

SERFF Tracking Number: ZURC-125377564 State: Arkansas
Filing Company: Empire Fire and Marine Insurance Company State Tracking Number: EFT \$25
Company Tracking Number: CW PR 26276
TOI: 17.2 Other Liability - Occurrence Only Sub-TOI: 17.2022 Other
Product Name: Professional Liability/Ambulance CW PR 26276
Project Name/Number: Professional Liability/Ambulance CW PR 26276/CW PR 26276

Filing at a Glance

Company: Empire Fire and Marine Insurance Company

Product Name: Professional SERFF Tr Num: ZURC-125377564 State: Arkansas

Liability/Ambulance CW PR 26276

TOI: 17.2 Other Liability - Occurrence Only

SERFF Status: Closed

State Tr Num: EFT \$25

Sub-TOI: 17.2022 Other

Co Tr Num: CW PR 26276

State Status: Fees verified and received

Filing Type: Rule

Co Status: Not Applicable

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

Author: Carole Amato

Disposition Date: 12/07/2007

Date Submitted: 12/05/2007

Disposition Status: Filed

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

Effective Date (New):

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

Effective Date (Renewal):

State Filing Description:

General Information

Project Name: Professional Liability/Ambulance CW PR 26276

Status of Filing in Domicile: Pending

Project Number: CW PR 26276

Domicile Status Comments:

Reference Organization:

Reference Number:

Reference Title:

Advisory Org. Circular:

Filing Status Changed: 12/07/2007

State Status Changed: 12/07/2007

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

Empire Fire and Marine Insurance Company would like to begin marketing a Professional Liability policy as part of our Ambulance program. Currently our Ambulance Program offers a General Liability policy with an endorsement to extend coverage to emergency transport risks for Professional Liability. We are now filing coverage for this risk under a separate Professional Liability policy.

Please be advised that as of June 1, 2007 we became affiliated with ISO Professional Liability line of business for

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Empire Fire and Marine Insurance Company and at that time we requested that they file on our behalf.

Several sources of information were combined to develop the proposed rates included in this filing. First, we completed a claims analysis on our General Liability book to determine which claims would fit under the Professional Liability coverages. Secondly, we reviewed the filing of a competitor's PL product. Lastly, we gathered input from Actuarial, Underwriting and Product Development at other Zurich business units who have related experience in the Professional Liability markets.

This submission includes the following supporting documents:

- Base Rates at 100/300
- Schedule Rating Table
- Scheduled Premium Modification Factors
- Rule 9 Additional Premium Changes
- Rule 10 Return Premium Changes
- Rule 16 Basic Limits
- Rule 17 Increased Limits Factor Table
- Rule 20 Volunteer Endorsement
- Rule 28 No Reinstatement

We are filing a range of base rates to provide more flexibility in the rating process. Our pricing established an average base rate of \$700 per unit. Our range is +/- 25% from that average. This flexibility will allow us to more accurately rate accounts with slightly better or slightly worse risk than the average account.

Size considerations prompted a grading of the unit rate by number of units. Larger accounts will receive a discount off the per unit base rate.

We request an effective date of 5/01/2008.

Company and Contact

SERFF Tracking Number: ZURC-125377564 State: Arkansas
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Filing Contact Information

Carole Amato, Supervisor carol.amato@zurichna.com
 1400 American Lane (847) 413-5235 [Phone]
 Schaumburg, IL 60196-1056 (847) 605-7768[FAX]

Filing Company Information

Empire Fire and Marine Insurance Company CoCode: 21326 State of Domicile: Nebraska
 13810 FNB Parkway Group Code: 212 Company Type:
 Omaha, NE 68154-5202 Group Name: State ID Number:
 (402) 963-5000 ext. [Phone] FEIN Number: 47-6022701

Filing Fees

Fee Required? Yes
 Fee Amount: \$25.00
 Retaliatory? No
 Fee Explanation:
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Empire Fire and Marine Insurance Company	\$25.00	12/05/2007	16957891

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed	Edith Roberts	12/07/2007	12/07/2007

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Disposition

Disposition Date: 12/07/2007

Effective Date (New):

Effective Date (Renewal):

