

SERFF Tracking Number: PHAR-125274347 State: Arkansas
Filing Company: Pharmacists Mutual Insurance Company State Tracking Number: AR-PC-07-026297
Company Tracking Number: AR-UMP-01-08-R
TOI: 17.2 Other Liability - Occurrence Only Sub-TOI: 17.2021 Personal Umbrella & Excess
Product Name: Adopt AAIS' Personal Umbrella Program
Project Name/Number: AR-UMP-01-08-R/AR-UMP-01-08-R

Filing at a Glance

Company: Pharmacists Mutual Insurance Company

Product Name: Adopt AAIS' Personal Umbrella SERFF Tr Num: PHAR-125274347 State: Arkansas
Program

TOI: 17.2 Other Liability - Occurrence Only SERFF Status: Closed State Tr Num: AR-PC-07-026297

Sub-TOI: 17.2021 Personal Umbrella & Excess Co Tr Num: AR-UMP-01-08-R

Filing Type: Rate

Co Status:

State Status:

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

Author: Heidi Allen

Disposition Date: 11/21/2007

Date Submitted: 10/02/2007

Disposition Status: Filed

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

Effective Date (New): 10/22/2007

Effective Date Requested (Renewal): 01/01/2008

Effective Date (Renewal):

General Information

Project Name: AR-UMP-01-08-R

Status of Filing in Domicile: Authorized

Project Number: AR-UMP-01-08-R

Domicile Status Comments:

Reference Organization: AAIS

Reference Number:

Reference Title:

Advisory Org. Circular:

Filing Status Changed: 11/20/2007

State Status Changed: 10/03/2007

Deemer Date:

Corresponding Filing Tracking Number: AR-UMP-01-08-F

Filing Description:

Pharmacists Mutual Insurance Company (PhMIC) is a member and subscriber of AAIS for its Personal Umbrella program in this state. Currently, PhMIC's Personal Umbrella program contains all of our own independent forms, endorsements and rules. We would now like to begin using AAIS' forms, endorsements and have revised our program rules to incorporate those forms. Additionally, based on review of other umbrella programs, we have slightly modified our rates for this program. Independent company forms have been submitted for review in companion filing UMP-01-08-F. This filing replaces all current rates and rules. See the filing memorandum for complete details.

Pharmacists Mutual is requesting that this filing become effective for all policies on or after January 1, 2008.

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Company and Contact

Filing Contact Information

Heidi Allen, Heidi.Allen@phmic.com
 PO Box 370 (800) 247-5930 [Phone]
 Algona, IA 50511 (515) 295-9306[FAX]

Filing Company Information

Pharmacists Mutual Insurance Company CoCode: 13714 State of Domicile: Iowa
 808 Highway 18 West Group Code: 775 Company Type: Mutual
 P.O. Box 370
 Algona, IA 50511 Group Name: State ID Number:
 (800) 247-5930 ext. [Phone] FEIN Number: 42-0223390

Filing Fees

Fee Required? Yes
 Fee Amount: \$100.00
 Retaliatory? No
 Fee Explanation: Independent Rate/Rule filing
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Pharmacists Mutual Insurance Company	\$100.00	10/02/2007	15915680

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed	Edith Roberts	11/20/2007	11/20/2007

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Disposition

Disposition Date: 11/21/2007

Effective Date (New): 10/22/2007

Effective Date (Renewal):

Status: Filed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: PHAR-125274347 State: Arkansas
 Filing Company: Pharmacists Mutual Insurance Company State Tracking Number: AR-PC-07-026297
 Company Tracking Number: AR-Ump-01-08-R
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 Project Name/Number: AR-Ump-01-08-R/AR-Ump-01-08-R

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Filed	Yes
Supporting Document	NAIC Loss Cost Filing Document for OTHER than Workers' Comp	Filed	Yes
Supporting Document	NAIC loss cost data entry document	Filed	Yes
Supporting Document	Explanatory Documents	Filed	Yes
Rate	Personal Umbrella Program	Filed	Yes

SERFF Tracking Number: PHAR-125274347 State: Arkansas
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Rate Information

Rate data does NOT apply to filing.

