

SERFF Tracking Number: SAFC-125156188 State: Arkansas  
Filing Company: General Insurance Company of America State Tracking Number: AR-PC-07-025795  
Company Tracking Number: 07-0132  
TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0019 Professional Errors & Omissions Liability  
Product Name: SS 07-0132  
Project Name/Number: Informational Filing: Correction to Manual Pages/07-0132

## Filing at a Glance

Company: General Insurance Company of America

Product Name: SS 07-0132 SERFF Tr Num: SAFC-125156188 State: Arkansas  
TOI: 17.0 Other Liability - Claims SERFF Status: Closed State Tr Num: AR-PC-07-025795  
Made/Occurrence  
Sub-TOI: 17.0019 Professional Errors & Omissions Liability Co Tr Num: 07-0132 State Status:  
Filing Type: Rule Co Status: Reviewer(s): Betty Montesi, Edith Roberts, Brittany Yielding  
Authors: Devor Barton, Cynthia Chu Disposition Date: 08/16/2007  
Date Submitted: 08/14/2007 Disposition Status: Filed  
Effective Date Requested (New): 10/01/2007 Effective Date (New):  
Effective Date Requested (Renewal): 10/01/2007 Effective Date (Renewal):

## General Information

Project Name: Informational Filing: Correction to Manual Pages Status of Filing in Domicile: Authorized  
Project Number: 07-0132 Domicile Status Comments:  
Reference Organization: Reference Number:  
Reference Title: Advisory Org. Circular:  
Filing Status Changed: 08/16/2007  
State Status Changed: 08/15/2007 Deemer Date:  
Corresponding Filing Tracking Number:  
Filing Description:  
Submitting: Corrected Rate Pages SS-HC-AR 05/07  
Corrected Rate Pages SS-PL-AR 05/07  
Replacing: Rate Pages SS-HC-AR 11/02  
Rate Pages SS-PL-AR 11/02

We recently discovered a typographical error with our filed rate pages in your state. The pages were approved by your

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Department September 30, 2002 in our filing Number 02-0014 (Health Care Facilities) and in our filing Number 02-0013 (Professional Liability). While all descriptions and rates are included in the filings, it appears some of the rows captions (setting forth the descriptions and rates) in the table became misaligned on the page. The attached exhibit shows the rate table that was sent with our filing request with the addition of a highlighted column that shows the proper descriptions as they should align to the rates.

This error affected only our manual pages; the rating system in place for these programs has used the correct rates at all times since implementation on receipt of your approval. We are not changing the rates with this filing; we are correcting the tables on file with you. We regret any inconvenience caused to your Department by this error.

We are submitting the corrected rate pages for the original filings effective October 1, 2007. We are also taking this opportunity to update the formatting of the pages.

## Company and Contact

### Filing Contact Information

Devor Barton, Filings Analyst devbar@safeco.com  
 4333 Brooklyn Ave. NE (206) 925-2292 [Phone]  
 Seattle, WA 98105-9903 (206) 545-3478[FAX]

### Filing Company Information

General Insurance Company of America CoCode: 24732 State of Domicile: Washington  
 4333 Brooklyn Ave NE Group Code: 163 Company Type:  
 Seattle, WA 98105-9903 Group Name: State ID Number:  
 (206) 545-5000 ext. [Phone] FEIN Number: 91-0231910  
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## Filing Fees

Fee Required? Yes  
 Fee Amount: \$25.00  
 Retaliatory? No  
 Fee Explanation: \$25.00 for Independent Rule filing.  
 Per Company: No

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COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
General Insurance Company of America	\$0.00	08/14/2007	

CHECK NUMBER	CHECK AMOUNT	CHECK DATE
0001379038	\$25.00	08/14/2007

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Filed	Edith Roberts	08/16/2007	08/16/2007

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## **Disposition**

Disposition Date: 08/16/2007

Effective Date (New):

Effective Date (Renewal):

Status: Filed

Comment:

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An error occurred rendering Disposition 125226002: null.

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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	Social Services Health Care Facilities Program Rating Rules	SS-HC-AR 5/07	Replacement	AR_SS_HC_05-07.pdf
Filed	Social Services Professional Liability Program Rating Rules	SS-PL-AR 5/07	Replacement	AR_SS_PL_05-07.pdf

**ARKANSAS  
SOCIAL SERVICES  
HEALTH CARE FACILITIES PROGRAM  
RATING RULES**

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**1. RATING EXPOSURE GRADES**

Applicable rates are determined by exposure grades. Exposure grading will be determined by evaluating the type of client being served and the degree of care and supervision being provided. The following guidelines are to be used in rating professional liability.

- A. Risks with exclusively incidental professional exposures are subject to the agency charge only. Risks with incidental exposures only are subject to a minimum premium of \$1,000, which is not subject to any other rating factor.

Risks with incidental professional liability exposures include:

- Art/Music Institutions
- Client Advocacy (no individual clients)
- Fund Raising Organizations
- Information Services
- Meals on Wheels
- Non-Profit Associations (administrative offices only)
- Nutritional Programs
- Recreational Programs
- Thrift Stores
- Volunteer Recruitment

- B. Risks with low professional liability exposures are subject to the agency charge plus individual care provider charges plus client exposure charges where applicable. Risks with low exposures only are subject to a minimum premium of \$1,000, which is not subject to any other rating factor.

Risks with low professional liability exposures include:

<b>Class</b>	<b>Exposure Charge</b>
Alcoholism Councils	N/A
Bereavement Counseling	N/A
Chore Services - Homemaker Assistance - Home Repair	N/A
Cultural/Linguistic Assimilation Programs	N/A
Day Care or In-Home Assistance to Elderly	N/A
Day Care/Nursery School (except Head Start & handicapped)	N/A
Family Planning/Pregnancy (counseling only)	N/A
Financial Counseling and Education	N/A
Health Education Workshops	N/A
Homeless Counseling/Shelters - Independent Living	Per Resident

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<b>Class</b>	<b>Exposure Charge</b>
Housing Referral	N/A
Independent Living (aged only)	Per Resident
Individual Counseling (stress, career, etc.)	N/A
Marriage and Family Counseling	N/A
Peer Counseling with Professional Supervision	N/A
Religious Youth & Outreach Groups	N/A
Resource Referral	N/A
Retirement Communities, Independent Living	Per Resident
Schools Day	N/A
Vocational Education/Sheltered Workshops	N/A

- C. Risks with moderate professional liability exposures are subject to the agency charge plus individual care provider charges plus client exposure charges where applicable. Risks with moderate exposures are subject to a minimum premium of \$1,500, which is not subject to any other rating factor.

