

SERFF Tracking Number: ARKS-125379947 State: Arkansas
Filing Company: 00006 - INSURANCE SERVICES OFFICE, INC. State Tracking Number: #99821 \$50
Company Tracking Number: PR-2007-ORU07
TOI: 11.0 Medical Malpractice - Claims Sub-TOI: 11.0029 Other
Made/Occurrence
Product Name: N/A
Project Name/Number: /

Filing at a Glance

Company: 00006 - INSURANCE SERVICES OFFICE, INC.

Product Name: N/A

SERFF Tr Num: ARKS-125379947 State: Arkansas

TOI: 11.0 Medical Malpractice - Claims

SERFF Status: Closed

State Tr Num: #99821 \$50

Made/Occurrence

Sub-TOI: 11.0029 Other

Co Tr Num: PR-2007-ORU07

State Status: Fees verified and received

Filing Type: Rule

Co Status:

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

Author:

Disposition Date: 12/06/2007

Date Submitted: 12/06/2007

Disposition Status: Filed

Effective Date Requested (New):

Effective Date (New):

Effective Date Requested (Renewal):

Effective Date (Renewal):

State Filing Description:

General Information

Project Name:

Status of Filing in Domicile:

Project Number:

Domicile Status Comments:

Reference Organization:

Reference Number:

Reference Title:

Advisory Org. Circular:

Filing Status Changed: 01/03/2008

State Status Changed: 01/03/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

Company and Contact

Filing Contact Information

NA NA,

NA@NA.com

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Made/Occurrence
Product Name: N/A
Project Name/Number: /

NA (123) 555-4567 [Phone]
NA, AR 00000

Filing Company Information

00006 - INSURANCE SERVICES OFFICE, CoCode: 6 State of Domicile: Arkansas
INC.
No Address Group Code: Company Type:
City, AR 99999 Group Name: State ID Number:
(999) 999-9999 ext. [Phone] FEIN Number: 99-9999999

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Filing Fees

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

SERFF Tracking Number: ARKS-125379947 State: Arkansas
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Made/Occurrence
Product Name: N/A
Project Name/Number: /

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed	Edith Roberts	01/03/2008	01/03/2008

SERFF Tracking Number: ARKS-125379947 State: Arkansas
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Made/Occurrence
Product Name: N/A
Project Name/Number: /

Disposition

Disposition Date: 12/06/2007

Effective Date (New):

Effective Date (Renewal):

Status: Filed

Comment: ISO Med Mal - Rules

Rate data does NOT apply to filing.

SERFF Tracking Number: ARKS-125379947 State: Arkansas
 Filing Company: 00006 - INSURANCE SERVICES OFFICE, INC. State Tracking Number: #99821 \$50
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 TOI: 11.0 Medical Malpractice - Claims Sub-TOI: 11.0029 Other
 Made/Occurrence
 Product Name: N/A
 Project Name/Number: /

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Filed	Yes
Supporting Document	NAIC Loss Cost Filing Forms (all P&C lines)	Filed	Yes
Supporting Document	NAIC loss cost data entry document	Filed	Yes
Supporting Document	Form PROMAL	Filed	Yes
Supporting Document	Form PRONOT	Filed	Yes
Supporting Document	ARKS-125379947		No

SERFF Tracking Number: ARKS-125379947 State: Arkansas
Filing Company: 00006 - INSURANCE SERVICES OFFICE, INC. State Tracking Number: #99821 \$50
Company Tracking Number: PR-2007-ORU07
TOI: 11.0 Medical Malpractice - Claims Sub-TOI: 11.0029 Other
Made/Occurrence
Product Name: N/A
Project Name/Number: /

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: ARKS-125379947 State: Arkansas
Filing Company: 00006 - INSURANCE SERVICES OFFICE, INC. State Tracking Number: #99821 \$50
Company Tracking Number: PR-2007-ORU07
TOI: 11.0 Medical Malpractice - Claims Sub-TOI: 11.0029 Other
Made/Occurrence
Product Name: N/A
Project Name/Number: /

Supporting Document Schedules

Review Status:

Satisfied -Name: ARKS-125379947

01/04/2008

Comments:

Attachments:

ARKS-125379947 1.pdf

ARKS-125379947 2.pdf

ARKS-125379947 3.pdf

ARKS-125379947

ER



2828 EAST TRINITY MILLS ROAD SUITE 150 CARROLLTON, TX 75006
TEL: (214) 390-1825 FAX: (214) 390-1975

November 29, 2007

Honorable Julie Benafield Bowman
Commissioner of Insurance
Arkansas Insurance Department
1200 West Third Street
Little Rock, Arkansas 72201-1904

Attention: William R. Lacy, Director
Property and Casualty Division

RE: Insurance Services Office, Inc.
PR-2007-ORU07
Medical Professional Liability
Multistate Rules Revision
REFERENCE FILING
State of Arkansas

RECEIVED

DEC 06 2007

PROPERTY AND CASUALTY DIVISION
ARKANSAS INSURANCE DEPARTMENT

CHK# 99821

\$50
FILED

Dec 06 2007

PROPERTY AND CASUALTY
ARKANSAS INSURANCE DEPT

closed

Dear Mr. Lacy:

We hereby file the enclosed advisory reference document.

ISO does not establish an effective date for Professional Liability rules revisions in Arkansas. Each insurer that elects to utilize this revision is responsible for determining its own effective date and complying with any applicable regulatory requirements. We will distribute this material to our participating insurers and update our electronic deliveries under cover of a Notice bearing a date of September 2008, or the earliest possible subsequent date following your acknowledgement.

Companion filings PR 2007-OFR07 (forms and endorsements), PR 2007-BPROF (loss costs), and CL 2007-OPR07 (endorsements) are also submitted today under separate cover.

Please return an acknowledged copy of this cover letter for our records. An addressed, stamped envelope is enclosed for your convenience. We have also included an additional copy of this letter and envelope; we request that you return it now with a "received" stamp to confirm that you have received the filing.

Very truly yours,

Donald J. Beckel, CPCU, ARM
Assistant Regional Manager

DJB:db
Encl.



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: DEC 06 2007				
	<table border="1" style="width: 100%;"> <tr> <td style="width: 50%;">New Business</td> <td rowspan="2" style="text-align: center; vertical-align: middle;">PROPERTY AND CASUALTY DIVISION ARKANSAS INSURANCE DEPARTMENT</td> </tr> <tr> <td>Renewal Business</td> </tr> </table>		New Business	PROPERTY AND CASUALTY DIVISION ARKANSAS INSURANCE DEPARTMENT	Renewal Business
	New Business	PROPERTY AND CASUALTY DIVISION ARKANSAS INSURANCE DEPARTMENT			
	Renewal Business				
f. State Filing #:					
g. SERFF Filing #:					
h. Subject Codes					

3. Group Name	Group NAIC #

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Insurance Services Office, Inc.	DE		13-3131412	

5. Company Tracking Number	PR-2007-ORU07
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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
	Donald J. Beckel Insurance Services Office, Inc. 2828 E. Trinity Mills Rd., Ste. 150 Carrollton, TX 75006	Asst. Regional Manager	(214) 390-1825 Ext. 224	(214) 390-1975	DBECKEL@iso.com
7. Signature of authorized filer					
8. Please print name of authorized filer			Donald J. Beckel		

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

9.	Type of Insurance (TOI)	11.0000 - Medical Malpractice
10.	Sub-Type of Insurance (Sub-TOI)	11.0029
11.	State Specific Product code(s)(if applicable)[See State Specific Requirements]	N/A
12.	Company Program Title (Marketing title)	Medical Professional Liability
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: 09/01/2008 Renewal: 09/01/2008
15.	Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
16.	Reference Organization (if applicable)	Not Applicable
17.	Reference Organization # & Title	Not Applicable
18.	Company's Date of Filing	11/29/07
19.	Status of filing in domicile	<input checked="" type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

1954

1954

Property & Casualty Transmittal Document---

20.	This filing transmittal is part of Company Tracking #	PR-2007-ORU07
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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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We are revising several rules in the Division Seven - Medical Professional Liability - Commercial Lines Manual.

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 #: 99821
Amount: \$ 50.00

Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.

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

10/10/10

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 #	PR-2007-ORU07
----	---	---------------

2.	This filing corresponds to form filing number (Company tracking number of form filing, if applicable)	PR-2007-OFR07
----	--	---------------

Rate Increase Rate Decrease Rate Neutral (0%)

3.	Filing Method (Prior Approval, File & Use, Flex Band, etc.)	File & Use
----	---	------------

4a. Rate Change by Company (As Proposed)

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)
Insurance Services Office, Inc.		-0.2%	N/A	N/A	N/A	4.58%	-5.34%

4b. Rate Change by Company (As Accepted) For State Use Only

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
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	+0.9%
----	--	-------

7.	Effective Date of last rate revision	07/2007
----	--------------------------------------	---------

8.	Filing Method of Last filing (Prior Approval, File & Use, Flex Band, etc.)	File & Use
----	---	------------

9.	Rule # or Page # Submitted for Review	Replacement or Withdrawn?	Previous state filing number, if required by state
01	Rule 1. Application Of This Division	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
02	Rule 3. Effective Or Distribution Date	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
03	Rule 5. Premium Computation	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	

RATE/RULE FILING SCHEDULE (cont.)

State: ARKANSAS

Company Tracking #: PR-2007-ORU07

Page 2 of 3

9.	Rule # or Page # Submitted for Review	Replacement or Withdrawn?	Previous state filing number, if required by state
	Rule 11. Policy Cancellations	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
	Rule 15. Special Rule For Individual Risk Situations	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
	Rule 17. Increased Limits Table	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
	Rule 18. Deductibles	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
	Rule 19. Premium Determination	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
	Rule 20. Description Of Additional Optional Endorsements	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
	Rule 21. Special Rules Applicable To The Claims-made Coverage Forms	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
	Rule 26. Hospital Medical Professional Liability Coverage	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
	Rule 27. Physicians, Surgeons and Dentists Medical Professional Liability Coverage	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
	Rule 28. Allied Health Care Providers Medical Professional Liability Coverage	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
	Rule 29. Blood Banks Medical Professional Liability Coverage	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
	Rule 30. Diagnostic Testing Laboratories Medical Professional Liability Coverage	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
	Rule 31. Optometrists Medical Professional Liability Coverage	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
	Rule 32. Veterinarians Medical Professional Liability Coverage	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
	Rule 33. Classifications	<input type="checkbox"/> New <input type="checkbox"/> Replacement <input checked="" type="checkbox"/> Withdrawn	
	Rule 34. Classification Procedures	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	

Arkansas Supplement To The 2008 Multistate Revision To Division Seven - Medical Professional Liability Rules

About This Filing

This supplement introduces revisions to the Arkansas exceptions to complement the changes being made to the multistate Division Seven - Medical Professional Liability manual in filing PR-2007-ORU07.