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Rate/Rule Schedule

Review Status:	Exhibit Name:	Rule # or Page #:	Rate Action	Previous State Filing Attachments Number:
Filed	Personal Umbrella Program	entire manual	Replacement	none UMP Rules-Rates 01-08.pdf

**PERSONAL UMBRELLA PROGRAM
PHARMACISTS MUTUAL INSURANCE COMPANY**

**PERSONAL
UMBRELLA
PROGRAM**

**PHARMACISTS MUTUAL INSURANCE COMPANY
Algona, IA**

PERSONAL UMBRELLA PROGRAM PHARMACISTS MUTUAL INSURANCE COMPANY

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- Program Description
- Policywriting Instructions
- Premium Determination

RATES

TERRITORIES

INTRODUCTION

This manual contains the rules and rating information for writing personal umbrella coverage.

**PERSONAL UMBRELLA PROGRAM
PHARMACISTS MUTUAL INSURANCE COMPANY**

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PERSONAL UMBRELLA PROGRAM PHARMACISTS MUTUAL INSURANCE COMPANY

RULE 1 -- ELIGIBILITY

1.1 Eligibility Requirements

An personal umbrella liability policy can be issued to an individual who has secured and intends to maintain the necessary types and limits of underlying insurance. The PMIC Personal Umbrella Liability Coverage is designed to be written in conjunction with underlying personal liability insurance written on a policy form acceptable to Pharmacists Mutual, including but not limited to the following personal policies: Homeowners or Mobile-Homeowners, Watercraft, Personal Auto, Motorcycle, Recreational Vehicle, Pharmacy Professional or Pharmacy Technician Professional Liability.

Use form UM 0001 to provide Personal Umbrella Liability Coverage.

1.2 Submit to Company

The personal umbrella policy may include coverage for specific business or professional exposures. Coverage can be extended to liability arising from eligible business or professional activities when covered under an acceptable underlying policy. (Refer to Rule 3.)

When coverage for liability arising out of an acceptable business or professional exposure will be provided by endorsing the umbrella policy, the eligibility of the following risks must be determined by the company:

- underlying homeowners or other personal liability coverage includes Care Provided For Others or any similar coverage for home day care activities;
- underlying homeowners or other personal liability coverage includes the Home-Based Business Coverage Part or a comparable form or endorsement. The basic Personal Umbrella Liability Coverage is not designed to extend the coverage and limits provided by the Home-Based Business Coverage Part; or
- underlying Pharmacist Professional Liability Policy or Pharmacy Technician Professional Liability Policy.

Refer to the company for eligibility requirements related to the underlying automobile exposures.

Refer to the company for requests for higher Each Occurrence limits.

PERSONAL UMBRELLA PROGRAM PHARMACISTS MUTUAL INSURANCE COMPANY

RULE 2 -- PROGRAM DESCRIPTION

The following is a general description of the coverage provided by the Personal Umbrella form. The policy form states the complete terms and conditions.

2.1 Personal Umbrella Coverage

Form UM 0001 covers the insured's liability for damages due to bodily injury, property damage, and personal injury that arise out of the insured premises and the personal activities of the insured, subject to the exclusions found in form UM 0001.

Form UM 0001 also covers the insured's liability for bodily injury and property damage caused by a watercraft or a motor vehicle which is covered by underlying insurance, but only to the extent that such bodily injury or property damage is not excluded by the underlying insurance and is not otherwise excluded by form UM 0001. Unless specifically amended by endorsement, personal umbrella coverage does not include automobile no-fault, uninsured motorist, underinsured motorist, medical payments, or similar coverage.

2.2 Policy Limits

2.2.1 Each Occurrence Limit

The basic Each Occurrence Limit for Personal Umbrella Liability Coverage, form UM 0001, is \$1,000,000. Higher Policy Limits may be available. Refer requests for higher limits to Company. Show the Policy Limits on the declarations.

2.2.2 Aggregate Limit

The Personal Umbrella Aggregate Limit will only apply when an underlying liability policy is providing an Aggregate Limit. The Aggregate Limit is the most that will be paid during each annual policy period for damages arising out of claims covered by underlying policies listed on the Schedule of Underlying Policies. Under the Personal Umbrella policy, the Aggregate Limit is equal to the Each Occurrence Limit.

Attach endorsement PM 5003.