Status: Filed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: ZURC-125377564 State: Arkansas
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Item Type	Item Name	Item Status	Public Access
Supporting Document	NAIC loss cost data entry document	Filed	Yes
Supporting Document	Rate/Rule Filing Schedule	Filed	Yes
Supporting Document	Uniform Transmittal Document-Property & Casualty	Filed	Yes
Rate	General Rules - Additional Rule Base Rates	Filed	Yes
Rate	General Rules - Additional Premium Changes	Filed	Yes
Rate	General Rules - Return Premium Changes	Filed	Yes
Rate	General Rules - Additional Rule Other Premium Modifications	Filed	Yes
Rate	General Rules - Basic Limits	Filed	Yes
Rate	General Rules - Increased Limits Table	Filed	Yes
Rate	General Rules - Description of Additional Optional Endorsements	Filed	Yes
Rate	Coverage Rules - Allied Health Care Providers Professional Liability Coverage	Filed	Yes
Rate	Schedule Rating Plan	Filed	Yes

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Rate Information

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Rate/Rule Schedule

Review Status:	Exhibit Name:	Rule # or Page #:	Rate Action	Previous State Filing Attachments Number:
Filed	General Rules - Additional Rule Base Rates		New	BASE RATES 700.pdf
Filed	General Rules - Additional Premium Changes	9	New	CW Rule 9 Addl Prem.pdf
Filed	General Rules - Return Premium Changes	10	New	CW Rule10 Return Premium.pdf
Filed	General Rules - Additional Rule Other Premium Modifications		New	CW Addl Rule Surcharge.pdf
Filed	General Rules - Basic Limits	16	New	CW Rule 16 Basic Limits.pdf
Filed	General Rules - Increased Limits Table	17	New	CW Rule 17 ILF Exception.pdf
Filed	General Rules - Description of Additional Optional Endorsements	20	New	CW Rule 20 Volunteer Endorsement.pdf
Filed	Coverage Rules - Allied Health Care	28	New	CW Rule 28 No Reinstatement.pdf

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**Providers Professional
Liability Coverage**

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Filed

Schedule Rating Plan

New

AR State Addl Rule
Schedule Rating.pdf

COMMERCIAL LINES MANUAL
 DIVISION SEVEN – PROFESSIONAL LIABILITY
 ZURICH PROGRAMS – AMBULANCE PROGRAM
 RATE PAGE

SECTION I
 GENERAL RULES

ADDITIONAL RULE			
BASE RATES			
Base Rates Per Power Unit at 100/300 Base Rate			
a.	Rate per Unit: \$525 - \$875		
b.	Discount factor applied to each unit		
	Number of Units	Factor	
	First 4	1.00	
	5 th to 19 th	0.87	
	20 th +	0.78	
Example:			
Policy with 25 power units, priced at mid-point of range			
	Units	Base	Total Premium
First 4	4	\$700	\$2,800
5 th to 19 th	15	\$609	\$9,135
20 th +	6	\$546	\$3,276
Total	25	--	\$15,211

COMMERCIAL LINES MANUAL
DIVISION SEVEN – PROFESSIONAL LIABILITY
EXCEPTION PAGE

SECTION I
GENERAL RULES

RULE 9.	
ADDITIONAL PREMIUM CHANGES	
Paragraph 9.B.1. Waiver of Premium is replaced with the following:	
B.	Waiver Of Premium
1.	Additional premiums at or below \$25.00 may be waived.

COMMERCIAL LINES MANUAL
DIVISION SEVEN – PROFESSIONAL LIABILITY
EXCEPTION PAGE

SECTION I
GENERAL RULES

RULE 10. RETURN PREMIUM CHANGES	
Paragraph 1. of section B. Waiver of Premium is replaced by the following:	
B.	Waiver Of Premium
1.	Return premiums at or below \$25.00 may be waived.

COMMERCIAL LINES MANUAL
DIVISION SEVEN – PROFESSIONAL LIABILITY
ZURICH PROGRAMS – AMBULANCE PROGRAM
RATE PAGE

SECTION I
GENERAL RULES

ADDITIONAL RULE OTHER PREMIUM MODIFICATIONS	
Surcharge	Description
25%	More than 50% of calls are dispatched as emergency
10%	Hospital based but not hospital owned
25%	Advanced life support services provided

COMMERCIAL LINES MANUAL
DIVISION SEVEN – PROFESSIONAL LIABILITY
EXCEPTION PAGE

SECTION I
GENERAL RULES

RULE 16. BASIC LIMITS	
Paragraph 16.B. is replaced by the following:	
B.	For basic limits, refer to company Additional Rule - Base Rates.