Revised Rules

We are revising the Arkansas exceptions to the following rules:

- ◆ Rule 17. Increased Limits Tables
- ◆ Rule 20. Description Of Additional Optional Endorsements
- ◆ Rule 26. Hospital Professional Liability Coverage
- ◆ Rule 27. Physicians, Surgeons And Dentists Professional Liability Coverage
- ◆ Rule 28. Allied Health Care Providers Professional Liability Coverage
- ◆ Rule 29. Blood Banks Professional Liability Coverage
- ◆ Rule 30. Diagnostic Testing Laboratories Professional Liability Coverage
- ◆ Rule 31. Optometrists Professional Liability Coverage
- ◆ Rule 32. Veterinarians Professional Liability Coverage
- ◆ Rule 38. Miscellaneous Medical Professional Classifications
- ◆ Territory Definitions

New Rating Factor and Classification Tables

We are introducing the following state tables:

- ◆ Table 17E. (RF) Increased Limits Tables
- ◆ Table #14(CT) Miscellaneous Medical - Individual Risks

We have used a format of ~~striking through~~ deletions, underlining additions and inserting a revision bar in the left margin to indicate changes.

Background

In multistate rules filing PR-2007-ORU07, we are revising several multistate rules in the Division Seven - Medical Professional Liability - Commercial Lines Manual (CLM), to reflect a change in the name of the program to Medical Professional Liability, introduce a new Rating Relativities and Factors Section, introduce a new Classification Pages Section, and make other revisions to the rules.

Explanation of Changes

We are revising the Arkansas exceptions to reflect the change in the name of the program to Medical Professional Liability.

In addition, in order to complement changes made to the multistate rules, we are:

- ◆ Deleting the current exception to Rule 17.E. Increased Limits Table and relocating the tables to the new Rating Relativities and Factors Section of the manual. The factors displayed in the new tables reflect the change to the basic limits from \$100,000/\$300,000 to \$500,000/\$1,500,000. Refer to the Actuarial Support for further details.

The increased limits table displays have been revised to be consistent across all tables.

- ◆ Deleting the current exception to Rule 38. Miscellaneous Medical Professional Classifications and relocating this exception to the new Classification Table Section of the manual.
- ◆ Deleting references to Subline Line Codes throughout the manual.
- ◆ Making editorial revisions to conform with ISO's Uniformity Standards.

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**COMMERCIAL LINES MANUAL
 DIVISION SEVEN
 MEDICAL PROFESSIONAL LIABILITY
 ARKANSAS EXCEPTIONS**

**SECTION I
 GENERAL RULES**

2. REFERRALS TO COMPANY

Paragraph B. is replaced by the following:

B. Rating or classifying any risk or exposure for which there is no manual rate or applicable classification. Rates shall not be inadequate, excessive or unfairly discriminatory. (For other refer to company situations, see Rule 15. Special Rule For Individual Risk Situations.)

Companies should maintain complete files, including all details of the factors used in determining the rate or classification for a particular risk.

When a risk is rated on a refer to company basis, each company is responsible for complying with regulatory requirements.

15. SPECIAL RULE FOR INDIVIDUAL RISK SITUATIONS

Paragraph B. is replaced by the following:

B. When a particular risk is modified in accordance with Paragraph A., companies should maintain a complete file, including all details of the factors used in determining the modification. Each company is responsible for complying with regulatory requirements.

Note

Rates shall not be inadequate, excessive or unfairly discriminatory.

17. INCREASED LIMITS TABLES

E. Increased Limits Tables

1. Convalescent Or Nursing Homes, Rehabilitation Hospitals And Skilled Nursing Facilities – Short Term

Aggregate	Per Medical Incident						
	\$ 400	450	200	250	300	500	1,000
\$ 300	1.00	1.11	1.17	1.22	1.26		
500	1.03	1.18	1.28	1.36	1.41	1.55	
600	1.04	1.19	1.31	1.39	1.46	1.62	
1,000		1.21	1.34	1.46	1.55	1.70	2.03
1,500		1.22	1.35	1.47	1.57	1.86	2.20
2,000					1.58	1.88	2.28
3,000							2.33

The following factors MUST be referred to company before using:

Per Medical Incident

Aggregate	Per Medical Incident						
	\$ 100	150	200	250	300	500	1,000
Aggregate	\$ 1,500		2,000		3,000		
\$ 1,500	2.32						
2,000	2.45		2.53				
3,000	2.54		2.67		2.80		
4,000	2.57		2.72		2.90		
5,000	2.58		2.73		2.93		

Table 17.E.1. Convalescent Or Nursing Homes, Rehabilitation Hospitals And Skilled Nursing Facilities – Short Term

2. Dentists

Aggregate	Per Medical Incident						
	\$ 100	150	200	250	300	500	1,000
\$ 300	1.00	1.07	1.09	1.11	1.12		
400	1.01	1.08	1.11	1.13	1.15		
500		1.09	1.13	1.15	1.17	1.20	
600		1.10	1.14	1.17	1.19	1.22	
750		1.11	1.15	1.18	1.21	1.24	
900				1.19	1.23	1.26	
1,000					1.24	1.27	1.33
1,500					1.25	1.29	1.35
2,000						1.30	1.36
2,500							1.37
3,000							1.38

The following factors MUST be referred to company before using.

Aggregate	Per Medical Incident			
	\$ 1,500	2,000	2,500	3,000
\$ 1,500	1.38			
2,000	1.39	1.42		
2,500	1.40	1.43	1.44	
3,000	1.41	1.44	1.45	1.46

Table 17.E.2. Dentists

3. Hospitals

Aggregate	Per Medical Incident						
	\$ 100	150	200	250	300	500	1,000
\$ 300	1.00	1.08	1.12	1.15	1.17		
500	1.04	1.16	1.24	1.30	1.34	1.44	
600	1.05	1.18	1.28	1.35	1.40	1.52	
1,000		1.21	1.34	1.44	1.52	1.74	1.94
1,500		1.22	1.35	1.46	1.56	1.85	2.19
2,000					1.57	1.89	2.32
3,000							2.43

The following factors MUST be referred to company before using:

Aggregate	Per Medical Incident		
	\$ 1,500	2,000	3,000
\$ 1,500	2.31		
2,000	2.51	2.59	
3,000	2.70	2.84	2.98
4,000	2.77	2.96	3.16
5,000	2.80	3.00	3.24

Table 17.E.3. Hospitals

4. Physicians

Aggregate	Per Medical Incident						
	\$ 100	150	200	250	300	500	1,000
\$ 300	1.00	1.13	1.21	1.27	1.33		
400	1.01	1.15	1.26	1.33	1.40		
500		1.16	1.28	1.38	1.46	1.64	
600		1.17	1.30	1.40	1.49	1.70	
750		1.18	1.31	1.42	1.51	1.76	
900				1.43	1.53	1.82	
1,000					1.54	1.83	2.14
1,500					1.55	1.87	2.28
2,000						1.88	2.33

Aggregate	Per Medical Incident						
	\$ 100	150	200	250	300	500	1,000
2,500							2.35
3,000							2.36
The following factors MUST be referred to company before using.							
Aggregate	Per Medical Incident						
	\$ 1,500	2,000	2,500	3,000			
\$ 1,500	2.43						
2,000	2.52	2.61					
2,500	2.56	2.67	2.74				
3,000	2.58	2.71	2.79	2.84			

Table 17.E.4. Physicians

5. Surgeons

Aggregate	Per Medical Incident						
	\$ 100	150	200	250	300	500	1,000
\$ 300	1.00	1.13	1.21	1.28	1.34		
400	1.01	1.15	1.26	1.34	1.41		
500		1.16	1.29	1.39	1.46	1.67	
600		1.17	1.30	1.41	1.50	1.73	
750		1.18	1.31	1.43	1.53	1.80	
900				1.44	1.55	1.85	
1,000					1.56	1.87	2.23
1,500					1.57	1.92	2.39
2,000						1.93	2.46
2,500							2.48
3,000							2.50
The following factors MUST be referred to company before using.							
Aggregate	Per Medical Incident						
	\$ 1,500	2,000	2,500	3,000			
\$ 1,500	2.58						
2,000	2.69	2.81					
2,500	2.75	2.89	2.97				
3,000	2.78	2.93	3.03	3.09			

Aggregate	Per Medical Incident						
	\$ 100	150	200	250	300	500	1,000

Table 17.E.5. Surgeons

6. Allied Health Care And Optometrists

Aggregate	Per Medical Incident						
	\$ 100	150	200	250	300	500	1,000
\$ 300	1.00	1.12	1.20	1.27	1.31		
400	1.01	1.14	1.24	1.31	1.35		
500		1.15	1.25	1.33	1.38	1.56	
600		1.16	1.26	1.34	1.40	1.60	
750		1.17	1.27	1.35	1.42	1.64	
900				1.36	1.44	1.66	
1,000					1.45	1.67	1.92
1,500					1.46	1.68	1.97
2,000						1.69	1.98
2,500							1.99
3,000							2.00

The following factors MUST be referred to company before using.