2.3 Underlying Insurance -- Minimum Limits

In most cases, the coverage provided under form UM 0001 applies in excess of the limits that apply to the underlying insurance. The minimum limits for underlying insurance are specified below:

- Comprehensive Personal Auto -- \$500,000 Per Occurrence Combined Single Limit; or \$500,000 Bodily Injury Per Person Limit, \$500,000 Bodily Injury Per Occurrence Limit, and \$100,000 Property Damage Per Occurrence Limit
- Other Licensed Motor Vehicles, including Motor Homes, Motorcycles, and licensed Recreational Vehicles -- \$500,000 Per Occurrence Combined Single Limit; or \$500,000 Bodily Injury Per Person Limit, \$500,000 Bodily Injury Per Occurrence Limit, and \$100,000 Property Damage Per Occurrence Limit
- Comprehensive Personal Liability or Farm Liability -- \$300,000 Per Occurrence Limit
- Unlicensed Recreational Vehicles -- \$300,000 Per Occurrence Limit
- Watercraft -- \$300,000 Per Occurrence Limit

PERSONAL UMBRELLA PROGRAM PHARMACISTS MUTUAL INSURANCE COMPANY

- Lessors' Risk Premises Liability -- \$300,000 Per Occurrence Limit
- Pharmacist Professional Liability -- \$1,000,000 Per Occurrence / \$3,000,000 Aggregate
- Pharmacy Technician Professional Liability -- \$1,000,000 Per Occurrence / \$3,000,000 Aggregate

Show the underlying insurance limits on the declarations.

2.4 Retained Limit

When personal umbrella liability coverage applies to an occurrence that is not covered by the terms of underlying insurance, coverage under form UM 0001 will apply in excess of a \$1,000 Retained Limit.

Show the Retained Limit on the declarations.

2.5 Minimum Premium

Personal umbrella liability coverage is subject to the minimum premium shown in the rate pages of this manual.

PERSONAL UMBRELLA PROGRAM PHARMACISTS MUTUAL INSURANCE COMPANY

RULE 3 -- POLICYWRITING INSTRUCTIONS

3.1 Policy Format

The personal umbrella liability policy consists of form UM 0001, Personal Umbrella Liability Coverage. Refer to the forms and endorsements listing to determine if any mandatory endorsements apply. Information called for as entries on endorsements can be shown on the declarations or a supplemental schedule instead.

3.2 Policy Term

Personal umbrella policies may be written for a term not to exceed one year. A policy may be written for a term of less than one year in order to maintain common anniversary dates with other policies. Prorate the annual premium.

3.3 Cancellation or Reductions in Limits or Coverage

If the policy is canceled or the policy limits are reduced, the amount of any return premium due is calculated on a pro rata basis.

3.4 Business Endorsements

The personal umbrella policy may include coverage for specific exposures commonly covered without endorsement under a homeowners or personal auto policy. For an additional premium charge, coverage can be expanded as described below.

3.4.1 Specified Business Activities

Coverage can be extended to liability arising out of specified business activities that is covered by endorsement under an underlying policy. Use the rating information shown in this manual.

Attach endorsement UM 0130 and describe the covered business.

3.4.2 Specified Home-Based Business Activities

Coverage can be extended to liability arising out of activities associated with a home-based business that is covered by endorsement under an underlying Homeowners or Mobile-Homeowners form. Personal umbrella coverage for liability arising out of the home-based business will be subject to both a General Aggregate Limit and a Products/Completed Work Hazard Aggregate Limit as shown in the Policy endorsement. Use the rating information shown in this manual.

Make entries on the endorsement or declarations page to describe the home-based business operation and to show the General Aggregate Limit and the Products/Completed Work Hazard Aggregate Limit. The description of the home-based business operation shown on PM 5137 should be the same description as shown on the underlying coverage.

Attach endorsement PM 5137.

PERSONAL UMBRELLA PROGRAM PHARMACISTS MUTUAL INSURANCE COMPANY

3.4.3 Professional Activities

Coverage can be extended to liability arising out of the activities of a Pharmacist or Pharmacy Technician, provided that the underlying policy is written on an acceptable form. Refer to Company for acceptance.

The personal umbrella policy can provide excess professional liability coverage only. List only the underlying Professional Liability policy on the declarations.

Use the rating information shown in this manual.

Attach endorsement PM 5312.

3.5 Endorsements to Restrict Coverage

3.5.1 Designated Premises

Coverage can be excluded for liability arising out of the ownership, occupancy, maintenance, or use of specifically described premises.