COMMERCIAL LINES MANUAL
 DIVISION SEVEN – PROFESSIONAL LIABILITY
 LOSS COST PAGE

SECTION I
 GENERAL RULES

RULE 17.		
INCREASED LIMITS TABLES		
The following is added to Paragraph E. of Rule 17. Increased Limits Tables		
E.	Increased Limits Tables	
6.	Allied Health Care and Optometrists	
	Per Incident/Aggregate Limit	Factor off of ISO 100/300 base rate
	100/300	1.00
	100/200	0.99
	200/200	1.16
	100/500	1.02
	Per Incident/Aggregate Limit	Factor off of ISO 1000/1000 base rate
	1,000/1,000	1.00
	1,000/4,000	1.06
	1,500/4,000	1.15
	2,000/4,000	1.20
	2,500/4,000	1.25
	3,000/4,000	1.27
	4,000/4,000	1.34
	2,000/5,000	1.21
	2,500/5,000	1.26
	3,000/5,000	1.28
	4,000/5,000	1.35
	5,000/5,000	1.42
	2,000/6,000	1.21
	3,000/9,000	1.35
	5,000/10,000	1.50
	Example: Policy rated for \$2M/\$4M limits ISO ILF at \$1M/\$1M = 1.97 Extrapolation factor = 1.20 Policy ILF for \$2M/\$4M = 1.97 x 1.20 = 2.364	

COMMERCIAL LINES MANUAL
DIVISION SEVEN – PROFESSIONAL LIABILITY
EXCEPTION PAGE

SECTION I
GENERAL RULES

RULE 20.	
DESCRIPTION OF ADDITIONAL OPTIONAL ENDORSEMENTS	
The following is added to paragraph E. Additional Coverage Endorsements	
EM 4656 – Volunteer Workers Professional Liability Coverage	
E.	Professional liability coverage for volunteer workers may be provided under the Allied Health Care Providers Professional Liability Coverage form by attaching EM 4656 Volunteer Worker(s) Professional Liability Coverage.

COMMERCIAL LINES MANUAL
DIVISION SEVEN – PROFESSIONAL LIABILITY
EXCEPTION PAGE

SECTION II
COVERAGE RULES

RULE 28. ALLIED HEALTH CARE PROVIDERS PROFESSIONAL LIABILITY COVERAGE
Paragraph 28.4.B. Basic Limits is deleted in its entirety.

COMMERCIAL LINES MANUAL
 DIVISION SEVEN – PROFESSIONAL LIABILITY
 ZURICH PROGRAMS – AMBULANCE PROGRAM
 SCHEDULE RATING PLAN
 RATING PLAN PAGE

ARKANSAS

07/01/07 Document Edition

The risk may be further modified in accordance with the following schedule rating tables to reflect such characteristics of the risk as are not reflected in the experience.			
SCHEDULE RATING TABLE			
Risk Characteristics		Range of Modification	
		Maximum Credit	Maximum Debit
A.	Management:		
	Superior senior management as evidenced by professional designations, post-graduate academic degrees, etc.	10%	
	Lack of expected procedures and processes regarding medical reviews, reviews of patient care and safety, and incident report.		25%
B.	Employees		
	Lower than normal turnover of professional staff and higher than normal average years of experience for professional staff.	10%	
	Higher than normal turnover of professional staff and lower than normal average years of experience for professional staff.		10%
C.	Professional Procedures		
	Documentation of required professional procedures that go beyond normal standards.	10%	
	Lack of documentation for professional procedural standards.		25%
D.	Education and Training:		
	Existence of a continuing education program for professional employees that exceeds state requirements.	10%	
	Lack of a continuing education program that meets state requirements.		25%
E.	Accreditations:		
	Accreditation by Commission On Accreditation of Ambulance Services	5%	0%
F.	Equipment:		
	Use of superior quality equipment and adherence to manufacturers suggested maintenance program.	10%	
	Use of lower quality equipment and lack of preventive maintenance program.		10%
G.	Loss Prevention:		
	Compliance with any insurance company loss prevention recommendations when made.	5%	
	Failure to comply with insurance company recommendations.		10%
H.	Nonstandard Professional Exposures		
	Regular operation under circumstances which are unusual for an ambulance operation which increase professional exposure.	0%	15%
Maximum Credit/Debit is 40%			
This applies only to the companies listed in this table:			
Empire Fire and Marine Insurance Company			

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Supporting Document Schedules

Review Status:
Bypassed -Name: NAIC loss cost data entry document Filed 12/07/2007
Bypass Reason: not applicable
Comments:

Review Status:
Satisfied -Name: Rate/Rule Filing Schedule Filed 12/07/2007
Comments:
Attachment:
Rate Rule Schedule.pdf

Review Status:
Satisfied -Name: Uniform Transmittal Document- Property & Casualty Filed 12/07/2007
Comments:
Attachment:
NAIC Transmittal AR rule.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, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #	CW PR 26276
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2.	This filing corresponds to form filing number (Company tracking number of form filing, if applicable)	CW PR 26276
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Rate Increase
 Rate Decrease
 Rate Neutral (0%)