<b>Class</b>	<b>Exposure Charge</b>
AIDS Counseling & Case Management	N/A
Big Brothers/Big Sisters	N/A
Counseling Developmentally Disabled	N/A
Counseling for Emotionally Disturbed (not violent)	Per 100 outpatient visits (low)
Day Care Centers/Schools (Head Start & handicapped)	N/A
Developmentally Disabled Residence (no medical care)	Per bed (low)
Disease Control Clinics	Per 100 outpatient visits
Family Planning/Pregnancy (counseling & exams)	Per 100 outpatient visits
Group Homes - Abused Children - Supervised Living	Per bed (med.)
Group Homes - Battered Women - Supervised Living	Per bed (low)
Group Homes - Drug Abusers - Supervised Living	Per bed (low)
Group Homes - Misc. Supervised Living	Per bed (low)
Home Health Agency	Per 100 outpatient visits
Homeless Counseling/Shelters - Supervised Living	Per bed (low)
Hotlines (not crisis intervention)	Per 100 outpatient visits (low)
Immunization Clinics	Per 100 outpatient visits

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<b>Class</b>	<b>Exposure Charge</b>
Infant Health Assessment Programs	Per 100 outpatient visits
Methadone Maintenance	Per 100 outpatient visits
Parenting Classes	N/A
Physically Handicapped Residence Programs (no medical care)	Per bed (low)
Respite Care	Per bed (low)
Retirement Communities, Residential care (no medical facilities)	Per bed (low)
Schools Residential (academic)	Per bed (low)
Schools Residential (excl. emotionally disturbed or handicapped)	Per bed (low)
Senior Health Assessment Clinics	Per 100 outpatient visits
Sexually Transmitted Disease Clinics	Per 100 outpatient visits (low)
Shelters - Indigent (overnight only)	Per bed (low)
Visiting Nurse	Per 100 outpatient visits

- D. Risks with high professional liability exposures are subject to the agency charge plus individual care provider charges plus client exposure charges where applicable. Risks with high exposures are subject to a minimum premium of \$2,500, which is not subject to any other rating factor.

<b>Class</b>	<b>Exposure Charge</b>
Adoption	Placements
Community Homes for the Aged	Per bed (med.)
Crisis Intervention	Per 100 outpatient visits (med.)
Family Planning/Pregnancy (counseling, exams & prenatal care)	Per 100 outpatient visits (high)
Foster Care	Placements
Foster Care, Residential	Per bed (very high)
Foster Grandparents	Placements
Group Home for Mentally or Physically Handicapped incl. intermediate nursing care	Per bed (high)
Halfway House - Intermediate care	Per bed (med.)
HIV Testing	Per 100 outpatient visits (high)
Hospice	Per bed (med.)
Needle Exchange Programs	Per 100 outpatient visits (med.)

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<b>Class</b>	<b>Exposure Charge</b>
Physical Rehabilitation (outpatient)	Per 100 outpatient visits (med.)
Physical Rehabilitation (residential)	Per bed (med.)
Residential Care for Children (incl. intermediate care)	Per bed (high)
Retirement Communities, Intermediate Care	Per bed (high)
Schools Residential (incl. severely disturbed or handicapped)	Per bed (med.)
Substance Abuse Facility (no detox)	Per bed (med.)
Supportive Living Facility	Per bed (med.)
Treatment Centers - Drug & Alcohol Abuse (no detox)	Per bed (med.)
Well Child Clinics	Per 100 outpatient visits (med.)
Alzheimer's Residences	Per bed (very high)
Group Home for Mentally or Physically Handicapped (skilled nursing care)	Per bed (very high)
Hotlines (Crisis Intervention)	Per 100 outpatient visits (high)
Hotlines (Suicide Prevention)	Per 100 outpatient visits (high)
Retirement Communities (skilled nursing care)	Per bed (high)
Substance Abuse Facility (incl. detox)	Per bed (very high)

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**2. AT LIMITS RATES**

- a. Rates shown in the Rate Table are applicable to full-time employees and volunteers. Where applicable, the rates apply to all practitioners who have contact with clients or patients.
- b. Under "Type" of Professional shown in the Rate Table, the following definitions apply:

Type	Definition
Type 1	Paraprofessional Social Worker, Homemaker, Home Health, Nurse Aide, Sitter, Companion, Bereaval Therapist, Occupational Therapist
Type 2	LPN, Social Worker (BA), Dietician, Nutritionist, Dental Hygienist, Pharmacy, Assistant Lab Technician, EKG - Ultrasound Tech, Medical Tech, Echocardiogram Tech, X-Ray Tech, Radiology Tech, Certified Medical Assistant
Type 3	RN, Social Worker (MA, MSW), Speech Pathologist, Dialysis Tech, Enterstomal Therapist, Clergy
Type 4	Medical Director
Type 5	Pharmacist
Type 6	Physical Therapist, Respiratory Therapist, Phlebotomist, Nuclear Medicine Tech, Radiation Therapist
Type 7	Psychologist
Type 8	Nurse Practitioner, Physician Assistant, Paramedic EMT
Type 9	Psychiatrist
Type 10	Medical Doctor/Doctor of Osteopathy - Non-Surgical

- c. For Types 1, 2, 3, 4, 5, 6, 7, and 8: part-time employees and volunteers (work less than 20 hours per week), apply a factor of .50 to the applicable professional rate. This does not apply to independent contractors.
- d. For Types 9 and 10: part-time employees and volunteers (work less than 20 hours per week), apply a factor of .50 to the applicable professional rate. This does not apply to independent contractors.
- e. Contingent liability for independent contractors, apply a factor of .50 to the applicable professional rate. Individual professional insurance coverage for independent contractors must be documented in the file (name of carrier, policy period and limits).
- f. Under "client exposure charges" shown in the rate table, the following rate categories apply:

Client Exposure Charge	Rate Category
Per resident	Applicable to independent living
Per 100 outpatient visits (low)	Applicable to low hazard outpatient exposures
Per 100 outpatient visits (medium)	Applicable to moderate hazard outpatient exposures
Per 100 outpatient visits (high)	Applicable to high hazard outpatient exposures
Per bed (low)	Applicable to low inpatient duty of care exposures

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<b>Client Exposure Charge</b>	<b>Rate Category</b>
Per bed (medium)	Applicable to moderate inpatient duty of care exposures
Per bed (high)	Applicable to high inpatient duty of care exposures
Per bed (very high)	Applicable to very high inpatient duty of care exposures
Per placement	Applicable to foster care and adoption placements

- g. Rates are for specified limits shown in the Rate Table.
- h. All classes except Very High Hazard contemplate lucid, physically functional residents. Any risk with residents under age 18 or who are not fully mentally and physically functional shall be referred to the company for classification.

<b>Rating Exposure Charges</b>	<b>Definition</b>
Per resident	<b>Independant Living</b> - Residents are completely self-sufficient occupying individual living units. No health care services are provided.
Per bed (low)	<b>Residential Care</b> - No individualized care or medical care. Residents require minimal guidance with daily living activities. Residents are typically housed in group living units. Services provided include nutrition, transportation, and education. Patients are physically and emotionally stable. This class applies to adults who are completely lucid and able to interact appropriately in normal social settings.
Per bed (medium)	<b>Supervised Living</b> - No medical care. Residents require minimal guidance with daily living activities. Residents are typically housed in group living units. Services provided include nutrition, transportation, and education. Patients are physically and emotionally stable. This class applies to children and adolescents who are able to interact appropriately in normal social settings. This class also applies to adults who have a need for regular but not constant observation and assistance.
Per bed (high)	<b>Intermediate Care</b> - Residents require specific guidance with daily living activities. Services provided include personalized supportive services, rehabilitation or regular administration of oral medications. Does not include dangerous, suicidal or self-destructive, patients.
Per bed (very high)	<b>Skilled Care</b> - Residents require consistent monitoring of daily activities. Regular administration of medications including injections, catheters, sterile irrigation and routine changing of dressings.

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**3. COMPLEXITY OF PROCEDURES**

(applicable to provider charges for physicians - Type 10)

Physician rate assumes exposures contemplated by the Internal Medicine – non surgical classification. Complexity of procedure modification is used to modify the rate when the exposure is greater or lesser than that contemplated by the rate. Complexities of procedure modification factors are limited to the range of .50 to 1.50.

Physician Practice Characteristics	Range of Modification			
	Credit		Debit	
	Up to:		Up to:	
<b>Patient Contact</b>				
Practice involves limited direct patient contact	15%			
Practice involves high volumes of direct patient contact			15%	
<b>Procedures performed on patients:</b>				
Low number of procedures	20%			
High number of procedures			20%	
Simple non-invasive procedures only i.e. superficial examinations	20%			
Complex invasive procedures included i.e. routine minor surgery			20%	
<b>Diagnosis:</b>				
Minimal patient contact involving diagnosis	20%			
Regular diagnosis including severe and unusual ailments			20%	

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**4. SCHEDULE MODIFICATION TABLE**

(not applicable to provider charges for physicians - Type 10)

The following factors may be applied at the underwriter's discretion based on the characteristics listed below. Schedule modification factors are limited to the range of .50 to 1.50. The premium may not be reduced below any policy minimum premium.

Risk Characteristics	Range of Modification		
	Credit		Debit
Facility Standards			
Record Keeping and Documentation	5%		5%
Employee to Client Ratio	5%		5%
Licensing/Accreditation	5%		5%
Employee Selection, Training, Supervision, Experience			
Employee Qualifications	15%		15%
Continuing Education	5%		5%
Supervision	5%		5%
Client Considerations			
Voluntary versus Involuntary	4%		4%
Extent of Client Contact	5%		5%
Degree of Care	5%		5%
Classification Peculiarities			
Off Premises Exposure	6%		6%
Administration of Drugs	5%		5%

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**5. AGENCY CHARGE**

If both Professional Liability and Health Care Facility coverage forms are issued to the same insured, for the same coverage period, only one Agency charge will be made for both policies combined.

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**6. PREMIUM COMPUTATION**

- a. The agency charge is determined based upon the limit of insurance desired.
- b. Employee charges, where applicable, are determined through a process of multiplying the number of each type of employee by the corresponding rate, including any modifications that may apply for Part Time, Contingent Liability, or Complexity of Procedures (Type 10 only).
- c. Client exposure charges, where applicable, are determined by multiplying the applicable client exposures by the corresponding rate specified for the exposure grade.
- d. The Agency Charge determined in step (a.) above is then added to the per employee charges and client exposure charges, when applicable.
- e. The premium determined in step (d.) above is then subject to schedule modification.

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**7. KEY EMPLOYEE REPLACEMENT EXPENSE COVERAGE ENDORSEMENT**

If the Key Employee Replacement Coverage Expense Endorsement is attached, a premium of \$250 per scheduled employee will apply. The maximum limit allowed under this endorsement is \$75,000 per employee.

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**8. OPTIONAL LEGAL EXPENSE REIMBURSEMENT COVERAGE**

Limit:\$30,000 per Action/\$30,000 Annual Aggregate Limit

Charge: \$200 per Physician

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**9. CLAIMS-MADE RATING PROCEDURES FOR CLAIMS-MADE POLICIES**

a. Claims-Made Multiplier

To calculate the claims-made rate, multiply the occurrence rates shown in the Rate Table by the following factor:

<b>Year in Claims-Made</b>	<b>Factor</b>
0	.45
1	.70
2	.85
3	.90
4 or more	.95

b. Extended Claims Reporting Period

Using the rates in effect at the end of the terminating policy, compute the extended claims reporting premium by multiplying either the "Total Policy Premium" or "Minimum Premium" (whichever is greater) per the Rate Table by the factor shown below. An unlimited reporting period is available only for those policies covered continuously by a Safeco company policy for a minimum of three years.