Aggregate	Per Medical Incident*			
	\$ 1,500	2,000	2,500	3,000
\$ 1,500	2.09			
2,000	2.13	2.20		
2,500	2.14	2.22	2.28	
3,000	2.15	2.23	2.30	2.34

* Per Optometric Incident for Optometrists

Table 17.E.6. Allied Health Care And Optometrists

7. Veterinarians

Aggregate	Per Medical Incident			
	\$ 100	250	500	1,000
\$ 300	1.00	1.02		
500		1.03	1.04	
750		1.04	1.05	

Aggregate	Per Medical Incident			
	\$ 100	250	500	1,000
1,000			1.06	1.09
2,000			1.07	1.10
3,000				1.11
The following factors MUST be referred to company before using:				
Aggregate	Per Medical Incident			
	\$ 2,000		3,000	
\$ 2,000	1.14			
3,000	1.15		1.18	

Table 17.E.7. Veterinarians

20. DESCRIPTION OF ADDITIONAL OPTIONAL ENDORSEMENTS

Paragraph D.2. is replaced by the following:

D. Coverage Amendment Endorsements

2. Coverage disputes between the company and an insured may be submitted to arbitrators by mutual agreement between the parties. When, by prior agreement, the decision of the arbitrators may be appealed to a court, attach Arkansas Changes – Non-Binding Arbitration Endorsement **PR 24 05**.

This endorsement applies to all Medical Professional Liability Coverage Parts.

21. SPECIAL RULES APPLICABLE TO THE CLAIMS-MADE COVERAGE FORMS

Paragraph B.3. does not apply.

22. YEAR 2000 COMPUTER-RELATED ENDORSEMENTS

This rule does not apply.

**SECTION II
 COVERAGE RULES**

26. HOSPITAL PROFESSIONAL LIABILITY COVERAGE (Subline Code 210)

Paragraph A.4.c. is replaced by the following:

A. Description Of Hospital Professional Liability Coverage

4. For details of coverage:

c. Refer to Mandatory State Endorsements:

- (1) Arkansas Changes Endorsement **PR 27 02**.
- (2) Arkansas Changes – Cancellation And Nonrenewal Endorsement **IL 02 31**.
- (3) Arkansas Changes – Transfer Of Rights Of Recovery Against Others To Us Endorsement **IL 01 99**.



27. PHYSICIANS, SURGEONS AND DENTISTS PROFESSIONAL LIABILITY COVERAGE (Subline Code 230)

Paragraph A.5.c. is replaced by the following:

~~A. Description Of Physicians, Surgeons And Dentists Professional Liability Coverage~~

~~5. For details of coverage:~~

~~c. Refer to Mandatory Sstate Endorsements:~~

- ~~(1) Arkansas Changes Endorsement PR 27 04.~~
- ~~(2) Arkansas Changes – Cancellation And Nonrenewal Endorsement IL 02 31.~~
- ~~(3) Arkansas Changes – Transfer Of Rights Of Recovery Against Others To Us Endorsement IL 01 99.~~

28. ALLIED HEALTH CARE PROVIDERS PROFESSIONAL LIABILITY COVERAGE (Subline Code 240)

Paragraph A.4.c. is replaced by the following:

~~A. Description Of Allied Health Care Providers Professional Liability Coverage~~

~~4. For details of coverage:~~

~~c. Refer to Mandatory Sstate Endorsements:~~

- ~~(1) Arkansas Changes Endorsement PR 27 04.~~
- ~~(2) Arkansas Changes – Cancellation And Nonrenewal Endorsement IL 02 31.~~
- ~~(3) Arkansas Changes – Transfer Of Rights Of Recovery Against Others To Us Endorsement IL 01 99.~~

29. BLOOD BANKS PROFESSIONAL LIABILITY COVERAGE (Subline Code 220)

Paragraph A.3.c. is replaced by the following:

~~A. Description Of Blood Banks Professional Liability Coverage~~

~~3. For details of coverage:~~

~~c. Refer to Mandatory Sstate Endorsements:~~

- ~~(1) Arkansas Changes Endorsement PR 27 02.~~
- ~~(2) Arkansas Changes – Cancellation And Nonrenewal Endorsement IL 02 31.~~
- ~~(3) Arkansas Changes – Transfer Of Rights Of Recovery Against Others To Us Endorsement IL 01 99.~~

30. DIAGNOSTIC TESTING LABORATORIES PROFESSIONAL LIABILITY COVERAGE (Subline Code 220)

Paragraph A.3.c. is replaced by the following:

~~A. Description Of Diagnostic Testing Laboratories Professional Liability Coverage~~

~~3. For details of coverage:~~

~~c. Refer to Mandatory Sstate Endorsements:~~

- ~~(1) Arkansas Changes Endorsement PR 27 03.~~
- ~~(2) Arkansas Changes – Cancellation And Nonrenewal Endorsement IL 02 31.~~
- ~~(3) Arkansas Changes – Transfer Of Rights Of Recovery Against Others To Us Endorsement IL 01 99.~~

31. OPTOMETRISTS PROFESSIONAL LIABILITY COVERAGE (Subline Code 240)

Paragraph A.3.c. is replaced by the following:

~~A. Description Of Optometrists Professional Liability Coverage~~

~~3. For details of coverage:~~

~~c. Refer to Mandatory State Endorsements:~~

- ~~(1) Arkansas Changes Endorsement PR 27 05.~~
- ~~(2) Arkansas Changes – Cancellation And Nonrenewal Endorsement IL 02 31.~~
- ~~(3) Arkansas Changes – Transfer Of Rights Of Recovery Against Others To Us Endorsement IL 01 99.~~

32. VETERINARIANS PROFESSIONAL LIABILITY COVERAGE (Subline Code 317)

Paragraph A.3.c. is replaced by the following:

~~A. Description Of Veterinarians Professional Liability Coverage~~

~~3. For details of coverage:~~

~~c. Refer to Mandatory State Endorsements:~~

- ~~(1) Arkansas Changes Endorsement PR 27 06.~~
- ~~(2) Arkansas Changes – Cancellation And Nonrenewal Endorsement IL 02 31.~~
- ~~(3) Arkansas Changes – Transfer Of Rights Of Recovery Against Others To Us Endorsement IL 01 99.~~

**SECTION III
CLASSIFICATIONS**

38. MISCELLANEOUS MEDICAL PROFESSIONAL CLASSIFICATIONS

Paragraph A. is revised as follows:

~~A. Individual Risks~~

~~The Veterinarians classification is replaced by the following:~~

Classification	Class Code	Premium Base
Veterinarians	07220	f

TERRITORY DEFINITIONS

Hospital Professional Liability (Subline Code 210) Miscellaneous Liability – Professional – Excluding Veterinarians Professional Liability (Subline Codes 220 or 240) Physicians, Surgeons and Dentists Professional Liability (Subline Code 230)	ENTIRE STATE	999
Veterinarians Professional Liability (Subline Code 317)	ENTIRE STATE	999

RATING RELATIVITIES AND FACTORS

17. INCREASED LIMITS TABLES

Aggregate	Per Medical Incident						
	\$ 100	200	250	300	500	750	1,000
\$ 300	0.56	0.65	0.68	0.70			
400	0.57	0.68	0.72	0.74			
500	0.58	0.70	0.74	0.78	0.85		
600	0.59	0.72	0.76	0.80	0.88		
750			0.78	0.82	0.92	0.97	
900			0.80	0.84	0.95	1.02	
1,000			0.81	0.85	0.97	1.05	1.10
1,500			0.82	0.86	1.00	1.13	1.20
2,000				0.87	1.01	1.16	1.25
2,500						1.17	1.27
3,000							1.29

The following factors MUST be referred to company before using.

Aggregate	Per Medical Incident			
	\$ 1,500	2,000	2,500	3,000
\$ 1,500	1.28			
2,000	1.36	1.41		
2,500	1.40	1.47	1.51	
3,000	1.42	1.50	1.56	1.59
4,000	1.44	1.53	1.60	1.66
5,000	1.45	1.55	1.62	1.68

Table 17.E.#1(RF) Convalescent Or Nursing Homes, Rehabilitation Hospitals And Skilled Nursing Facilities – Short Term

Aggregate	Per Medical Incident						
	\$ 100	200	250	300	500	750	1,000
\$ 300	0.78	0.82	0.83	0.84			
400	0.79	0.84	0.85	0.86			
500	0.80	0.86	0.87	0.88	0.92		
600	0.81	0.88	0.89	0.90	0.94		
750			0.91	0.92	0.96	0.99	
900			0.93	0.94	0.98	1.01	
1,000			0.94	0.95	0.99	1.02	1.03
1,500			0.95	0.96	1.00	1.03	1.04
2,000				0.97	1.01	1.04	1.05
2,500						1.05	1.06
3,000							1.07

The following factors MUST be referred to company before using.

Aggregate	Per Medical Incident			
	\$ 1,500	2,000	2,500	3,000
\$ 1,500	1.06			
2,000	1.07	1.09		
2,500	1.08	1.10	1.12	
3,000	1.09	1.11	1.13	1.14
4,000	1.10	1.12	1.14	1.15
5,000	1.11	1.13	1.15	1.16

Table 17.E.#2(RF) Dentists

Aggregate	Per Medical Incident						
	\$ 100	200	250	300	500	750	1,000
\$ 300	0.57	0.63	0.65	0.66			
400	0.58	0.67	0.69	0.71			
500	0.59	0.69	0.73	0.75	0.80		
600	0.60	0.71	0.75	0.78	0.84		
750		0.73	0.77	0.80	0.89	0.91	
900		0.75	0.79	0.82	0.93	0.97	
1,000		0.76	0.80	0.83	0.95	1.00	1.04
1,500		0.77	0.81	0.85	1.00	1.12	1.19
2,000				0.86	1.03	1.18	1.28
2,500						1.21	1.33
3,000							1.36

The following factors MUST be referred to company before using.