Attach endorsement UM 0132 and describe the excluded premises.

3.5.2 Designated Vehicle or Watercraft

Coverage can be excluded for liability arising out of a specifically described vehicle or watercraft.

Attach endorsement UM 0133 and describe the excluded vehicle or watercraft.

3.5.3 Designated Driver

Coverage can be excluded for the liability of a specific driver.

Attach endorsement UM 0134 and identify the excluded driver.

3.5.4 Punitive Damages

Coverage can be excluded for punitive or exemplary damages. (Not available in GA, MI, MS & SC)

Attach endorsement UM 0135.

PERSONAL UMBRELLA PROGRAM PHARMACISTS MUTUAL INSURANCE COMPANY

RULE 4 -- PREMIUM DETERMINATION

Use the rating information shown in this manual to develop the umbrella liability premium, based on:

- Territory – Choose the territory where the insured's vehicles are operated. If there are vehicles located in both territories, use the highest rated territory for rating purposes. See Page 9 for Territory listing.
- Residence Premises -- This includes a one- to four-family house, townhouse, row house, or one- or two-family mobile home, used mainly for family residential purposes, that is not specifically excluded under the umbrella policy. The rating information shown in this manual anticipates that the underlying personal liability policy includes personal injury coverage. If not, refer to company for any additional premium charge.
- Each Motor Vehicle -- This includes each private passenger automobile, truck, motorcycle, or any other registered motor vehicle that is not specifically excluded under the umbrella policy.

The umbrella liability premium must also reflect the additional charges shown in this manual for any of the following exposures that exist.

- Additional Residence Occupied by Insured
- Additional Residence Rented or Held for Rental to Others -- Charge applies on the basis of each family unit rented or held for rental to others.
- Licensed Recreational Motor Vehicles -- Charge applies to each moped, all-terrain vehicle or other similar recreational vehicle licensed for road use.
- Unlicensed Recreational Motor Vehicles -- Charge applies to each snowmobile, all-terrain vehicle, trail bike, mini bike, dune buggy, or other similar recreational vehicle not licensed for road use.
- Youthful Operator (under 25 years of age)
- Watercraft -- Charge applies to each watercraft based on motor horsepower. Refer to company for rating when motor horsepower exceeds 300 HP.
- Home Based Business -- Charge applies to each such activity.
- Incidental office, professional, private school, or studio occupancy -- Charge applies to each such occupancy by insured on residential premises of the insured.
- Land Exposures -- Charge applies to each plot of Vacant land (not used for farming), or Farm Land (based on total acres)
- Professional Liability -- Charge applies to each individual pharmacist or pharmacy technician and is in addition to the policy minimum premium charge, depending on the policy limits provided.

The umbrella policy can be issued to provide excess coverage only over acceptable Professional Liability activities, when excess coverage is not requested over an individual's personal liability (home, auto, watercraft, etc) exposures.

- Professional Liability -- Charge applies to each individual pharmacist or pharmacy technician and is subject to the policy minimum premium charge per layer, depending on the policy limits provided.