<b>Length of Extended Reporting Period</b>	<b>Expiring Premium Factor</b>
One Year	1.00
Three Years	1.50
Five Years	1.90
Unlimited	2.00

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**10. PRIOR ACTS RATING PROCEDURES FOR OCCURRENCE POLICIES**

Apply the following factors to calculate Prior Acts Coverage when converting a claims-made policy to an occurrence policy. The premium is determined by multiplying the professional liability occurrence premium by the applicable factor shown below:

<b>Factor</b>	
One Year Prior Acts:	.60
Two Years Prior Acts:	.80
Three Years Prior Acts:	.90
Four Years Prior Acts:	.95
Five or More Years Prior Acts:	1.00

Minimum premium for Prior Acts Coverage endorsement is \$300. This is not subject to any other rating rule.

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**HEALTH CARE FACILITIES OCCURRENCE RATES**

	<b>ARKANSAS</b>								
	Limit in \$000s								
	100/ 300	300/ 300	300/ 900	500/ 500	500/ 1000	500/ 1500	1000/ 1000	1000/ 2000	1000/ 3000
Agency Charge	600	732	756	804	816	822	894	906	918
Type 1	37	45	47	50	50	51	55	56	57
Type 2	75	91	94	100	102	103	112	113	115
Type 3	93	114	117	125	127	128	139	141	142
Type 4	123	149	154	164	167	168	183	185	187
Type 5	165	201	207	220	224	225	245	248	252
Type 6	214	261	270	287	291	293	319	323	328
Type 7	298	363	375	399	405	408	443	449	455
Type 8	462	564	582	619	628	633	688	698	707
Type 9	855	1044	1078	1146	1163	1172	1275	1292	1309
Type 10	1500	1830	1890	2010	2040	2055	2235	2265	2295
Per resident	3	4	4	4	4	4	4	5	5
Per bed - low	14	17	18	19	19	19	21	21	21
Per bed - medium	50	61	63	67	68	69	75	76	77
Per bed - high	81	99	102	109	110	111	121	122	124
Per bed - very high	121	148	152	162	165	166	180	183	185
Placements	50	61	63	67	68	69	75	76	77
Per 100 Outpatient visits - low	21	26	26	28	29	29	31	32	32
Per 100 Outpatient visits - medium	26	32	33	35	35	36	39	39	40
Per 100 Outpatient visits - high	30	37	38	40	41	41	45	45	46

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Professional Description	
Type 1	Paraprofessional Social Worker, Homemaker, Home Health, Nurse Aide, Sitter, Companion, Bereaval Therapist, Occupational Therapist
Type 2	LPN, Social Worker (BA), Dietician, Nutritionist, Dental Hygienist, Pharmacy, Assistant Lab Technician, EKG - Ultrasound Tech, Medical Tech, Echocardiogram Tech, X-Ray Tech, Radiology Tech, Certified Medical Assistant
Type 3	RN, Social Worker (MA, MSW), Speech Pathologist, Dialysis Tech, Enterstomal Therapist, Clergy
Type 4	Medical Director
Type 5	Pharmacist
Type 6	Physical Therapist, Respiratory Therapist, Phlebotomist, Nuclear Medicine Tech, Radiation Therapist
Type 7	Psychologist
Type 8	Nurse Practitioner, Physician Assistant, Paramedic, EMT
Type 9	Psychiatrist
Type 10	Medical Doctor/Doctor of Osteopathy - Non-Surgical

Under "client exposure charges" shown in the rate table, the following rate categories apply:

Per resident	Applicable to independent living
Per 100 outpatient visits (low)	Applicable to low hazard outpatient exposures
Per 100 outpatient visits (medium)	Applicable to moderate hazard outpatient exposures
Per 100 outpatient visits (high)	Applicable to high hazard outpatient exposures
Per bed (low)	Applicable to low inpatient duty of care exposures
Per bed (medium)	Applicable to moderate inpatient duty of care exposures
Per bed (high)	Applicable to high inpatient duty of care exposures
Per bed (very high)	Applicable to very high inpatient duty of care exposures
Per placement	Applicable to foster care and adoption placements

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**1. RATING EXPOSURE GRADES**

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Bereavement Counseling	N/A
Chore Services - Homemaker Assistance - Home Repair	N/A
Cultural/Linguistic Assimilation Programs	N/A
Day Care or In-Home Assistance to Elderly	N/A
Day Care/Nursery School (except Head Start & handicapped)	N/A
Family Planning/Pregnancy (counseling only)	N/A
Financial Counseling and Education	N/A
Health Education Workshops	N/A
Homeless Counseling/Shelters - Independent Living	Per Resident

**ARKANSAS  
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<b>Class</b>	<b>Exposure Charge</b>
Housing Referral	N/A
Independent Living (aged only)	Per Resident
Individual Counseling (stress, career, etc.)	N/A
Marriage and Family Counseling	N/A
Peer Counseling with Professional Supervision	N/A
Religious Youth & Outreach Groups	N/A
Resource Referral	N/A
Retirement Communities, Independent Living	Per Resident
Schools Day	N/A
Vocational Education/Sheltered Workshops	N/A

- C. Risks with moderate professional liability exposures are subject to the agency charge plus individual care provider charges plus client exposure charges where applicable. Risks with moderate exposures are subject to a minimum premium of \$1,500, which is not subject to any other rating factor.

