$ 12.00
\$50,000	\$ 89.00	\$ 15.00
\$75,000	\$134.00	\$ 22.00

**(10) Increased Limits for Form C - Theft, Disappearance & Destruction and/or Form D - Robbery and Safe Burglary Coverages**

The additional annual premium charges for Form C - Theft, Disappearance & Destruction and Form D - Robbery & Safe Burglary Other than Money & Securities:

Limit	Form C Premium	Form D Premium
\$ 5,000	\$ 46.00	\$ 64.00
\$10,000	\$ 91.00	\$129.00
\$15,000	\$137.00	\$193.00
\$20,000	\$183.00	\$258.00
\$25,000	\$229.00	\$323.00
\$30,000	\$274.00	\$386.00
\$40,000	\$366.00	\$515.00
\$50,000	\$457.00	\$644.00

(11) Sprinkler Leakage - Limited Earth Movement Extension

The additional annual premium charges for Sprinkler Leakage - Limited Earth Movement Extension:

Limit	Premium
\$100,000	\$ 53.00
\$250,000	\$133.00
\$500,000	\$265.00
\$750,000	\$398.00
\$1,000,000	\$530.00

(12) Key Employee Replacement Expense Coverage

To develop the annual per position charge, multiply the amount of the limit (in hundreds) by \$2.00.

(13) Off Premises Power Failure Loss Assumption

Water Supply

Communication Supply Property

Power Supply Property

Rate/\$100 Limit

Group I = \$0.09

Group II = \$0.21

SCOL = \$0.34

Transmission Lines Included

Water Supply

Communication Supply Property

Power Supply Property

Rate/\$100 Limit

Group I = \$0.10

Group II = \$0.23

SCOL = \$0.06

(14)

Business Income Changes – 24 Hour Time Period

GSL 6652xx (06/06)

5% credit applies against the developed Business Interruption premium.

Business Income Changes – 48 Hour Time Period

GSL 6654xx (06/06)

8% credit applies against the developed Business Interruption premium.

Business Income Changes – 72 Hour Time Period

GSL 6651xx (06/06)

10% credit applies against the developed Business Interruption premium.

**(15) Renovations and/or Repairs**

<b>Increased Limits over \$1,000,000</b>	<b>Premium</b>
\$ 500,000	\$ 315
\$1,000,000	\$ 630
\$1,500,000	\$ 945
\$2,000,000	\$1,260
\$2,500,000	\$1,575
\$3,000,000	\$1,890

**(16) Fire Department Fee Increased Limits**

<b>Increased Limits over \$15,000</b>	<b>Premium</b>
\$ 25,000	\$ 25
\$ 50,000	\$ 50
\$ 75,000	\$ 75
\$100,000	\$100
\$150,000	\$150
\$200,000	\$200
\$250,000	\$250

**(17) Emergency Vacating Expense**

<b>Increased Limits over \$50,000</b>	<b>Premium</b>
\$ 25,000	\$ 50
\$ 50,000	\$100
\$ 75,000	\$150
\$100,000	\$200
\$150,000	\$300
\$200,000	\$400
\$250,000	\$500

**(18) Disease Contamination**

<b>Increased Limits over \$5,000</b>	<b>Premium</b>
\$ 5,000	\$ 25
\$ 10,000	\$ 50
\$ 15,000	\$ 75
\$ 20,000	\$100
\$ 25,000	\$125
\$ 50,000	\$250
\$ 75,000	\$375
\$100,000	\$500

**e. Multiple Location Credits for Three or More Locations**

Credits apply for risks with three or more locations. These credits apply only to the per location additional premium charges for the additional coverages under the Health and Personal Care Facilities - Building and Personal Property Coverage Form in rule 4.a.(3) and to the additional premium charges for the Increased Limit of Insurance Options in rule 4.c. above. These credits do not apply to the additional premium charge for Equipment Breakdown coverage.