**PERSONAL UMBRELLA PROGRAM
PHARMACISTS MUTUAL INSURANCE COMPANY**

RATES

	TERRITORY I	TERRITORY II
BASE PREMIUM - \$1,000,000 LIMIT	\$ 150.00	\$ 125.00
RESIDENCE PREMISES		
BASE PREMIUM CHARGE INCLUDES ONE RESIDENCE	Included	Included
ADDITIONAL RESIDENCE – EACH	10.00	10.00
RENTAL PROPERTY - PER FAMILY UNIT	10.00	10.00
LAND EXPOSURES		
VACANT LAND - NOT USED FOR FARMING	10.00	10.00
FARM LAND < 160 ACRES	10.00	10.00
FARM LAND > 160 ACRES	25.00	25.00
PRIVATE PASSENGER VEHICLES		
BASE PREMIUM CHARGE INCLUDES TWO VEHICLES	Included	Included
ADDITIONAL VEHICLE - EACH	45.00	30.00
MOTOR HOME - EACH	45.00	30.00
ANTIQUE VEHICLE - EACH	30.00	20.00
MOTORCYCLE OR OTHER LICENSED VEHICLE - EACH	45.00	30.00
YOUTHFUL OPERATOR - UNDER AGE 25 – EACH	45.00	30.00
UNLICENSED RECREATIONAL VEHICLE – EACH	20.00	20.00
EACH WATERCRAFT		
UNDER 26 FEET WITHOUT MOTOR	Included	Included
PERSONAL WATERCRAFT (JET SKI, WAVE RUNNER, ETC)	25.00	25.00
SAILBOATS OVER 26 FEET WITHOUT AUXILIARY POWER	10.00	10.00
CRAFT POWERED BY MOTOR		
< 75 HP	10.00	10.00
75 – 100 HP	30.00	30.00
101 - 225 HP	30.00	30.00
226 - 300 HP	75.00	75.00
> 300 HP	SUBMIT TO COMPANY	
HOME-BASED BUSINESS EXPOSURE	50.00	50.00
BUSINESS OFFICE IN HOME	10.00	10.00
BUSINESS ACTIVITIES (SALESPERSON, TEACHER, CLERICAL)	15.00	15.00
PREMIUM CREDITS		
UNDERLYING AUTO LIMITS > \$500,000 CSL	(25.00)	(15.00)
UNDERLYING CPL LIMITS > \$300,000 CSL	(5.00)	(5.00)
HOME & AUTO POLICIES PROVIDED BY PHMIC	(20.00)	(20.00)
INCREASED LIABILITY LIMITS	FACTOR	MINIMUM CHARGE PER LAYER
\$1,000,000 LIMIT		\$ 150.00 \$ 125.00
\$2,000,000 LIMIT	(60% OF \$1MM CHARGE)	125.00 105.00
\$3,000,000 LIMIT	(50% OF \$2MM CHARGE)	125.00 105.00
\$4,000,000 LIMIT	(50% OF \$3MM CHARGE)	125.00 105.00
\$5,000,000 LIMIT	(50% OF \$4MM CHARGE)	125.00 105.00

**PERSONAL UMBRELLA PROGRAM
PHARMACISTS MUTUAL INSURANCE COMPANY**

RATES

		TERRITORY I	TERRITORY II
PROFESSIONAL LIABILITY			
EXCESS PERSONAL & PROFESSIONAL COVERAGE		ADDITIONAL CHARGE	
PHARMACIST - EACH	\$1,000,000 LIMIT	\$ 85.00	\$ 85.00
	\$2,000,000 LIMIT	130.00	130.00
	\$3,000,000 LIMIT	155.00	155.00
	\$4,000,000 LIMIT	175.00	175.00
	\$5,000,000 LIMIT	195.00	195.00
PHARMACY TECHNICIAN - EACH	\$1,000,000 LIMIT	45.00	45.00
	\$2,000,000 LIMIT	70.00	70.00
	\$3,000,000 LIMIT	85.00	85.00
	\$4,000,000 LIMIT	95.00	95.00
	\$5,000,000 LIMIT	105.00	105.00

THE PROFESSIONAL LIABILITY CHARGE IS IN ADDITION TO THE MINIMUM CHARGE PER LAYER

			CHARGE
PHARMACIST - EACH	\$1,000,000 LIMIT	\$	85.00
PHARMACY TECHNICIAN - EACH	\$1,000,000 LIMIT		45.00

THE PROFESSIONAL LIABILITY CHARGE IS SUBJECT TO THE MINIMUM CHARGE PER LAYER

INCREASED LIABILITY LIMITS	FACTOR	MINIMUM CHARGE PER LAYER
\$1,000,000 LIMIT		\$ 125.00
\$2,000,000 LIMIT	(60% OF \$1MM CHARGE)	105.00
\$3,000,000 LIMIT	(50% OF \$2MM CHARGE)	105.00
\$4,000,000 LIMIT	(50% OF \$3MM CHARGE)	105.00
\$5,000,000 LIMIT	(50% OF \$4MM CHARGE)	105.00