Aggregate	Per Medical Incident			
	\$ 1,500	2,000	2,500	3,000
\$ 1,500	1.27			
2,000	1.39	1.44		
2,500	1.47	1.55	1.58	
3,000	1.52	1.62	1.67	1.70
4,000	1.58	1.70	1.77	1.83
5,000	1.60	1.73	1.83	1.90

Table 17.E.#3(RF) Hospitals

Aggregate	Per Medical Incident						
	\$ 100	200	250	300	500	750	1,000
\$ 300	0.55	0.66	0.70	0.72			
400	0.56	0.68	0.72	0.76			
500	0.57	0.70	0.74	0.78	0.89		
600	0.58	0.72	0.76	0.80	0.92		
750		0.74	0.78	0.82	0.95	1.03	
900		0.76	0.80	0.84	0.97	1.07	
1,000		0.77	0.81	0.85	0.98	1.09	1.16
1,500		0.78	0.82	0.86	1.00	1.15	1.24
2,000				0.87	1.01	1.17	1.27
2,500						1.18	1.29
3,000							1.30
The following factors MUST be referred to company before using.							
Aggregate	Per Medical Incident						
	\$ 1,500	2,000	2,500	3,000			
\$ 1,500	1.33						
2,000	1.39	1.45					
2,500	1.42	1.49		1.53			
3,000	1.43	1.51		1.56		1.60	
4,000	1.44	1.53		1.59		1.64	
5,000	1.45	1.54		1.60		1.65	

Table 17.E.#4(RF) Physicians

Aggregate	Per Medical Incident						
	\$ 100	200	250	300	500	750	1,000
\$ 300	0.54	0.65	0.68	0.71			
400	0.55	0.67	0.71	0.75			
500	0.56	0.69	0.73	0.77	0.88		
600	0.57	0.71	0.75	0.79	0.91		
750		0.73	0.77	0.81	0.94	1.03	
900		0.75	0.79	0.83	0.97	1.08	
1,000		0.76	0.80	0.84	0.98	1.10	1.18
1,500		0.77	0.81	0.85	1.00	1.17	1.27
2,000				0.86	1.01	1.19	1.31
2,500						1.20	1.33
3,000							1.34

The following factors MUST be referred to company before using.

Aggregate	Per Medical Incident			
	\$ 1,500	2,000	2,500	3,000
\$ 1,500	1.38			
2,000	1.45	1.52		
2,500	1.49	1.57	1.63	
3,000	1.51	1.60	1.67	1.71
4,000	1.52	1.63	1.71	1.76
5,000	1.53	1.64	1.72	1.78

Table 17.E.#5(RF) Surgeons

Aggregate	Per Medical Incident						
	\$ 100	200	250	300	500	750	1,000
\$ 300	0.61	0.70	0.73	0.76			
400	0.62	0.72	0.75	0.78			
500	0.63	0.74	0.77	0.80	0.92		
600	0.64	0.76	0.79	0.82	0.94		
750			0.81	0.84	0.96	1.06	
900			0.83	0.86	0.98	1.08	
1,000			0.84	0.87	0.99	1.09	1.15
1,500			0.85	0.88	1.00	1.12	1.18
2,000				0.89	1.01	1.13	1.19
2,500						1.14	1.20
3,000							1.21

The following factors MUST be referred to company before using.

Aggregate	Per Medical Incident*			
	\$ 1,500	2,000	2,500	3,000
\$ 1,500	1.27			
2,000	1.28	1.34		
2,500	1.29	1.35	1.40	
3,000	1.30	1.36	1.41	1.45
4,000	1.31	1.37	1.42	1.46
5,000	1.32	1.38	1.43	1.47

* Per Optometric Incident for Optometrists

Table 17.E.#6(RF) Allied Health Care And Optometrists

Aggregate	Per Medical Incident						
	\$ 100	200	250	300	500	750	1,000
\$ 300	0.83	0.85	0.86	0.87			
400	0.84	0.87	0.88	0.89			
500	0.85	0.89	0.90	0.91	0.92		
600	0.86	0.91	0.92	0.93	0.94		
750		0.93	0.94	0.95	0.96	0.97	
900		0.95	0.96	0.97	0.98	0.99	
1,000		0.96	0.97	0.98	0.99	1.00	1.01
1,500		0.97	0.98	0.99	1.00	1.01	1.02
2,000				1.00	1.01	1.02	1.03
2,500						1.03	1.04
3,000							1.05

The following factors MUST be referred to company before using.

Aggregate	Per Medical Incident			
	\$ 1,500	2,000	2,500	3,000
\$ 1,500	1.03			
2,000	1.04	1.05		
2,500	1.05	1.06	1.07	
3,000	1.06	1.07	1.08	1.09
4,000	1.07	1.08	1.09	1.10
5,000	1.08	1.09	1.10	1.11

Table 17.E.#7(RF) Veterinarians

CLASSIFICATIONS – MISCELLANEOUS MEDICAL PROFESSIONAL

The following description is replaced:

<u>Description</u>	<u>Class Code</u>	<u>Premium Base</u>	<u>Notes</u>
<u>Veterinarians</u>	<u>07220</u>	<u>r</u>	

Table #14(CT) Miscellaneous Medical – Individual Risks

Actuarial Support

Overview Of Calculation Of Revised Increased Limit Factors

Objective

The objective of this procedure is to revise the existing Increased Limits factors (ILFs), which are based on the basic limit of \$100,000, to reflect the new basic limit of \$500,000. The factors calculated here are for policies that are subject to occurrence limits, but not annual aggregate limits. The rules display for Rule 17.E. shows the resulting occurrence/aggregate increased limit factors that we are filing.

Overview of Procedure

The revised ILFs are derived by dividing the current ILFs at each limit by the current ILF for a policy limit of \$500,000 (the new basic limit of \$500,000 will have an ILF value of 1.00).

For limits below the revised basic limit of \$500,000, new decreased limit factors are provided. The decreased limit factors are calculated by dividing the current (without risk load) ILFs for all limits below \$500,000 by the current (without risk load) ILF for a policy limit of \$500,000. This ensures that all decreased limit factors (as well as the new \$500,000 basic limit ILF of 1.00) do not include a risk load provision.

For Hospitals, Physicians and Surgeons Liability, the risk load parameter was then rebalanced to generate increased limit factors for higher limits through \$10,000,000 that are on average 6.0% greater than the factors would be excluding any reflection of risk.

This parameter was then used to generate the risk load provisions for the Dentists, Nursing Homes, and Allied Health Care tables.

Attached Exhibits

- ◆ Explanatory Notes to Tables
- ◆ Conversion to New Basic Limit - Hospitals
- ◆ Conversion to New Basic Limit - Physicians
- ◆ Conversion to New Basic Limit - Surgeons
- ◆ Conversion to New Basic Limit - Dentists
- ◆ Conversion to New Basic Limit - Allied Health

Company Decision

We encourage each insurer to decide independently whether the judgments made and the procedures or data used by ISO in developing increased limit factors are appropriate. We have included within this document the information upon which ISO relied in order to enable companies to make such independent judgments.

The data underlying the enclosed material comes from companies reporting to ISO. Therefore, the ISO statistical database is much bigger than any individual company's. A broader database enhances the validity of the ratemaking analysis. At the same time, an individual company may benefit from a comparison of its own experience to the aggregate ISO experience and may reach valid conclusions with respect to the manner in which its own costs can be expected to differ from ISO's projections based on the aggregate data.

Some calculations included in this document involve areas of ISO staff judgment. Each company should carefully review and evaluate its own experience in order to determine whether the increased limit factors developed by ISO are appropriate for its use.

This material has been developed exclusively by the staff of ISO.

Explanatory Notes To Tables

COLUMN (1)	<p><u>POLICY LIMIT ('000s)</u></p> <p>ISO does not file factors for occurrence limits above \$3,000,000 for Medical Professional Liability. The weighted Limits above \$3,000,000 are shown for informational purposes only.</p>
COLUMN (2)	<p><u>2006 MULTISTATE BASIC LIMIT LOSS WEIGHT</u></p> <p>Weights are based on reported basic limit indemnity and allocated loss adjustment expense (ALAE) contained in the 2006 Medical Professional Increased Limit review.</p>
COLUMN (3)	<p><u>CURRENT ILF (\$100,000 BASIC LIMIT)</u></p> <p>The increased limit factors currently in effect (based on the 2006 review)</p>
COLUMN (4)	<p><u>PROPOSED ILF (NEW BASIC LIMIT OF \$500,000)</u></p> <p>The revised factors are derived by dividing the current ILFs without risk load for policies less than or equal to a \$500,000 limit by the current ILF without risk load for a policy limit of \$500,000.</p> <p>The revised factors for limits greater than \$500,000 are derived by dividing the current ILF factor for the limit by the current ILF at \$500,000.</p> <p>In order to properly reflect the greater risk associated with higher policy limits, we use a risk load procedure. For Hospitals, Physicians, and Surgeons Liability, this procedure generates increased limit factors for higher limits through \$10,000,000 that are on average 6.0% greater than the factors would be excluding any reflection of risk.</p> <p>The proposed ILFs reflect a rebalancing of the risk load parameter so that the overall risk load provision remains 6.0%, while ensuring that all decreased limit factors (as well as the new \$500,000 basic limit ILF of 1.00) do not include a risk load provision.</p> <p>This parameter was then used to generate the risk load provisions for limits greater than \$500,000 for the Dentists, Nursing Homes, and Allied Health Care tables.</p>

COLUMN (5)

COMBINED EFFECT OF FILED ILF AND ADJUSTMENT
FACTOR

In order to compare the new ILFs based on a \$500,000 basic limit to the current ILFs based on a \$100,000 basic limit, it is necessary to apply a conversion factor to convert the increased coverage included in the new \$500,000 basic limit loss cost to the old coverage limit of \$100,000. The conversion factor is the current ILF without risk load at the \$500,000 limit. Line (7) displays the conversion factor -- the current \$500,000 ILF without risk load factor -- from the latest 2006 review.

The resulting factors in Column (5) are the product of the Line (7) and the proposed ILF (Column (4)) at each limit. These factors are effectively the proposed ILFs re-stated on a \$100,000 basis for comparison purposes.

COLUMN (6)

COMPARISON OF CURRENT ILF TO FILED ILF

The percentage difference between Column (3) and Column (5). The Total line displays the overall weighted average of the differences for policy limits through \$3,000,000.