The credit for each location in excess of two is applied by multiplying the additional premium charges for the location by the applicable Location Factor shown below:

	<b>Location Factor</b>
Locations 3, 4 and 5	.80
Locations 6 through 10	.65
Each Location Over 10	.50

#### 4. Other Forms Applicable

Forms in effect for the Company which modify the "Building and Personal Property Coverage Form ", "Business Income Coverage Form" or "Causes of Loss - Special Form" may be used, subject to the rates and rules in effect for the Company for such forms, and the compatibility of such forms with the coverages provided under the Health and Personal Care facilities - Building and Personal Property Coverage Form.

### **SECTION C GENERAL/PROFESSIONAL LIABILITY**

1. The following Long Term Care Program Forms are available:

Resident Health Care Facility Liability Insurance Endorsement	SAC 22504(11/85)
Resident Health Care Facility Professional Liability Coverage Part	SAC 00526(11/85)
Resident Health Care Facility Professional Liability Coverage Part Declarations	SDEC 36(11/85)
Non-Resident Facility Activities Endorsement	SAC 21518(5/89)
Non-Resident Facility Activities Endorsement	SAC 22513(5/89)
Hired Auto and Non-Owned Auto Liability Endorsement	G-59786C (10/93)
Absolute Pollution Exclusion Endorsement	G-120165-A (9/97)

2. Form Description and Premiums

a. Resident Health Care Facility Liability Insurance Endorsement (SAC 22504)

This endorsement expands Commercial General Liability Coverage by providing the following:

- Violations of Rights of Residents Coverage (Patient's Rights)
- Vicarious Beauticians and Barbers Professional Services Coverage
- Waiver of Charitable Immunity Doctrine as a basis of claim denial
- Additional Persons Insured - including medical directors, administrators, authorized Volunteers and non-professional employees with an option to cover professional employees and students in training
- Fire, Explosion and Leaks from Sprinklers Legal Liability (\$50,000)
- Medical Payment Extension.

The premium for this endorsement will be developed on an individual risk basis.

Option to add Professional Employees and Students in Training as additional insureds.

b. Resident Health Care Facility Professional Liability Coverage Part (SAC 00526)

This coverage provides coverage for liability which results from a professional incident that occurs in the course of performing professional services for a Resident Health Care Facility. Medical directors and administrators are automatically covered as additional insureds. There is also an option available to add professional employees and students in training as additional insureds. The additional charge for this optional coverage shall be contemplated in the development of the Resident Health Care Facility Liability Insurance Endorsement premium. In addition to coverage form SAC 00526, also attach Resident Health Care Facility Professional Liability Coverage Part Declarations (SDEC 36).

This form may also be used with a policy that has the Resident Health Care Facility Liability Insurance Liability Endorsement (SAC 22504) attached.

**c. Non-Resident Facility Activities Endorsement (SAC 21518)**

Coverage may be restricted to liability arising out of the performance of professional services at only designated locations that are involved Resident Health Care Facility Professional Liability Coverage Part.

No credit is applicable with this exclusion. This simply highlights that Professional Services at designated locations can be restricted for the performance of professional services.

**d. Non-Resident Facility Activities Endorsement (SAC 22513)**

Coverage may be extended to cover the non-resident activities of insureds occupying designated positions involved Resident Health Care Facility Professional Liability Coverage Part. Rates for this amendment will be developed on an individual risk basis.

**e. Hired Auto and Non-Owned Auto Liability (G-59786C) - Class Code 80918**

Coverage may be extended to cover Hired and Non-Owned Automobile Liability provided that the insured does not own any Power Units. The additional annual premium charges for this amendment:

Limit	Hired Premium	Non-Owned Premium
\$500,000/\$500,000	\$38.00	\$31.00
\$500,000/\$1,000,000	\$39.00	\$32.00
\$1,000,000/\$1,000,000	\$42.00	\$34.00
\$1,000,000/\$2,000,000	\$43.00	\$35.00
\$1,000,000/\$3,000,000	\$44.00	\$36.00

**f. Fire Damage Legal Liability**

The additional annual premium charges for Fire Damage limits excess of automatic \$50,000:

Limit	Premium
\$50,000	\$13.00
\$100,000	\$ 25.00
\$150,000	\$ 38.00
\$200,000	\$ 50.00
\$350,000	\$ 63.00
\$450,000	\$113.00
\$550,000	\$138.00

**3. PREMIUM**

To determine the premiums for SAC 00526A, refer to the Company's State Exception Page in this manual.