**PERSONAL UMBRELLA PROGRAM
PHARMACISTS MUTUAL INSURANCE COMPANY**

	TERRITORY I	TERRITORY II
ALABAMA	None	Entire State
ARIZONA	Phoenix, Scottsdale, Glendale	Remainder of State
ARKANSAS	None	Entire State
CALIFORNIA	Alameda, Burbank, Contra Costa, Long Beach, Los Angeles, Orange County, San Fernando, San Francisco, San Jose, Santa Clara	Remainder of State
COLORADO	None	Entire State
CONNECTICUT	Bridgeport, Hartford, New Haven	Remainder of State
DELAWARE	None	Entire State
DISTRICT OF COLUMBIA	Entire District	None
FLORIDA	Broward County, Dade County, Palm Beach County	Remainder of State
GEORGIA	Atlanta Metro	Remainder of State
IDAHO	None	Entire State
ILLINOIS	Chicago, East St. Louis	Remainder of State
INDIANA	East Chicago	Remainder of State
IOWA	None	Entire State
KANSAS	Kansas City	Remainder of State
KENTUCKY	None	Entire State
LOUISIANA	Lafayette, New Orleans Metro	Remainder of State
MAINE	None	Entire State
MARYLAND	Baltimore (City)	Remainder of State
MASSACHUSETTS	Boston	Remainder of State
MICHIGAN	Detroit	Remainder of State
MINNESOTA	None	Entire State
MISSISSIPPI	None	Entire State
MISSOURI	St. Louis, Kansas City	Remainder of State
MONTANA	None	Entire State
NEBRASKA	None	Entire State
NEVADA	None	Entire State
NEW HAMPSHIRE	None	Entire State
NEW JERSEY	Bergen, East Orange, Essex, Hudson, Jersey City, Newark, Orange, Passaic, Paterson, Union	Remainder of State
NEW MEXICO	None	Entire State
NEW YORK	Bronx, Brooklyn, Manhattan, Queens, Staten Island	Remainder of State
NORTH CAROLINA	None	Entire State
NORTH DAKOTA	None	Entire State
OHIO	Cleveland	Remainder of State
OKLAHOMA	None	Entire State
OREGON	Clackamas, Multnomah, Portland, Washington	Remainder of State
PENNSYLVANIA	Philadelphia	Remainder of State
RHODE ISLAND	None	Entire State
SOUTH CAROLINA	Cayce, Charleston, Columbia	Remainder of State
SOUTH DAKOTA	None	Entire State
TENNESSEE	Memphis	Remainder of State
TEXAS	Houston Metro	Remainder of State
UTAH	None	Entire State
VERMONT	None	Entire State
VIRGINIA	None	Entire State
WASHINGTON	King, Pierce, Seattle, Tacoma	Remainder of State
WEST VIRGINIA	Charleston, Huntington, Lincoln, Logan, McDowell, Marion, Mingo, Wayne, Wheeling, Wyoming	Remainder of State
WISCONSIN	Milwaukee	Remainder of State
WYOMING	None	Entire State

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Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-Property & Casualty **Review Status:** Filed 11/20/2007

Comments:

Attachment:

NAIC Transmittal Doc.pdf

Bypassed -Name: NAIC Loss Cost Filing Document for OTHER than Workers' Comp **Review Status:** Filed 11/20/2007

Bypass Reason: we are filing independent rates; we do not utilize loss costs in this program

Comments:

Bypassed -Name: NAIC loss cost data entry document **Review Status:** Filed 11/20/2007

Bypass Reason: we are filing independent rates; we do not utilize loss costs in this program

Comments:

Satisfied -Name: Explanatory Documents **Review Status:** Filed 11/20/2007

Comments:

Attachments:

UMP RR Filing Mem 01-08.pdf

UMP Rate Comparison -5 Comps.pdf

Property & Casualty Transmittal Document—

20.	This filing transmittal is part of Company Tracking #	
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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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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]
Check #: Amount:	
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.)

FORM FILING SCHEDULE

(This form must be provided **ONLY** when making a filing that includes forms)
 (Do **not** refer to the body of the filing for the forms listing.)