<b>Class</b>	<b>Exposure Charge</b>
AIDS Counseling & Case Management	N/A
Big Brothers/Big Sisters	N/A
Counseling Developmentally Disabled	N/A
Counseling for Emotionally Disturbed (not violent)	Per 100 outpatient visits (low)
Day Care Centers/Schools (Head Start & handicapped)	N/A
Developmentally Disabled Residence (no medical care)	Per bed (low)
Disease Control Clinics	Per 100 outpatient visits
Family Planning/Pregnancy (counseling & exams)	Per 100 outpatient visits
Group Homes - Abused Children - Supervised Living	Per bed (med.)
Group Homes - Battered Women - Supervised Living	Per bed (low)
Group Homes - Drug Abusers - Supervised Living	Per bed (low)
Group Homes - Misc. Supervised Living	Per bed (low)
Home Health Agency	Per 100 outpatient visits
Homeless Counseling/Shelters - Supervised Living	Per bed (low)
Hotlines (not crisis intervention)	Per 100 outpatient visits (low)
Immunization Clinics	Per 100 outpatient visits

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<b>Class</b>	<b>Exposure Charge</b>
Infant Health Assessment Programs	Per 100 outpatient visits
Methadone Maintenance	Per 100 outpatient visits
Parenting Classes	N/A
Physically Handicapped Residence Programs (no medical care)	Per bed (low)
Respite Care	Per bed (low)
Retirement Communities, Residential care (no medical facilities)	Per bed (low)
Schools Residential (academic)	Per bed (low)
Schools Residential (excl. emotionally disturbed or handicapped)	Per bed (low)
Senior Health Assessment Clinics	Per 100 outpatient visits
Sexually Transmitted Disease Clinics	Per 100 outpatient visits (low)
Shelters - Indigent (overnight only)	Per bed (low)
Visiting Nurse	Per 100 outpatient visits

- D. Risks with high professional liability exposures are subject to the agency charge plus individual care provider charges plus client exposure charges where applicable. Risks with high exposures are subject to a minimum premium of \$2,500, which is not subject to any other rating factor.

<b>Class</b>	<b>Exposure Charge</b>
Adoption	Placements
Community Homes for the Aged	Per bed (med.)
Crisis Intervention	Per 100 outpatient visits (med.)
Family Planning/Pregnancy (counseling, exams & prenatal care)	Per 100 outpatient visits (high)
Foster Care	Placements
Foster Care, Residential	Per bed (very high)
Foster Grandparents	Placements
Group Home for Mentally or Physically Handicapped incl. intermediate nursing care	Per bed (high)
Halfway House - Intermediate care	Per bed (med.)
HIV Testing	Per 100 outpatient visits (high)
Hospice	Per bed (med.)
Needle Exchange Programs	Per 100 outpatient visits (med.)

**ARKANSAS  
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<b>Class</b>	<b>Exposure Charge</b>
Physical Rehabilitation (outpatient)	Per 100 outpatient visits (med.)
Physical Rehabilitation (residential)	Per bed (med.)
Residential Care for Children (incl. intermediate care)	Per bed (high)
Retirement Communities, Intermediate Care	Per bed (high)
Schools Residential (incl. severely disturbed or handicapped)	Per bed (med.)
Substance Abuse Facility (no detox)	Per bed (med.)
Supportive Living Facility	Per bed (med.)
Treatment Centers - Drug & Alcohol Abuse (no detox)	Per bed (med.)
Well Child Clinics	Per 100 outpatient visits (med.)
Alzheimer's Residences	Per bed (very high)
Group Home for Mentally or Physically Handicapped (skilled nursing care)	Per bed (very high)
Hotlines (Crisis Intervention)	Per 100 outpatient visits (high)
Hotlines (Suicide Prevention)	Per 100 outpatient visits (high)
Retirement Communities (skilled nursing care)	Per bed (high)
Substance Abuse Facility (incl. detox)	Per bed (very high)

**ARKANSAS  
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**2. AT LIMITS RATES**

- a. Rates shown in the Rate Table are applicable to full-time employees and volunteers. Where applicable, the rates apply to all practitioners who have contact with clients or patients.
- b. Under "Type" of Professional shown in the Rate Table, the following definitions apply:

Type	Definition
Type 1	Paraprofessional Social Worker, Homemaker, Home Health, Nurse Aide, Sitter, Companion, Bereaval Therapist, Occupational Therapist
Type 2	LPN, Social Worker (BA), Dietician, Nutritionist, Dental Hygienist, Pharmacy, Assistant Lab Technician, EKG - Ultrasound Tech, Medical Tech, Echocardiogram Tech, X-Ray Tech, Radiology Tech, Certified Medical Assistant
Type 3	RN, Social Worker (MA, MSW), Speech Pathologist, Dialysis Tech, Enterstomal Therapist, Clergy
Type 4	Medical Director
Type 5	Pharmacist
Type 6	Physical Therapist, Respiratory Therapist, Phlebotomist, Nuclear Medicine Tech, Radiation Therapist
Type 7	Psychologist
Type 8	Nurse Practitioner, Physician Assistant, Paramedic EMT
Type 9	Psychiatrist
Type 10	Medical Doctor/Doctor of Osteopathy - Non-Surgical

- c. For Types 1, 2, 3, 4, 5, 6, 7, and 8: part-time employees and volunteers (work less than 20 hours per week), apply a factor of .50 to the applicable professional rate. This does not apply to independent contractors.
- d. For Types 9 and 10: part-time employees and volunteers (work less than 20 hours per week), apply a factor of .50 to the applicable professional rate. This does not apply to independent contractors.
- e. Contingent liability for independent contractors, apply a factor of .50 to the applicable professional rate. Individual professional insurance coverage for independent contractors must be documented in the file (name of carrier, policy period and limits).
- f. Under "client exposure charges" shown in the rate table, the following rate categories apply:

Client Exposure Charge	Rate Category
Per resident	Applicable to independent living
Per 100 outpatient visits (low)	Applicable to low hazard outpatient exposures
Per 100 outpatient visits (medium)	Applicable to moderate hazard outpatient exposures
Per 100 outpatient visits (high)	Applicable to high hazard outpatient exposures
Per bed (low)	Applicable to low inpatient duty of care exposures

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<b>Client Exposure Charge</b>	<b>Rate Category</b>
Per bed (medium)	Applicable to moderate inpatient duty of care exposures
Per bed (high)	Applicable to high inpatient duty of care exposures
Per bed (very high)	Applicable to very high inpatient duty of care exposures
Per placement	Applicable to foster care and adoption placements

- g. Rates are for specified limits shown in the Rate Table.
- h. All classes except Very High Hazard contemplate lucid, physically functional residents. Any risk with residents under age 18 or who are not fully mentally and physically functional shall be referred to the company for classification.