Conversion to New Basic Limit (100K to 500K)

HOSPITALS

(1)	(2)	(3)	(4)	(5)	(6)
Policy Limit (\$,000) *	Multistate Basic Limit Loss Weight	Current ILF 100K Basic Limit	Proposed ILF 500K Basic Limit	(4) x (7) Combined effect of Filed ILF and Conversion Factor	(5) / (3) Comparison of Current ILF to Filed ILF
100	0.0003	1.00	0.58	1.00	0.0%
200	0.0026	1.28	0.72	1.25	-2.3%
250	0.0248	1.39	0.78	1.35	-2.9%
300	0.0018	1.49	0.83	1.44	-3.4%
500	0.1221	1.81	1.00	1.73	-4.4%
750	0.0000	2.11	1.19	2.05	-2.8%
1,000	0.7917	2.33	1.33	2.30	-1.3%
1,500	0.0101	2.65	1.54	2.66	0.4%
2,000	0.0415	2.87	1.68	2.91	1.4%
2,500	0.0000	3.02	1.79	3.10	2.6%
<u>3,000</u>	<u>0.0050</u>	<u>3.14</u>	<u>1.88</u>	<u>3.25</u>	<u>3.5%</u>
TOTAL	1.0000	2.268	1.294	2.236	-1.4%
4,000	0.0000	3.33	2.02	3.50	5.1%
5,000	0.0000	3.47	2.13	3.68	6.1%
10,000	0.0000	3.90	2.49	4.31	10.5%

(7) Conversion Factor = 1.73
 The Conversion Factor is equal to the Current ILF without Risk Load for \$500,000. The Conversion Factor is used to convert the increased coverage included in the new \$500,000 basic limit loss cost to the old coverage limit of \$100,000.

* ISO does not file occurrence limits above \$3,000,000 for Medical Professional Liability. Limits above \$3,000,000 are shown for informational purposes only.

Conversion to New Basic Limit (100K to 500K)

PHYSICIANS

(1)	(2)	(3)	(4)	(5)	(6)
Policy Limit (\$,000) *	Multistate Basic Limit Loss Weight	Current ILF 100K Basic Limit	Proposed ILF 500K Basic Limit	(4) x (7) Combined effect of Filed ILF and Conversion Factor	(5) / (3) Comparison of Current ILF to Filed ILF
100	0.0123	1.00	0.56	1.00	0.0%
200	0.0067	1.29	0.71	1.28	-0.8%
250	0.0295	1.41	0.77	1.39	-1.4%
300	0.0071	1.52	0.83	1.49	-2.0%
500	0.1689	1.86	1.00	1.80	-3.2%
750	0.0000	2.14	1.16	2.09	-2.3%
1,000	0.4824	2.33	1.28	2.31	-0.9%
1,500	0.0399	2.56	1.43	2.57	0.4%
2,000	0.1936	2.70	1.52	2.74	1.5%
2,500	0.0000	2.80	1.59	2.86	2.1%
<u>3,000</u>	<u>0.0597</u>	<u>2.88</u>	<u>1.64</u>	<u>2.96</u>	<u>2.8%</u>
TOTAL	1.0000	2.308	1.276	2.300	-0.3%
4,000	0.0000	3.00	1.73	3.11	3.7%
5,000	0.0000	3.09	1.80	3.23	4.5%
10,000	0.0000	3.34	2.01	3.61	8.1%

(7) Conversion Factor = 1.80
 The Conversion Factor is equal to the Current ILF without Risk Load for \$500,000. The Conversion Factor is used to convert the increased coverage included in the new \$500,000 basic limit loss cost to the old coverage limit of \$100,000.

* ISO does not file occurrence limits above \$3,000,000 for Medical Professional Liability. Limits above \$3,000,000 are shown for informational purposes only.

Conversion to New Basic Limit (100K to 500K)

SURGEONS

(1)	(2)	(3)	(4)	(5)	(6)
Policy Limit (\$,000) *	Multistate Basic Limit Loss Weight	Current ILF 100K Basic Limit	Proposed ILF 500K Basic Limit	(4) x (7) Combined effect of Filed ILF and Conversion Factor	(5) / (3) Comparison of Current ILF to Filed ILF
100	0.0041	1.00	0.54	1.00	0.0%
200	0.0040	1.30	0.70	1.28	-1.5%
250	0.0341	1.43	0.76	1.40	-2.1%
300	0.0009	1.54	0.82	1.50	-2.6%
500	0.1382	1.91	1.00	1.84	-3.7%
750	0.0000	2.24	1.19	2.19	-2.2%
1,000	0.4853	2.47	1.33	2.44	-1.2%
1,500	0.0221	2.77	1.51	2.78	0.4%
2,000	0.2085	2.95	1.63	3.00	1.7%
2,500	0.0000	3.07	1.71	3.15	2.6%
<u>3,000</u>	<u>0.1029</u>	<u>3.17</u>	<u>1.78</u>	<u>3.27</u>	<u>3.2%</u>
TOTAL	1.0000	2.524	1.369	2.520	-0.2%
4,000	0.0000	3.33	1.89	3.48	4.5%
5,000	0.0000	3.46	1.99	3.65	5.5%
10,000	0.0000	3.88	2.33	4.28	10.3%

(7) Conversion Factor = 1.84
 The Conversion Factor is equal to the Current ILF without Risk Load for \$500,000. The Conversion Factor is used to convert the increased coverage included in the new \$500,000 basic limit loss cost to the old coverage limit of \$100,000.

* ISO does not file occurrence limits above \$3,000,000 for Medical Professional Liability. Limits above \$3,000,000 are shown for informational purposes only.

Severity Class	Multistate Basic Limit Loss Weight	Current ILF 100K Basic Limit	ILF 500K Basic Limit	Combined effect of new ILF and w/o RL 500K *	% Difference Combined ILF vs. Current ILF
PHYSICIANS	0.5513	2.308	1.276	2.300	-0.3%
<u>SURGEONS</u>	<u>0.4487</u>	<u>2.524</u>	<u>1.369</u>	<u>2.520</u>	<u>-0.2%</u>
P&S Combined	1.0000	2.405	1.318	2.399	-0.2%
HOSPITALS	0.0602	2.268	1.294	2.236	-1.4%
<u>P&S Combined</u>	<u>0.9398</u>	<u>2.405</u>	<u>1.318</u>	<u>2.399</u>	<u>-0.2%</u>
All Medical	1.0000	2.397	1.317	2.389	-0.3%

Conversion to New Basic Limit (100K to 500K)

DENTISTS

(1)	(2)	(3)	(4)	(5)	(6)
Policy Limit (\$,000) *	Multistate Basic Limit Loss Weight	Current ILF 100K Basic Limit	Proposed ILF 500K Basic Limit	(4) x (7) Combined effect of Filed ILF and Conversion Factor	(5) / (3) Comparison of Current ILF to Filed ILF
100	0.0842	1.00	0.78	1.00	0.0%
200	0.0289	1.14	0.89	1.14	0.0%
250	0.0190	1.18	0.92	1.18	0.0%
300	0.0037	1.21	0.95	1.22	0.8%
500	0.0349	1.29	1.00	1.28	-0.8%
750	0.0000	1.34	1.05	1.34	0.0%
1,000	0.7091	1.37	1.08	1.38	0.7%
1,500	0.0073	1.41	1.11	1.42	0.7%
2,000	0.0814	1.43	1.13	1.45	1.4%
2,500	0.0000	1.45	1.15	1.47	1.4%
<u>3,000</u>	<u>0.0316</u>	<u>1.46</u>	<u>1.16</u>	<u>1.48</u>	<u>1.4%</u>
TOTAL	1.0000	1.333	1.050	1.342	0.7%
4,000	0.0000	1.49	1.18	1.51	1.3%
5,000	0.0000	1.50	1.20	1.54	2.7%
10,000	0.0000	1.55	1.26	1.61	3.9%

(7) Conversion Factor = 1.28
 The Conversion Factor is equal to the Current ILF without Risk Load for \$500,000. The Conversion Factor is used to convert the increased coverage included in the new \$500,000 basic limit loss cost to the old coverage limit of \$100,000.

* ISO does not file occurrence limits above \$3,000,000 for Medical Professional Liability. Limits above \$3,000,000 are shown for informational purposes only.

Conversion to New Basic Limit (100K to 500K)

NURSING HOMES

(1)	(2)	(3)	(4)	(5)	(6)
Policy Limit (\$,000) *	Multistate Basic Limit Loss Weight	Current ILF 100K Basic Limit	Proposed ILF 500K Basic Limit	(4) x (7) Combined effect of Filed ILF and Conversion Factor	(5) / (3) Comparison of Current ILF to Filed ILF
100	0.0091	1.00	0.57	0.99	-1.0%
200	0.0000	1.30	0.73	1.27	-2.3%
250	0.0000	1.42	0.79	1.37	-3.5%
300	0.0060	1.52	0.84	1.46	-3.9%
500	0.1347	1.82	1.00	1.74	-4.4%
750	0.0000	2.07	1.15	2.00	-3.4%
1,000	0.8415	2.25	1.27	2.21	-1.8%
1,500	0.0000	2.48	1.42	2.47	-0.4%
2,000	0.0071	2.63	1.52	2.64	0.4%
2,500	0.0000	2.74	1.60	2.78	1.5%
<u>3,000</u>	<u>0.0016</u>	<u>2.84</u>	<u>1.66</u>	<u>2.89</u>	<u>1.8%</u>
TOTAL	1.0000	2.180	1.227	2.135	-2.1%
4,000	0.0000	3.00	1.78	3.10	3.3%
5,000	0.0000	3.14	1.89	3.29	4.8%
10,000	0.0000	3.61	2.28	3.97	10.0%

(7) Conversion Factor = 1.74
 The Conversion Factor is equal to the Current ILF without Risk Load for \$500,000. The Conversion Factor is used to convert the increased coverage included in the new \$500,000 basic limit loss cost to the old coverage limit of \$100,000.

* ISO does not file occurrence limits above \$3,000,000 for Medical Professional Liability. Limits above \$3,000,000 are shown for informational purposes only.

Conversion to New Basic Limit (100K to 500K)

ALLIED HEALTH

(1) Policy Limit (\$,000) *	(2) Multistate Basic Limit Loss Weight	(3) Current ILF 100K Basic Limit	(4) Proposed ILF 500K Basic Limit	(5) (4) x (7) Combined effect of Filed ILF and Conversion Factor	(6) (5) / (3) Comparison of Current ILF to Filed ILF
100	0.0181	1.00	0.61	1.00	0.0%
200	0.0503	1.26	0.76	1.25	-0.8%
250	0.0045	1.35	0.82	1.34	-0.7%
300	0.0000	1.43	0.86	1.41	-1.4%
500	0.0361	1.67	1.00	1.64	-1.8%
750	0.0000	1.87	1.13	1.85	-1.1%
1,000	0.8257	1.99	1.22	2.00	0.5%
1,500	0.0087	2.14	1.31	2.15	0.5%
2,000	0.0458	2.23	1.38	2.26	1.3%
2,500	0.0000	2.30	1.43	2.35	2.2%
<u>3,000</u>	<u>0.0108</u>	<u>2.35</u>	<u>1.48</u>	<u>2.43</u>	<u>3.4%</u>
TOTAL	1.0000	1.937	1.187	1.946	0.5%
4,000	0.0000	2.45	1.55	2.54	3.7%
5,000	0.0000	2.52	1.62	2.66	5.6%
10,000	0.0000	2.73	1.81	2.97	8.8%

(7) Conversion Factor = 1.64
 The Conversion Factor is equal to the Current ILF without Risk Load for \$500,000. The Conversion Factor is used to convert the increased coverage included in the new \$500,000 basic limit loss cost to the old coverage limit of \$100,000.