The basic limits rates contemplate limits of \$100,000 per occurrence and \$300,000 aggregate. The aggregate only applies to the General Liability/Professional Liability Coverage. Use the Increased Limits table below to increase these limits.

Increased Limits	Factors
100/300	1.00
250/500	1.36
300/300	1.27

300/500	1.41
500/500	1.54
500/1000	1.72
1000/1000	1.94
1000/2000	2.10
1000/3000	2.12

**Note:**

1.Rehabilitation facilities operated in conjunction with any class should be separately classified and rated for professional liability at a rate per: 100 out-patient visit is equal to 10% of the "Skilled Facility" rate.

2.Combination facilities: Classify & rate the facility that best reflects the risk's operations. If there are separate floors or wings or building providing a different level of medical service, classify according to the class description.

3.Unusual or unique activities (ie. fund raising events) should be separately classified and rated.

The minimum premium shall be the annual premium for ten beds.

**ADDITIONAL PREMISES LIABILITY CLASSES**

CLASS CODE	CLASSIFICATION	Premium Base
80901	Swimming Pools	per pool
80902	Saunas/Hot Tubs	per item
80903	Tennis/Racquet Ball/ Handball Courts	per court
80904	Exercise/Weight Rooms	per room
80910	Indoor Parking	per space
80922	Community Center	per area

LTC Attachment #1

The flat premium charges outlined below are based upon:

- a) information secured from Reinsurers for premium charges for increased limits of coverage for Renovations/Repairs indicative of the Nursing Home Industry.
- b) Previous filings we have made and approved by your Department for other optional enhancing supplements
- c) With respects to Disease Contamination since this is a new coverage to our Program and other carriers offer this as a Indirect Damage Coverage whereas the CNA Health & Personal Care Facilities – Building and Personal Property Form allows Indirect Damage to follow Direct Damage, the rates noted are from a representation pulled of inforce policies. The representation is cross over of varying Construction types – Frame through Superior Fire Resistive.

**Renovations and/or Repairs**

<u>Increased Limits over \$1,000,000</u>	<u>Premium Charge</u>
\$500,000	\$315
\$1,000,000	\$630
\$1,500,000	\$945
\$2,000,000	\$1,260
\$2,500,000	\$1,575
\$3,000,000	\$1,890

Interpolation & Extrapolation Rule applies

**Fire Department Fee Increased Limits**

<u>Increased Limits over \$15,000</u>	<u>Premium Charge</u>
\$25,000	\$25
\$50,000	\$50
\$75,000	\$75
\$100,000	\$100
\$150,000	\$150
\$200,000	\$200
\$250,000	\$250

Interpolation & Extrapolation Rule applies

**Emergency Vacating Expense**

<u>Increased Limits over \$50,000</u>	<u>Premium Charge</u>
\$25,000	\$50
\$50,000	\$100
\$75,000	\$150
\$100,000	\$200
\$150,000	\$300
\$200,000	\$400
\$250,000	\$500

Interpolation & Extrapolation Rule applies

**Disease Contamination Increased Limits**

<u>Increased Limits over \$5,000</u>	<u>Premium Charge</u>
\$5,000	\$25
\$10,000	\$50
\$15,000	\$75
\$20,000	\$100
\$25,000	\$125
\$50,000	\$250
\$75,000	\$375
\$100,000	\$500

Interpolation & Extrapolation Rule applies

SERFF Tracking Number: CNAC-125330675 State: Arkansas  
First Filing Company: Continental Casualty Company, ... State Tracking Number: #? \$100  
Company Tracking Number: 07-2187R  
TOI: 01.0 Property Sub-TOI: 01.0001 Commercial Property (Fire and Allied Lines)  
Product Name: Long Term Care Program  
Project Name/Number: /07-2187