<b>Rating Exposure Charges</b>	<b>Definition</b>
Per resident	<b>Independant Living</b> - Residents are completely self-sufficient occupying individual living units. No health care services are provided.
Per bed (low)	<b>Residential Care</b> - No individualized care or medical care. Residents require minimal guidance with daily living activities. Residents are typically housed in group living units. Services provided include nutrition, transportation, and education. Patients are physically and emotionally stable. This class applies to adults who are completely lucid and able to interact appropriately in normal social settings.
Per bed (medium)	<b>Supervised Living</b> - No medical care. Residents require minimal guidance with daily living activities. Residents are typically housed in group living units. Services provided include nutrition, transportation, and education. Patients are physically and emotionally stable. This class applies to children and adolescents who are able to interact appropriately in normal social settings. This class also applies to adults who have a need for regular but not constant observation and assistance.
Per bed (high)	<b>Intermediate Care</b> - Residents require specific guidance with daily living activities. Services provided include personalized supportive services, rehabilitation or regular administration of oral medications. Does not include dangerous, suicidal or self-destructive, patients.
Per bed (very high)	<b>Skilled Care</b> - Residents require consistent monitoring of daily activities. Regular administration of medications including injections, catheters, sterile irrigation and routine changing of dressings.

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**3. COMPLEXITY OF PROCEDURES**

(applicable to provider charges for physicians - Type 10)

Physician rate assumes exposures contemplated by the Internal Medicine – non surgical classification. Complexity of procedure modification is used to modify the rate when the exposure is greater or lesser than that contemplated by the rate. Complexities of procedure modification factors are limited to the range of .50 to 1.50.

Physician Practice Characteristics	Range of Modification			
	Credit		Debit	
	Up to:		Up to:	
<b>Patient Contact</b>				
Practice involves limited direct patient contact	15%			
Practice involves high volumes of direct patient contact			15%	
<b>Procedures performed on patients:</b>				
Low number of procedures	20%			
High number of procedures			20%	
Simple non-invasive procedures only i.e. superficial examinations	20%			
Complex invasive procedures included i.e. routine minor surgery			20%	
<b>Diagnosis:</b>				
Minimal patient contact involving diagnosis	20%			
Regular diagnosis including severe and unusual ailments			20%	

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**4. SCHEDULE MODIFICATION TABLE**

(not applicable to provider charges for physicians - Type 10)

The following factors may be applied at the underwriter's discretion based on the characteristics listed below. Schedule modification factors are limited to the range of .50 to 1.50. The premium may not be reduced below any policy minimum premium.

Risk Characteristics	Range of Modification		
	Credit		Debit
Facility Standards			
Record Keeping and Documentation	5%		5%
Employee to Client Ratio	5%		5%
Licensing/Accreditation	5%		5%
Employee Selection, Training, Supervision, Experience			
Employee Qualifications	15%		15%
Continuing Education	5%		5%
Supervision	5%		5%
Client Considerations			
Voluntary versus Involuntary	4%		4%
Extent of Client Contact	5%		5%
Degree of Care	5%		5%
Classification Peculiarities			
Off Premises Exposure	6%		6%
Administration of Drugs	5%		5%

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**5. AGENCY CHARGE**

If both Professional Liability and Health Care Facility coverage forms are issued to the same insured, for the same coverage period, only one Agency charge will be made for both policies combined.

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**6. PREMIUM COMPUTATION**

- a. The agency charge is determined based upon the limit of insurance desired.
- b. Employee charges, where applicable, are determined through a process of multiplying the number of each type of employee by the corresponding rate, including any modifications that may apply for Part Time, Contingent Liability, or Complexity of Procedures (Type 10 only).
- c. Client exposure charges, where applicable, are determined by multiplying the applicable client exposures by the corresponding rate specified for the exposure grade.
- d. The Agency Charge determined in step (a.) above is then added to the per employee charges and client exposure charges, when applicable.
- e. The premium determined in step (d.) above is then subject to schedule modification.

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**7. KEY EMPLOYEE REPLACEMENT EXPENSE COVERAGE ENDORSEMENT**

If the Key Employee Replacement Coverage Expense Endorsement is attached, a premium of \$250 per scheduled employee will apply. The maximum limit allowed under this endorsement is \$75,000 per employee.

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**8. OPTIONAL LEGAL EXPENSE REIMBURSEMENT COVERAGE**

Limit:\$30,000 per Action/\$30,000 Annual Aggregate Limit

Charge: \$200 per Physician

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**9. CLAIMS-MADE RATING PROCEDURES FOR CLAIMS-MADE POLICIES**

a. Claims-Made Multiplier

To calculate the claims-made rate, multiply the occurrence rates shown in the Rate Table by the following factor:

<b>Year in Claims-Made</b>	<b>Factor</b>
0	.45
1	.70
2	.85
3	.90
4 or more	.95

b. Extended Claims Reporting Period

Using the rates in effect at the end of the terminating policy, compute the extended claims reporting premium by multiplying either the "Total Policy Premium" or "Minimum Premium" (whichever is greater) per the Rate Table by the factor shown below. An unlimited reporting period is available only for those policies covered continuously by a Safeco company policy for a minimum of three years.

<b>Length of Extended Reporting Period</b>	<b>Expiring Premium Factor</b>
One Year	1.00
Three Years	1.50
Five Years	1.90
Unlimited	2.00

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**10. PRIOR ACTS RATING PROCEDURES FOR OCCURRENCE POLICIES**

Apply the following factors to calculate Prior Acts Coverage when converting a claims-made policy to an occurrence policy. The premium is determined by multiplying the professional liability occurrence premium by the applicable factor shown below:

<b>Factor</b>	
One Year Prior Acts:	.60
Two Years Prior Acts:	.80
Three Years Prior Acts:	.90
Four Years Prior Acts:	.95
Five or More Years Prior Acts:	1.00

Minimum premium for Prior Acts Coverage endorsement is \$300. This is not subject to any other rating rule.