* ISO does not file occurrence limits above \$3,000,000 for Medical Professional Liability. Limits above \$3,000,000 are shown for informational purposes only.

Severity Class	Multistate Basic Limit Loss Weight	Current ILF 100K Basic Limit	ILF 500K Basic Limit	Combined effect of new ILF and w/o RL 500K *	% Difference Combined ILF vs. Current ILF
DENTISTS	0.3817	1.333	1.050	1.342	0.7%
NURSING HOMES	0.1719	2.180	1.227	2.135	-2.1%
<u>ALLIED HEALTH</u>	<u>0.4464</u>	<u>1.937</u>	<u>1.187</u>	<u>1.946</u>	<u>0.5%</u>
All Minor Medical	1.0000	1.748	1.142	1.748	0.0%

2008 Medical Professional Liability Multistate Rules Revision

About This Filing

This filing revises Division Seven - Professional Liability - Commercial Lines Manual (CLM), to reflect a change in the name of the program to Medical Professional Liability, introduce a new Rating Relativities and Factors Section, introduce a new Classification Table Section, and make other revisions to the rules.

This filing consists of:

- Table of Contents
- Section I - Explanatory Material
- Section II - Attachment of Multistate Rule Revisions
- Section III - Medical Professional Liability Rating Relativities and Factors
- Section IV - Classification Table
- Section V - Actuarial Support

Related Filing(s)

- PR-2007-OFR07 (Forms)
- CL-2007-OPR07 (Interline Forms)

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Section I - Explanatory Material

Several multistate rules are being revised to reflect:

- The change in program name to Division Seven - Medical Professional Liability;
- A change in the basic limits applicable to Medical Professional Liability insurance;
- The new Rating Relativities and Factors section;
- The introduction of the Classification Table Section; and
- Other rule revisions.

Explanation of Changes

Change In The Name Of The Professional Liability Line Of Business

In the current marketplace, insurers make available various insurance programs that fall under a broad category referred to as professional liability. In referring to the NAIC Uniform Property and Casualty Product Code Matrix, one finds the following insurance programs: (1) Medical Malpractice; (2) Director and Officers Liability; (3) Employment Practices Liability; (4) Kidnap and Ransom Liability; (5) Professional Errors and Omissions Liability; and (6) Internet Liability.

In order to distinguish ISO's current medical professional liability program from other non-medical professional liability programs, we are changing the name of Division Seven of the CLM from Professional Liability to Medical Professional Liability, a term which more precisely describes the coverage provided.

The new Medical Professional Liability manual replaces the current manual in its entirety.

Change in Basic Limits

The basic limits applicable to Medical Professional Liability insurance are being revised from \$100,000/300,000 to \$500,000/1,500,000.

Accordingly, we are revising the following rules to reflect this change:

- Rule 26. Hospital Professional Liability Coverage
- Rule 27. Physicians, Surgeons and Dentists Professional Liability Coverage
- Rule 28. Allied Health Care Providers Professional Liability Coverage
- Rule 29. Blood Banks Professional Liability Coverage
- Rule 30. Diagnostic Testing Laboratories Professional Liability Coverage
- Rule 31. Optometrists Professional Liability Coverage
- Rule 32. Veterinarians Professional Liability Coverage

In addition, the increased limits factors associated with multistate Rule 17.E. are being re-indexed to reflect the change in the basic limits. Refer to the state supplement filings for those factors.

Finally, the deductible factors display for Rule 18. is being revised to reflect the revised basic limits and will be displayed in the new Rating Relativities and Factor section of the manual. Refer to Section V of this filing for the actuarial support.

Miscellaneous Rule Changes

Rule 1. Application Of This Division

In paragraph 1.B., we have added reference to the new Rating Relativities and Factors and Classification Table Sections of the manual. It is intended that users of the manual refer to these sections for the latest complete list of Multistate Rating Relativities and Factors and Classifications.

Rule 3. Effective Or Distribution Date

The term *distribution date* is no longer used in ISO products, as such stated dates did not always coincide with the months within which these products were actually distributed. Therefore, Rule 3. is being renamed Effective Date and the term *distribution date* is also deleted from the text of this rule.

Rule 19. Premium Determination

Since the claims-made multipliers are being re-located to the Rating Relativities and Factors section of the manual, we are revising paragraph D. to refer to the appropriate rating factor table.

Rule 29. Blood Banks Professional Liability Coverage

As part of Professional Liability filing PR-2006-IALL1, (or PR-2007-IALL1 in some jurisdictions), we withdrew the Blood Banks Increased Limits Table and advised that the increased limits factors for Blood Banks should use the Allied Health Care Table. As part of PR-2007-RDD07, we removed the deductible discount factors for Blood Banks from the Hospitals Deductible Discount Table and advised that the Blood Bank deductible discount factors are now found in the Allied Health Care Table.

We are taking this opportunity to revise paragraphs C. Increased Limits and Paragraph E. Deductible Endorsement, to provide instruction on the use of the appropriate increased limits and deductible factors for Blood Banks.

Rule 30. Diagnostic Testing Laboratories and Rule 31. Optometrists (Professional Liability Coverage)

As part of Professional Liability filing PR-2006-IALL1, (or PR-2007-IALL1 in some jurisdictions), we withdrew the Diagnostic Testing Labs Increased Limit Table and advised that the increased limits factors for Diagnostic Testing Labs should use the Allied Health Care Table. Currently, the deductible discount factors for Allied Health Care are used for Diagnostic Testing Laboratories and Optometrists.

We are taking this opportunity to revise Rule 30. and Rule 31. to provide instruction on the use of the appropriate increased limits and deductible factors for Diagnostic Testing Laboratories and Optometrists, as appropriate.

Rule 33. Classifications

Current Rule 33. is being deleted and relocated to the new Classification Table Section.

Rule 34. Classifications Procedures

This rule, re-numbered Rule 33., has been revised to reflect the new Classification Table and Rating Factor table references as discussed in this filing.

Rules 35. - 39.

We have deleted Rules 35. through 39. of Section II Coverage Rules. This information is being relocated to the new Classification Table Section.

Subline Codes

The references to Subline Codes are being deleted to complement ISO's plans to eliminate all non-rating specific statistical codes from its individual line of insurance manuals. The most current up-to-date statistical codes are located in the Commercial Statistical Plan (CSP) manual.

Editorial Revisions

Various rules have been editorially revised to conform with ISO's uniformity standards.

Rating Relativities And Factors Section

In this filing, we are adding a new Rating Relativities And Factors Section to Division Seven of the CLM. The Rating Relativities And Factors Section includes in table format the factors used in the various rating procedures in Division Seven. Rating factors are deleted from the multistate rules and relocated to the new Rating Relativities And Factors Section, as shown in Section III of this filing. Each table in the Rating Relativities And Factors Section is designated with the rule number of the multistate rule in which the factors in that table are used and with the suffix (RF).

As an example, a table used in a given paragraph, which had been displayed in the multistate rules and designated as Table X, it is now relocated to the Rating Relativities And Factors Section and designated as Table X.(RF). The multistate rule references the newly designated table; i.e. Rule states "Refer to Table X. (RF)." The name of the table will appear in the caption of the relocated table in the Rating Relativities And Factors Section.

Rating factors for the following rules are displayed in the new Rating Relativities And Factors Section:

- Rule 5. Premium Computation
- Rule 11. Policy Cancellations
- Rule 17. Increased Limits Tables (state exceptions only)
- Rule 18. Deductibles
- Rule 21. Special Rules Applicable To The Claims-Made Coverage Forms
- Rule 33. Classification Procedures

The Rating Factor Pages will also reflect any applicable factors shown in the Classification Table that are being relocated to a new section of the Division Seven of the CLM -Medical Professional Liability.

Classification Table Section

New Classification Table Section

Currently, the Medical Professional Liability rules display the Classification codes and descriptions for that line of business.

With this filing, a separate section has been created within Division Seven - Medical Professional Liability manual to display classification information similar to what is included in the current Medical Professional Liability rules. The classification rules in Rule 33. and the classification tables shown in rules 35. - 38. are being deleted from the rules section and relocated to the new Classification Table Section of the Medical Professional Liability Manual.

Also Rule 39. which contains the Medical and Surgical Specialties Glossary, Special Areas of Dental Practice, and Approved Specialty Boards and Certificate Categories, has been relocated to the new Classification Table section.

As such, the new Classification Table Section will reflect the following as currently contained in the rules section:

- Classification rules
- Definitions of Medical and Surgical /Dental Terminology
- Hospital Classifications
- Physicians And Surgeons Classifications
- Dentists Classifications
- Miscellaneous Medical Professional Classifications
- Approved Specialty Boards and Certificate Categories

The new table reference will be shown as referenced in the following example for Hospital Risks: Table #1(CT) - Hospital Risks.

Additionally, the footnotes will be displayed on the note column next to the class code for which it applies.

Miscellaneous Classification Tables Changes

We are making the following changes:

- Various editorial revisions have been made to the Definitions, Abbreviations And Symbols section to add paragraph subheadings to the definitions contained in the rule. Due to the formatting of the new Classification Table Section, the definition with respect to the "number shown in parentheses" has been deleted. This information will now be shown in the last column of the Classification Table under "Notes", and will no longer display a company use column.
- The Special Areas Of Dental Practice, has been updated to reflect the addition of Oral and Maxillofacial Radiology as a dental specialty based upon information contained in the American Dental Association website (www.ada.org).
- The note applicable to Employed Nurse Anesthetist classification shown in Table #7(CT) Physicians and Surgeons - Additional Charges, has been revised to correct Anesthesiology Codes 80151 and 84151 to indicate 80181 and 84181, respectively.
- The Approved Specialty Boards And Certificate Categories table to reflect the latest Certificates and Subspecialty Categories information offered by the American Board of Medical Specialties based on information contained in the 2006 Annual Review of ABMS and information available on their website (www.abms.org).