1.	This filing transmittal is part of Company Tracking #				
2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)				
3.	Form Name /Description/Synopsis	Form # Include edition date	Replacement Or withdrawn?	If replacement, give form # it replaces	Previous state filing number, if required by state
01			[] Replacement [] Withdrawn [] Neither		
02			[] Replacement [] Withdrawn [] Neither		
03			[] Replacement [] Withdrawn [] Neither		
04			[] Replacement [] Withdrawn [] Neither		
05			[] Replacement [] Withdrawn [] Neither		
06			[] Replacement [] Withdrawn [] Neither		
07			[] Replacement [] Withdrawn [] Neither		
08			[] Replacement [] Withdrawn [] Neither		
09			[] Replacement [] Withdrawn [] Neither		
10			[] Replacement [] Withdrawn [] Neither		

To be complete, a form filing must include the following:

1. A completed Form Filing Schedule Document (PC FFS-1) (**Do not refer to the body of the filing for the forms listing.**) and,
2. A completed Property & Casualty Transmittal Document (PC TD-1), and
3. One copy of each form to be reviewed for the reviewer's records, and
4. One copy of any other components/exhibits submitted with the filing, and
5. The appropriate state Review Requirements, if required, and
6. The appropriate filing fees, if required, and
7. A postage-paid, self-addressed envelope large enough to accommodate the return.
8. 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.)

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 #	
2.	This filing corresponds to form filing number (Company tracking number of form filing, if applicable)	
<input type="checkbox"/> Rate Increase <input type="checkbox"/> Rate Decrease <input type="checkbox"/> Rate Neutral (0%)		
3.	Overall percentage rate impact for this filing	%
4.	Effect of Rate Filing – Written premium change for this program	
5.	Effect of Rate Filing – Number of policyholders	
6.	Filing Method (Prior Approval, File & Use, Flex Band, etc.)	
7.	Rate Change by Company	
	Company Name	Percentage Change for this program
		# of policyholders for this program
		Written premium for this program
8.	Overall percentage of last rate revision	%
9.	Effective Date of last rate revision	
10.	Filing Method of Last filing (Prior Approval, File & Use, Flex Band, etc.)	

11.	Exhibit Name/Description /Synopsis	Rule # or Page #	Replacement or withdrawn?	Previous state filing number, if required by state
01			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither	
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	

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.)

PHARMACISTS MUTUAL INSURANCE COMPANY

Personal Umbrella COUNTRYWIDE Rate/Rule Filing Memorandum

Pharmacists Mutual Insurance Company (PhMIC) has become a subscriber of AAIS for its Personal Umbrella program in this state. Currently, PhMIC's Personal Umbrella program contains only our own independent forms and endorsements. With the adoption of AAIS's forms and endorsements along with revisions to independent endorsements (see companion filing ST-UMP-01-08-F,) we are filing a revision to our Personal Umbrella Program Manual.

Pharmacists Mutual is requesting that this filing become effective for all policies on or after January 1, 2008.

Program Manual Revisions

Overall, the revised program is very similar to our current program. Policy coverage, policy limits and underlying minimum limits are similar. We have increased the self-insured retention limit for exposures not covered by the insured's primary policies from \$250 to \$1,000, more consistent with the marketplace. Policywriting instructions have been revised to incorporate the use of newly adopted AAIS's forms and endorsements and to clarify language in general.

The base coverage now includes 2 private passenger vehicles, in addition to the residence premises, resulting in an increase in base premium. The territory definitions remain unchanged; Territory I includes only major metropolitan areas in a state, and Territory II encompasses all other areas; the distinction between the territories affects only the auto component of our rate structure. Most coverage rates remain unchanged with the exception of our auto rates. A survey of our competition revealed per auto rates ranging from \$21 to \$65; we have selected \$45 for Territory I and \$30 for Territory II. Coverage options under our program continue to allow coverage for rental property, motor homes, unlicensed recreational vehicles, and vacant land.

A unique feature of our personal umbrella policy is the option of providing excess professional liability coverage for pharmacists/pharmacy technicians. Whereas our current policy allows this excess coverage only in conjunction with umbrella coverage for home and auto, the revised program offers excess professional liability coverage either with or without the other umbrella coverages. When selected as part of an overall umbrella policy, the professional liability charge is in addition to the minimum charge per layer.

We have reviewed coverages and rates of several competitors in developing these program revisions. Please refer to Exhibit 1 for a summary of this comparison. Our excess

professional liability rates are not included in this comparison as the coverage is unique to Pharmacists' personal umbrella policy.