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**PROFESSIONAL LIABILITY OCCURRENCE RATES**

	<b>ARKANSAS</b>								
	Limit in \$000s								
	100/ 300	300/ 300	300/ 900	500/ 500	500/ 1000	500/ 1500	1000/ 1000	1000/ 2000	1000/ 3000
Agency Charge	600	732	756	804	816	822	894	906	918
Type 1	37	45	47	50	50	51	55	56	57
Type 2	75	91	94	100	102	103	112	113	115
Type 3	93	114	117	125	127	128	139	141	142
Type 4	123	149	154	164	167	168	183	185	187
Type 5	165	201	207	220	224	225	245	248	252
Type 6	214	261	270	287	291	293	319	323	328
Type 7	298	363	375	399	405	408	443	449	455
Type 8	462	564	582	619	628	633	688	698	707
Type 9	855	1044	1078	1146	1163	1172	1275	1292	1309
Type 10	1500	1830	1890	2010	2040	2055	2235	2265	2295
Per resident	3	4	4	4	4	4	4	5	5
Per bed - low	14	17	18	19	19	19	21	21	21
Per bed - medium	50	61	63	67	68	69	75	76	77
Per bed - high	81	99	102	109	110	111	121	122	124
Per bed - very high	121	148	152	162	165	166	180	183	185
Placements	50	61	63	67	68	69	75	76	77
Per 100 Outpatient visits - low	21	26	26	28	29	29	31	32	32
Per 100 Outpatient visits - medium	26	32	33	35	35	36	39	39	40
Per 100 Outpatient visits - high	30	37	38	40	41	41	45	45	46

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Professional Description	
Type 1	Paraprofessional Social Worker, Homemaker, Home Health, Nurse Aide, Sitter, Companion, Bereaval Therapist, Occupational Therapist
Type 2	LPN, Social Worker (BA), Dietician, Nutritionist, Dental Hygienist, Pharmacy, Assistant Lab Technician, EKG - Ultrasound Tech, Medical Tech, Echocardiogram Tech, X-Ray Tech, Radiology Tech, Certified Medical Assistant
Type 3	RN, Social Worker (MA, MSW), Speech Pathologist, Dialysis Tech, Enterstomal Therapist, Clergy
Type 4	Medical Director
Type 5	Pharmacist
Type 6	Physical Therapist, Respiratory Therapist, Phlebotomist, Nuclear Medicine Tech, Radiation Therapist
Type 7	Psychologist
Type 8	Nurse Practitioner, Physician Assistant, Paramedic, EMT
Type 9	Psychiatrist
Type 10	Medical Doctor/Doctor of Osteopathy - Non-Surgical

Under "client exposure charges" shown in the rate table, the following rate categories apply:

Per resident	Applicable to independent living
Per 100 outpatient visits (low)	Applicable to low hazard outpatient exposures
Per 100 outpatient visits (medium)	Applicable to moderate hazard outpatient exposures
Per 100 outpatient visits (high)	Applicable to high hazard outpatient exposures
Per bed (low)	Applicable to low inpatient duty of care exposures
Per bed (medium)	Applicable to moderate inpatient duty of care exposures
Per bed (high)	Applicable to high inpatient duty of care exposures
Per bed (very high)	Applicable to very high inpatient duty of care exposures
Per placement	Applicable to foster care and adoption placements

SERFF Tracking Number: SAFC-125156188 State: Arkansas  
 Filing Company: General Insurance Company of America State Tracking Number: AR-PC-07-025795  
 Company Tracking Number: 07-0132  
 TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0019 Professional Errors & Omissions Liability  
 Product Name: SS 07-0132  
 Project Name/Number: Informational Filing: Correction to Manual Pages/07-0132

## Supporting Document Schedules

**Satisfied -Name:** Uniform Transmittal Document-Property & Casualty **Review Status:** Filed 08/16/2007

**Comments:**

**Attachment:**

AR\_PCTD and RRFS.pdf

**Bypassed -Name:** NAIC Loss Cost Filing Document for OTHER than Workers' Comp **Review Status:** Filed 08/16/2007

**Bypass Reason:** N/A - This is informational filing to correct manual rules.

**Comments:**

**Bypassed -Name:** NAIC loss cost data entry document **Review Status:** Filed 08/16/2007

**Bypass Reason:** N/A - This is informational filing to correct manual rules.

**Comments:**

**Satisfied -Name:** Cover Letter and Exhibit **Review Status:** Filed 08/16/2007

**Comments:**

**Attachments:**

Ltr.pdf

Exhibit - AR Error Description.pdf

**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:

New Business	
Renewal Business	

f. State Filing #:

g. SERFF Filing #:

h. Subject Codes

<b>3. Group Name</b>	<b>Group NAIC #</b>
Safeco Group	163

4. Company Name(s)	Domicile	NAIC #	FEIN #
General Insurance Company of America	Washington	24732	91-0231910

<b>5. Company Tracking Number</b>	07-0132
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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
Devor Barton	Commercial Lines Analyst	(206) 925-2292	(206) 545-3478	devbar@safeco.com
Safeco Plaza, State Filings, C-2, Seattle, WA 98185				
7. Signature of authorized filer				
8. Please print name of authorized filer		Devor Barton, Commercial Lines Analyst		

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

9. Type of Insurance (TOI)	17.0000 – Other Liability – Claims Made/Occurrence
10. Sub-Type of Insurance (Sub-TOI)	17.0019 – Professional Errors and Omissions Liability
11. State Specific Product code(s)(if applicable)[See State Specific Requirements]	17.0019
12. Company Program Title (Marketing title)	Social Services Professional Liability and Health Care Facilities Professional Liability Program
13. Filing Type	[ ] Rate/Loss Cost [X] Rules [ ] Rates/Rules [ ] Forms [ ] Combination Rates/Rules/Forms [ ] Withdrawal [ ] Other (give description)
14. Effective Date(s) Requested	New: October 1, 2007 Renewal: October 1, 2007
15. Reference Filing?	[ ] Yes [X] No
16. Reference Organization (if applicable)	N/A
17. Reference Organization # & Title	N/A
18. Company's Date of Filing	August 15, 2007
19. Status of filing in domicile	[ ] Not Filed [X] Pending [ ] Authorized [ ] Disapproved

## Property &amp; Casualty Transmittal Document—

<b>20.</b>	<b>This filing transmittal is part of Company Tracking #</b>	07-0132
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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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**Submitting:** Corrected Rate Pages SS-HC-AR 05/07  
Corrected Rate Pages SS-PL-AR 05/07

**Replacing:** Rate Pages SS-HC-AR 11/02  
Rate Pages SS-PL-AR 11/02

We recently discovered a typographical error with our filed rate pages in your state. The pages were approved by your Department September 30, 2002 in our filing Number 02-0014 (Health Care Facilities) and in our filing Number 02-0013 (Professional Liability). While all descriptions and rates are included in the filings, it appears some of the row's captions (setting forth the descriptions and rates) in the table became misaligned on the page. The attached exhibit shows the rate table that was sent with our filing request with the addition of a highlighted column that shows the proper descriptions as they should align to the rates.