New Doctor of Osteopathy Codes

D.O. (Doctor of Osteopathy) codes are being introduced for various classes that correspond to M.D. (Medical Doctor) classes where D.O. codes were not previously listed. The following are the codes that are being added:

Physicians and Surgeons Classifications

<u>Description</u>	<u>D.O. Codes</u>
Broncho-esophagology	84101
Diabetes (minor surgery)	84271
Diabetes (no surgery)	84237
Hypnosis	84232

New Doctor of Osteopathy Codes (Cont'd)

<u>Description</u>	<u>D.O. Codes</u>
Infectious Diseases (minor surgery)	84279
Infectious Diseases (no surgery)	84246
Laryngology (minor surgery)	84285
Laryngology (no surgery)	84258
Legal Medicine	84240
Neoplastic Diseases (minor surgery)	84286
Neoplastic Diseases (no surgery)	84259
Nephrology (minor surgery)	84287
Nephrology (no surgery)	84260
Nutrition	84248
Psychoanalysis	84250
Rhinology (minor surgery)	84270
Rhinology (no surgery)	84247
Teaching Physicians (minor surgery)	84322
Teaching Physicians (no surgery)	84321
Teaching Physicians or Surgeons major surgery	84323, 84324, 84325, 84326, 84327

Surgery Classifications

<u>Description</u>	<u>D.O. Codes</u>
Abdominal	84166
Cardiac	84141
Colon and Rectal	84115
Endocrinology	84103
Gastroenterology	84104
General Practice or family practice	84117
Geriatrics	84105
Hand	84169
Head and Neck	84170

New Doctor of Osteopathy Codes (Cont'd)

<u>Description</u>	<u>D.O. Codes</u>
Laryngology	84106
Neoplastic	84107
Nephrology	84108
Obstetrics	84168
Ophthalmology	84114
Otology	84158
Otorhinolaryngology	84159
Rhinology	84160
Traumatic	84171
Vascular	84146

Section II - Attachment of Multistate Rules Revisions

This section displays the changes made to the various rules described in the filing. Although all the rules for Division Seven - Medical Professional Liability in the CLM are shown in this section only the following rules have been revised.

We have used a format of ~~striking through~~ deletions and underlining new material and inserting a revision bar in the left margin.

Revised Rules

- Rule 1. Application Of This Division
- Rule 2. Referrals To Company
- Rule 3. Effective Or Distribution Date
- Rule 5. Premium Computation
- Rule 7. Rounding Procedure
- Rule 11. Policy Cancellations
- Rule 13. Minimum Premiums
- Rule 15. Special Rule For Individual Risk Situations
- Rule 16. Basic Limits
- Rule 17. Increased Limits Tables
- Rule 18. Deductibles
- Rule 19. Premium Determination
- Rule 20. Description Of Additional Optional Endorsements
- Rule 21. Special Rules Applicable To The Claims-made Coverage Forms
- Rule 22. Year 2000 Computer-Related Endorsements
- Rule 26. Hospital Professional Liability Coverage
- Rule 27. Physicians, Surgeons and Dentists Professional Liability Coverage
- Rule 28. Allied Health Care Providers Professional Liability Coverage
- Rule 29. Blood Banks Professional Liability Coverage
- Rule 30. Diagnostic Testing Laboratories Professional Liability Coverage

- Rule 31. Optometrists Professional Liability Coverage
- Rule 32. Veterinarians Professional Liability Coverage
- Rule 34. Classification Procedures

Withdrawn Rules

- Rule 33. Classifications
- Rule 35. Hospital Classifications
- Rule 36. Physicians and Surgeons Classifications
- Rule 37. General Classifications
- Rule 38. Miscellaneous Medical Professional Classifications
- Rule 39. Appendix

**COMMERCIAL LINES MANUAL
DIVISION SEVEN
MEDICAL PROFESSIONAL LIABILITY**

SECTION I - GENERAL RULES

1. APPLICATION OF THIS DIVISION

A. Contents

Division Seven contains the rules, rating procedures, state exceptions and may contain individual company rates for the following liability coverages:

1. Hospital Professional Liability Coverage
2. Physicians, Surgeons And Dentists Professional Liability Coverage
3. Allied Health Care Providers Professional Liability Coverage
4. Blood Banks Professional Liability Coverage
5. Diagnostic Testing Laboratories Professional Liability Coverage
6. Optometrists Professional Liability Coverage
7. Veterinarian Professional Liability Coverage

B. Sections

This Division is divided into separate Sections for:

1. Section I – General Rules
2. Section II – Coverage Rules
3. ~~Section III – Classifications~~ Rating Relativities And Factors
4. Classification Table

C. Rule Exceptions

Refer to state exceptions for any exception to the rules in this Division.

D. Company Rates/ISO Loss Costs

1. ISO does not distribute either rates or loss costs for this Division. Insurers will individually distribute either loss costs with their own adjustment factors or their individual company rates. A loss cost is that portion of the premium which covers only losses and the costs associated with settling losses.
2. All rules in this Division are designed to be utilized with rates. All references in the rules and examples to rates and/or premiums (including base premiums) shall be interpreted to mean those established by the individual insurance company. Refer to company for specific instructions and procedures and rates.

E. Statistical Codes

Most statistical codes are shown with the state company rates or in the specific rules. For statistical codes not shown, refer to the General Liability module of the Commercial Statistical Plan, using the Medical Professional Liability subline.

2. REFERRALS TO COMPANY

Refer to company for:

- A. Any applicable rating plan modification.
- B. Rating or classifying any risk or exposure for which there is no manual rate or applicable classification. Rates shall not be inadequate, excessive or unfairly discriminatory. (For other refer-to-company situations, see Rule 15. Special Rule For Individual Risk Situations.)

Companies should maintain complete files, including all details of the factors used in determining the rate or classification for a particular risk and make these files available to state regulators on request. Such rates or classifications need not be filed with the state regulator.

The second paragraph of Paragraph B. shall not apply when a company has developed or prepared a Manual or schedule of rates which includes a classification applicable to a risk being written. To the extent that filing requirements apply to such a Manual or schedule of rates, they must be followed.

3. EFFECTIVE OR DISTRIBUTION DATE

The date shown on the bottom of the manual page is a printing date and not necessarily the effective or distribution date. The effective date or distribution date, if any, will be announced on the Notice to Manualholders accompanying new or revised manual pages.

4. POLICY TERM

- A. Policies may be written for a specific term up to three years or on a continuous basis.
- B. A policy may be renewed by renewal certificates. When renewal certificates are used, they must conform in every respect to current rules, rates and forms at the time of renewal.

5. PREMIUM COMPUTATION

A. Prepaid Policies

1. Compute the premium using the annual rates in effect at policy inception multiplied by the policy term expressed in years (term factor), for example. Refer to Table 5.A.1.(RF) for the appropriate term factor.

Term Of Policy	Term Factor
6 months	0.5
18 months	1.5
2 years	2.0
3 years	3.0

Table 5.A.1. Prepaid Policies

2. If the term of the policy is less than ~~4~~ one year, multiply the premium determined in Paragraph 1. by ~~4~~ the factor shown in Table 5.A.2.(RF) unless the policy is issued to obtain anniversary dates common with other policies.

B. Continuous And Annual Premium Payment Plan Policies

1. Compute the premium for each annual payment on the basis of the annual rates in effect on each anniversary date of the policy.
If the estimated annual premium is less than \$500, the rate and premium adjustment for a policy written for a period of more than one year may be deferred until termination of the policy.
2. Prorate the premium in Paragraph 1. when the policy is issued for other than a whole number of years.

6. FACTORS OR MULTIPLIERS

Factors or multipliers are to be applied consecutively and not added together, unless otherwise specified.

7. ROUNDING PROCEDURE

A. Rates

Round rates, factors and multipliers after the final calculation to three decimal places. Five-tenths or more of a mill shall be considered one mill. For example, .1245 = .125.

B. Premium

Round the premium for each coverage for which a separate premium is calculated to the nearest whole dollar. Round a premium involving \$.50 or over to the next higher whole dollar.

8. POLICYWRITING MINIMUM PREMIUM

A. Definition

Policywriting minimum premium is the lowest amount of premium for which a policy may be written and such amount is not subject to adjustment for any reason.

B. Prepaid Policies

1. Refer to company for policywriting minimum premium.
2. Apply a minimum premium regardless of term.

C. Annual Premium Payment Plan Policies Or Continuous Policies

1. Refer to company for policywriting minimum premium.
2. Apply a minimum premium for each annual period.

9. ADDITIONAL PREMIUM CHANGES

A. Calculation Of Premium

1. Prorate all changes requiring additional premium.
2. Apply the rates and rules in effect on the effective date of the policy, or, if the change is made after an anniversary date of the policy, apply the rates and rules in effect on that anniversary date. The additional premium developed is in addition to any applicable policywriting minimum premium.

B. Waiver Of Premium

1. Additional premiums at or below a specified amount may be waived. Refer to company for the maximum amount to be waived.
2. This waiver applies only to that portion of the premium due on the effective date of the policy change.

10. RETURN PREMIUM CHANGES

A. Premium Computation

1. Compute return premium at the rates used to calculate the policy premium.
2. Compute return premium pro rata and round to the next higher whole dollar when any coverage or exposure is deleted or an amount of insurance is reduced. Retain the policywriting minimum premium.

B. Waiver Of Premium

1. Return premiums at or below a specified amount may be waived. Refer to company for the maximum amount to be waived.
2. This waiver applies only to that portion of the return premium due on the effective date of the policy change.
3. Any return premium due the insured must be granted if the insured requests it.

11. POLICY CANCELLATIONS

A. Pro Rata Calculation

Compute return premium pro rata and round to the next higher whole dollar when a policy is cancelled:

1. At the Company's request.
2. Because the insured no longer has a financial or insurable interest in the business operation that is the subject of insurance.
3. And rewritten in the same company or company group.
4. After the first year for a prepaid policy written for a term of more than one year.