## Supporting Document Schedules

**Satisfied -Name:** Cover Letter **Review Status:** Accepted for Informational Purposes 11/21/2007

**Comments:**

**Attachment:**

07-2187FR AR Cover Letter.pdf

**Satisfied -Name:** Transmittal **Review Status:** Accepted for Informational Purposes 11/21/2007

**Comments:**

**Attachment:**

07-2187R AR Transmittal.pdf

**Satisfied -Name:** Memo **Review Status:** Accepted for Informational Purposes 11/21/2007

**Comments:**

**Attachment:**

Filing MemorandumLTC10 07.pdf



40 Wall Street – 9<sup>th</sup> Floor  
New York, New York 10005

**Mr. Micaah Morris**

Regulatory Filings Technician  
P & C State Filing Unit  
CNA Global Specialty Lines

November 20, 2007

Telephone 212-440-2319  
Facsimile 212-440-2877  
Toll Free 877-269-3277 x 2319  
Internet micaah.morris@cna.com

ARKANSAS INSURANCE DEPARTMENT  
PROPERTY & CASUALTY DIVISION  
1200 W 3RD ST  
LITTLE ROCK AR 72201-1904

RE: Continental Casualty Company NAIC #: 20443 FEIN #: 36-2114545  
American Casualty Company of Reading, PA NAIC #: 20427 FEIN #: 23-0342560  
National Fire Insurance Company of Hartford NAIC #: 20478 FEIN #: 06-0464510  
Continental Insurance Company NAIC #: 35289 FEIN #: 13-5010440  
Transportation Insurance Company NAIC #: 20494 FEIN #: 36-1877247  
Valley Forge Insurance Company NAIC #: 20508 FEIN #: 23-1620527  
CNA HealthPro - Long Term Care Program  
*Health and Personal Care Facilities – Building and Personal Property Coverage Form*  
Forms and Rule Filing  
Company Filing No.: 07-2187FR

Honorable Director:

The CNA Insurance Group of Companies submits on behalf of the above named companies its revised form for use with our Long Term Care Program currently on file with your department.

Attached for your review:

Filing Memorandum

Copy of Form

Copy of the country wide rule pages.

We propose that this filing become effective for all policies, effective April 1, 2008, or the earliest date permitted by your state.

Very truly yours,

*Micaah Morris*

Micaah Morris  
Regulatory Filings Technician



## Property & Casualty Transmittal Document—

<b>20.</b>	<b>This filing transmittal is part of Company Tracking #</b>	<b>07-2187R</b>
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<b>21.</b>	<b>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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The CNA Insurance Group of Companies submits on behalf of the above named companies its revised form for use with our Long Term Care Program currently on file with your department.

<b>22.</b>	<b>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]
------------	---

**Check #:** 0000210987  
**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.)**

**CNA HealthPro - Long Term Care  
Rate, Rule and Form Addition  
Overview of Revision**

The intent of this filing is to amend our Health and Personal Care Facilities SCP00504 form as follows:

- Amend current language in our form pertaining to ‘Emergency Vacating Expense’ allowing optional higher limits above our filed \$50,000 Limit.
- Amend current language for Debris removal coverage limit from 25% to 35%.
- Amend current limitations pertaining to renovations and repairs from the current limits of \$1,000,000 to allow higher optional limits depending upon the request and/or need of our clients.
- Amend current language pertaining to Fire Department Service Charge from \$15,000 allowing higher limits
- Introduce a new coverage for Disease Contamination with automatic \$5,000 Limits and options for increased limits depending upon the needs of our clients. This coverage provides Business Income and Extra Expense caused by Disease Contamination.

Through our research we have found that many of our peer carriers now offer these similar coverages for the Nursing Home Industry. Thus we have found that CNA HealthPro – Long Term Care cannot be competitive with our peers when an Insured elects to purchase additional limits

We have attached two copies of the SCP00540 form. One version notes the above changes in red. The other is a clean copy for your records.

**C/W Rules and Rate Pages**

Final printed Rule pages 5 & 12 have been updated to reflect the new limit options.

Since these proposed changes are new options there is no rate impact to existing policyholders.