Personal Umbrella Rate Comparison

	<u>PhMIC Proposed</u>		<u>EMC</u>	<u>RLI</u>	<u>Allied</u>	<u>Iowa Mut</u>	<u>Hartford</u>	
	TERR I	TERR II		Preferred		Terr A	IA	
BASE PREMIUM - \$1,000,000 LIMIT	150.00	125.00	(95.00)	148.00 <i>(flat charge)</i>	(125.00)	(130.00)	110.00	
Base prem shown in () represent premium w/coverage comparable to PhMIC)						incl. incl.		
RESIDENCE PREMISES								
INITIAL CHARGE - FIRST RESIDENCE	Included	Included	45.00	Incl.	62.00	65.00	incl	
ADDITIONAL PREMISES - EACH	10.00	20.00	10.00		5.00	11.00	15.00	
RENTAL PROPERTY - PER FAMILY UNIT	10.00	10.00	10.00		Submit	11.00		
FARM EXPOSURES								
VACANT LAND - NOT USED FOR FARMING	10.00	10.00						
INCIDENTAL FARMING < 160 ACRES	10.00	10.00	10.00			25.00 / 75.00	50.00	
FARM LIABILITY > 160 ACRES	25.00	25.00	10.00			75.00 / 115.00	75.00 / Submit	
PRIVATE PASSENGER VEHICLES								
INITIAL CHARGE - 1st VEHICLE	Included	Included	35.00	Incl.	44.00	65.00	24.00	
2nd VEHICLE	Included	Included	35.00	Incl.	21.00	65.00	12.00	
ADDITIONAL VEHICLE - EACH	45.00	30.00	35.00		21.00	65.00	12.00	
MOTOR HOME - EACH	45.00	30.00						
ANTIQUE VEHICLE - EACH	30.00	20.00	25.00		21.00			
MOTORCYCLE OR MOPED - EACH	45.00	30.00	25.00		21.00			
YOUTHFUL OPERATOR - UNDER 25 - EACH	45.00	30.00	30.00	<22=0	29.00	55.00	14.00 / 25.00	
UNLICENSED RECREATIONAL VEHICLE - EACH	20.00	20.00	10.00	not shown	13.00	incl	30.00 / 40.00	
EACH WATERCRAFT								
UNDER 26 FEET WITHOUT MOTOR	Included	Included	10.00					
PERSONAL WATERCRAFT (JET SKI, WAVE RUNNER, ETC)	25.00	25.00	Submit				60.00	
SAILBOATS OVER 26 FEET WITHOUT AUXILIARY POWER	10.00	10.00						
POWERED BY MOTOR								
< 75 HP	10.00	10.00	5.00 / 15.00		13.00	50.00 / 75.00		
75 - 100 HP	30.00	30.00	30.00			75.00 / 93.00		
101 - 225 HP	30.00	30.00	40.00 / 50.00			75.00 / 125.00		
226 - 300 HP	75.00	75.00	Submit		Submit			
> 300 HP	Submit	Submit	Submit					
HOME-BASED BUSINESS EXPOSURE	50.00	50.00	50.00		33.00	25.00	16.00	
BUSINESS OFFICE IN HOME	10.00	10.00	10.00		8.00	Incl	16.00	
BUSINESS ACTIVITIES								
(SALESPERSON, TEACHER, CLERICAL)	15.00	15.00	5.00		8.00	Incl.	16.00	
PREMIUM CREDITS								
UNDERLYING AUTO LIMITS > \$500,000 CSL	-25.00	-15.00	-10.00			Submit	5.00	
UNDERLYING CPL LIMITS > \$300,000 CSL	-5.00	-5.00	-5.00		-6.00	Submit		
HOME & AUTO POLICIES PROVIDED BY PHMIC	-20.00	-20.00	-5.00					
INCREASED LIABILITY LIMITS	FACTOR	MINIMUM CHARGE PER LAYER						
\$1,000,000 LIMIT		150.00	125.00	100.00	148.00	119.00	150.00	120.00
\$2,000,000 LIMIT	(60% OF \$1MM CHARGE)	125.00	105.00	100.00 flat	118.00	Submit	300.00	* 1.75
\$3,000,000 LIMIT	(50% OF \$2MM CHARGE)	125.00	105.00	100.00 flat	89.00	Submit	not shown	
\$4,000,000 LIMIT	(50% OF \$3MM CHARGE)	Submit	Submit	not shown	not shown	Submit	not shown	
\$5,000,000 LIMIT	(50% OF \$4MM CHARGE)	Submit	Submit	not shown	111.00	Submit	not shown	* 2.25