3.	Filing Method (Prior Approval, File & Use, Flex Band, etc.)	
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4a.	Rate Change by Company (As Proposed)
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Company Name	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change (where required)	Minimum % Change (where required)
New Program							

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

5.	Overall Rate Information (Complete for Multiple Company Filings only)		
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		COMPANY USE	STATE USE
5a	Overall percentage rate indication (when applicable)	N/A	
5b	Overall percentage rate impact for this filing	N/A	
5c	Effect of Rate Filing – Written premium change for this program	N/A	
5d	Effect of Rate Filing – Number of policyholders affected	N/A	

6.	Overall percentage of last rate revision	N/A
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7.	Effective Date of last rate revision	N/A
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8.	Filing Method of Last filing (Prior Approval, File & Use, Flex Band, etc.)	N/A
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9.	Rule # or Page # Submitted for Review	Replacement or withdrawn?	Previous state filing number, if required by state
01	Additional Rule Base Rates	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
02	Rule 9 Additional Premium Changes	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
03	Rule 10 Return Premium Changes	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	

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: <table style="width: 100%; border: none;"> <tr> <td style="width: 60%; border: none;">New Business</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;">Renewal Business</td> <td style="border: none;"></td> </tr> </table> f. State Filing #: g. SERFF Filing #: h. Subject Codes	New Business		Renewal Business	
New Business					
Renewal Business					

3. Group Name Zurich North America	Group NAIC #
	212

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Empire Fire & Marine Ins. Co.	NE	21326	47-6022701	

5. Company Tracking Number	CW PR 26276
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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
	Carole Amato 1400 American Lane	Analyst	847-413-5235	847-605-7768	carole.amato@zurichna.com
	Schaumburg, IL 60196				
7.	Signature of authorized filer		<i>Carole Amato</i>		
8.	Please print name of authorized filer		Carole Amato		

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

9.	Type of Insurance (TOI)	17
10.	Sub-Type of Insurance (Sub-TOI)	Other
11.	State Specific Product code(s)(if applicable)[See State Specific Requirements]	
12.	Company Program Title (Marketing title)	Revised U/W GL Endorsements
13.	Filing Type	<input type="checkbox"/> Rate/Loss Cost <input checked="" type="checkbox"/> Rules <input 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: 05-01-2008 Renewal: 05-01-2008
15.	Reference Filing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
16.	Reference Organization (if applicable)	
17.	Reference Organization # & Title	
18.	Company's Date of Filing	
19.	Status of filing in domicile	<input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

Property & Casualty Transmittal Document—

20.	This filing transmittal is part of Company Tracking #	CW PR 26276
21.	Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]	

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Please be advised that as of June 1, 2007 we became affiliated with ISO Professional Liability line of business for Empire Fire and Marine Insurance Company and at that time we requested that they file on our behalf.

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Size considerations prompted a grading of the unit rate by number of units. Larger accounts will receive a discount off the per unit base rate.

2.	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 #: EFT Amount: 25.00	
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.)

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Rate Increase
 Rate Decrease
 Rate Neutral (0%)

3.	Filing Method (Prior Approval, File & Use, Flex Band, etc.)	
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4a.	Rate Change by Company (As Proposed)						
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New Program							

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

5. Overall Rate Information (Complete for Multiple Company Filings only)			
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		COMPANY USE	STATE USE
5a	Overall percentage rate indication (when applicable)	N/A	
5b	Overall percentage rate impact for this filing	N/A	
5c	Effect of Rate Filing – Written premium change for this program	N/A	
5d	Effect of Rate Filing – Number of policyholders affected	N/A	

6.	Overall percentage of last rate revision	N/A
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7.	Effective Date of last rate revision	N/A
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8.	Filing Method of Last filing (Prior Approval, File & Use, Flex Band, etc.)	N/A
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03	Rule 10 Return Premium Changes	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	

04	Rule 16 Basic Limits	x New [] Replacement [] Withdrawn	
05	Rule 17 Increased Limits Tables	x New [] Replacement [] Withdrawn	
06	Rule 20 Description of Additional Optional Endorsements	x New [] Replacement [] Withdrawn	
07	Additional rule Other Premium Modifications	x New [] Replacement [] Withdrawn	
08	Rule 28 allied Health Care Providers Professional Liability Coverage	x New [] Replacement [] Withdrawn	
09	Ambulance Program – Arkansas Schedule Rating Table	x New [] Replacement [] Withdrawn	

PC RRFS-1

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