This error affected only our manual pages; the rating system in place for these programs has used the correct rates at all times since implementation on receipt of your approval. We are not changing the rates with this filing; we are correcting the tables on file with you. We regret any inconvenience caused to your Department by this error.

We are submitting the corrected rate pages for the original filings effective October 1, 2007. We are also taking this opportunity to update the formatting of the pages.

<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]
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**Check #: 0001379038**  
**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.)**

**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.)**

<b>1.</b>	<b>This filing transmittal is part of Company Tracking #</b>	<b>07-0132</b>
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<b>2.</b>	<b>This filing corresponds to form filing number</b> (Company tracking number of form filing, if applicable)	<b>N/A</b>
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Rate Increase                       Rate Decrease                       Rate Neutral (0%)

<b>3.</b>	<b>Filing Method (Prior Approval, File &amp; Use, Flex Band, etc.)</b>	Informational Filing
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<b>4a.</b>	<b>Rate Change by Company (As Proposed)</b>						
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Company Name	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change (where required)	Minimum % Change (where Required)
General Ins Co. of America	N/A	N/A	N/A	N/A	N/A		

<b>4b.</b>	<b>Rate Change by Company (As Accepted) For State Use Only</b>						
------------	--	--	--	--	--	--	--

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)**

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

<b>6.</b>	<b>Overall percentage of last rate revision</b>	N/A
<b>7.</b>	<b>Effective Date of last rate revision</b>	N/A
<b>8.</b>	<b>Filing Method of Last filing (Prior Approval, File &amp; Use, Flex Band, etc.)</b>	N/A

<b>9.</b>	<b>Rule # or Page # Submitted for Review</b>	<b>Replacement or withdrawn?</b>	<b>Previous state filing number, if required by state</b>
01	SS-HC-AR 5/07	[ ] New [X] Replacement [ ] Withdrawn	
02	SS-PL-AR 5/07	[ ] New [X] Replacement [ ] Withdrawn	
03		[ ] New [ ] Replacement [ ] Withdrawn	



August 15, 2007

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

General Insurance Company of America 163-24732  
Social Services Health Care Facilities Program  
Social Services Professional Liability Program  
**Informational Filing: Correction to Manual Pages**  
Company File Number: 07-0132  
Effective Date: October 1, 2007

**Submitting:** Corrected Rate Pages SS-HC-AR 05/07  
Corrected Rate Pages SS-PL-AR 05/07

**Replacing:** Rate Pages SS-HC-AR 11/02  
Rate Pages SS-PL-AR 11/02

We recently discovered a typographical error with our filed rate pages in your state. The pages were approved by your Department September 30, 2002 in our filing Number 02-0014 (Health Care Facilities) and in our filing Number 02-0013 (Professional Liability). While all descriptions and rates are included in the filings, it appears some of the row's captions (setting forth the descriptions and rates) in the table became misaligned on the page. The attached exhibit shows the rate table that was sent with our filing request with the addition of a highlighted column that shows the proper descriptions as they should align to the rates.

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We are submitting the corrected rate pages for the original filings effective October 1, 2007. We are also taking this opportunity to update the formatting of the pages. If you have any questions concerning this filing, please contact us at our expense.

Sincerely,

A handwritten signature in black ink, appearing to read "Devor Barton".

Devor Barton  
Commercial Lines Filings Analyst  
SBI State Filings Department (C-2)  
(206) 925-2292  
FAX (206) 545-3478  
devbar@safeco.com  
DB/cc

Correct Description / Rate Alignment	Originally Submitted									
	Incorrect Description / Rate Alignment	100/300	300/300	300/900	500/500	500/1000	500/1500	1000/1000	1000/2000	1000/3000
Agency charge	Agency Charge	600	732	756	804	816	822	894	906	918
Type 1	Type 1	37	45	47	50	50	51	55	56	57
Type 2	Type 2	75	91	94	100	102	103	112	113	115
Type 3	Type 3	93	114	117	125	127	128	139	141	142
Type 4	Type 4	123	149	154	164	167	168	183	185	187
Type 5	Type 5	165	201	207	220	224	225	245	248	252
Type 6	Type 6	214	261	270	287	291	293	319	323	328
Type 7	Type 7	298	363	375	399	405	408	443	449	455
Type 8	Type 8	462	564	582	619	628	633	688	698	707
Type 9	Type 9	855	1044	1078	1146	1163	1172	1275	1292	1309
Type 10	Type 10	1500	1830	1890	2010	2040	2055	2235	2265	2295
Per resident	Per resident	3	4	4	4	4	4	4	5	5
Per bed – low	Per 100 Outpatient visits – low	14	17	18	19	19	19	21	21	21
Per bed – medium	Per 100 Outpatient visits – medium	50	61	63	67	68	69	75	76	77
Per bed – high	Per Outpatient visits – high	81	99	102	109	110	111	121	122	124
Per 100 Outpatient visits – low	Per bed – low	21	26	26	28	29	29	31	32	32
Per 100 Outpatient visits – medium	Per bed – medium	26	32	33	35	35	36	39	39	40
Placements	Per bed – high	50	61	63	67	68	69	75	76	77
Per bed – very high	Per bed – very high	121	148	152	162	165	166	180	183	185
Per 100 Outpatient visits – high	Placements	30	37	38	40	41	41	45	45	46