B. Other Calculations

If Paragraph A. does not apply, compute the return premium as follows:

1. Continuous And Annual Premium Payment Policies

Compute return premium ~~at by applying the factor shown in-90 Table 11.B.(RF) of to~~ the pro rata unearned premium for the one year or annual installment period and round to the next higher whole dollar.

2. Prepaid Policies

If cancelled during the first year, compute the return premium ~~at by applying the factor shown in-90 Table 11.B.(RF) of to~~ the pro rata unearned premium for the first year, plus the full annual premium for the subsequent years and round to the next higher whole dollar.

3. Policies With Term Less Than One Year

Compute return premium ~~at by applying the factor shown in-90 Table 11.B.(RF) of to~~ the pro rata unearned premium and round to the next higher whole dollar.

C. Retention Of Policywriting Minimum Premium

Retain the policywriting minimum premium when return premium is calculated under Paragraph B. except when a policy is cancelled as of the inception date.

12. FORMS PORTFOLIO REFERENCE

Refer to the forms portfolio for information on:

- A. Sample forms; and
- B. Applicability and edition dates of forms.

13. MINIMUM PREMIUMS

A. Definition

Minimum premiums are the lowest amounts for which insurance may be written for each full year of coverage.

B. Determination

Refer to company for minimum premium.

C. Sublines

1. With respect to Physicians, Surgeons And Dentists, Allied Health Care Providers, Optometrists And Veterinarians Professional Liability Coverage, minimum premiums apply separately to each subline for which a premium is charged.
2. With respect to Hospital, Blood Banks And Diagnostic Testing Laboratories Professional Liability Coverage, for risks written under these sublines, minimum premiums apply separately on an each-location basis.

D. Multiple Classifications

Regardless of the number of classifications on the policy, choose the highest minimum premium for each subline, as the minimum premium for that subline.

E. Adjustment

All minimum premiums except for the policywriting minimum premium are subject to adjustment for additional interests and increased limits.

F. Policywriting Minimum Premium

Use the policywriting minimum premium if the total amount developed using this rule is less than the policywriting minimum premium.

14. RESIDENT AGENT COUNTERSIGNATURE

If a resident agent's countersignature is required by state law, use Resident Agent Countersignature Endorsement IL 09 17, unless state law prohibits use of such an endorsement, or so restricts such use as to make it inappropriate.

15. SPECIAL RULE FOR INDIVIDUAL RISK SITUATIONS

A. Refer To The Company

1. For rating or classifying any risk or exposure for which:

- a. The manual rate or applicable classification is clearly demonstrated to be inappropriate because of a unique or unusual feature of the risk; or

Note

To the extent that consent-to-rate procedures apply, they must be followed.

- b. The coverage to be written is broader than that contained in the applicable standard coverage part; or

Note

To the extent that forms filing requirements apply, they must be followed.

- c. There is proof that, for a specified medical professional liability coverage, the named risk is qualified in this jurisdiction for placement of such insurance with an unauthorized insurer, and the insured agrees to the proposed rate or premium to be charged; or

- d. Excess insurance is being provided. Excess insurance means liability insurance provided in an amount not less than \$1,000,000 in excess of a specified retained limit provided that such retained limit is not less than:

- (1) \$350,000 per claim, as respects those exposures covered by underlying insurance; and
(2) \$10,000 per claim, as respects those exposures not covered by underlying insurance; or

- e. Increased limits are provided and the annual increased limits written premium determined by the customary rating procedures is \$5,000 or more.

Note

Refer to company only for that portion of the premium in excess of the basic limit written premium.

2. If a coverage part providing the insurance contemplated by an applicable classification and rate is endorsed to restrict coverage for hazards not common to all risks within the class.

Note

To the extent that forms filing requirements apply, they must be followed.

3. Where liability increased limits are provided and the risk is reinsured on a facultative basis.

The following rating procedure is available for the determination of the applicable premium:

- a. Manual rules and rates shall apply to the portion of the limits of liability retained by the company.
b. For limits of liability obtained by means of facultative reinsurance, the premium shall be the facultative cost for such insurance increased by a charge up to but not exceeding 50%.

4. If an aggregate limit of medical professional liability insurance is adjusted at any time during the policy period.

B. Filing Obligations

When a particular risk is modified in accordance with Paragraph A., companies should maintain a complete file, including all details of the factors used in determining the modification and make the file available to state regulators on request. Such modifications need not be filed with the state regulator.

Note

Rates shall not be inadequate, excessive or unfairly discriminatory.

16. BASIC LIMITS

- A. Basic limits is an amount of insurance upon which company rates are based. Basic limits may be adjusted by the appropriate increased limits factors.
- B. For basic limits, refer to the appropriate Coverage Rule in Section II of this Manual.

17. INCREASED LIMITS TABLES

- A. All limits are expressed in thousands of dollars.
- B. Policy limit codes are shown in parentheses under factors.
- C. The tables indicate which factors must be referred to company before using.
- D. The following interpolation procedure shall be used in determining increased limits factors or combinations of limits not shown in the tables:
 1. Determine the factor in the increased limits table for the next lower and for the next higher limit or combination of limits.
 2. The factor for the limit or combination of limits desired shall be determined by interpolation. All fractions in the third decimal place shall be considered as an additional unit in the second decimal place.
 3. Where neither limit required appears in the table, refer to company.
- E. For increased limits tables, refer to the state Tables 17.E.#1(RF) through 17.E.#7(RF) exceptions.

18. DEDUCTIBLES

A. Definition

This is a method of coverage under which the insured agrees to contribute up to a specific sum towards the amount paid to claimants as damages.

B. Application

When deductible insurance is selected by the insured, the company's obligation to pay damages on behalf of the insured applies only to the amount of damages in excess of any deductible amount stated as applicable to such coverage.

C. Deductible Discount Factors

A discount is available to the insured when insurance is provided on a deductible basis. Determine the applicable discount by referring to Tables 18.C.#1(RF) through 18.C.#7(RF) from the following tables:

Deductible Amount	Discount Factor
\$ 250	0.001
500	0.003
750	0.004
1,000	0.006
2,000	0.011
3,000	0.016
4,000	0.020
5,000	0.025
10,000	0.046

Deductible Amount	Discount Factor
15,000	0.066
20,000	0.084
25,000	0.101
50,000	0.176
75,000	0.239
100,000	0.293
150,000	0.383
200,000	0.455
250,000	0.514
500,000	0.712
750,000	0.834
1,000,000	0.918

Table 18.C.1. Hospitals And Blood Banks

Deductible Amount	Discount Factor
\$ 250	0.001
500	0.002
750	0.003
1,000	0.004
2,000	0.008
3,000	0.011
4,000	0.015
5,000	0.019
10,000	0.037
15,000	0.054
20,000	0.071
25,000	0.087
50,000	0.162
75,000	0.229
100,000	0.290
150,000	0.396
200,000	0.486
250,000	0.565
500,000	0.846
750,000	1.016
1,000,000	1.125

Table 18.C.2. Physicians

Deductible Amount	Discount Factor
\$ 250	0.001
500	0.002
750	0.003
1,000	0.004
2,000	0.007
3,000	0.011
4,000	0.014
5,000	0.018
10,000	0.035
15,000	0.052
20,000	0.068
25,000	0.084
50,000	0.157
75,000	0.223
100,000	0.283
150,000	0.389
200,000	0.481
250,000	0.561
500,000	0.853
750,000	1.038
1,000,000	1.162

Table 18.C.3. Surgeons

Deductible Amount	Discount Factor
\$ 250	0.003
500	0.006
750	0.009
1,000	0.012
2,000	0.023
3,000	0.033
4,000	0.043
5,000	0.053
10,000	0.094
15,000	0.128
20,000	0.158
25,000	0.184
50,000	0.283
75,000	0.352
100,000	0.402
150,000	0.470
200,000	0.513
250,000	0.542
500,000	0.615
750,000	0.647
1,000,000	0.663

Table 18.C.4. Dentists

Deductible Amount	Discount Factor
\$ 250	0.002
500	0.003
750	0.005
1,000	0.007
2,000	0.013
3,000	0.019
4,000	0.025
5,000	0.031
10,000	0.058
15,000	0.084
20,000	0.107
25,000	0.130
50,000	0.228
75,000	0.308
100,000	0.375
150,000	0.480
200,000	0.560
250,000	0.625
500,000	0.836
750,000	0.951
1,000,000	1.016

Table 18.C.5. Allied Health Care

Deductible Amount	Discount Factor
\$ 250	0.001
500	0.002
750	0.004
1,000	0.005
2,000	0.009
3,000	0.014
4,000	0.018
5,000	0.023
10,000	0.043
15,000	0.063
20,000	0.083
25,000	0.101
50,000	0.187
75,000	0.261
100,000	0.327
150,000	0.437
200,000	0.526
250,000	0.599
500,000	0.833
750,000	0.961
1,000,000	1.041

Table 18.C.6. Nursing Homes

Deductible Amount	Discount Factor
\$ 250	0.036
500	0.069
750	0.098
1,000	0.124
2,000	0.202
3,000	0.253
4,000	0.286
5,000	0.309
10,000	0.363
15,000	0.392
20,000	0.415
25,000	0.434
50,000	0.497
75,000	0.527
100,000	0.541
150,000	0.553
200,000	0.557
250,000	0.560
500,000	0.571
750,000	0.580
1,000,000	0.587

Table 18.C.7. Veterinarians

D. Endorsement

Refer to applicable Coverage Rules.

E. Procedures

Where deductibles are purchased, utilize the following procedure in determining the final rate:

1. Subtract the deductible factor from the applicable increased limits factor to determine an adjusted limits factor.
2. Determine the applicable rate by multiplying the basic limits rate by the adjusted limits factor determined in 1.

19. PREMIUM DETERMINATION

The premium for a risk is calculated as follows:

- A. Determine the applicable classification(s).
- B. Determine the premium base applicable to the classification(s).
- C. Select the basic limit rate(s) for the classification(s) from the appropriate company state rates.
- D. Adjust the basic limits rate(s) to reflect any coverage change (other than deductibles). Refer to Tables 21.C.#1(RF) through 21.C.#3(RF) ~~Rule 21. Special Rules Applicable To The Claims-Made Coverage Forms for claims-made multipliers. When physicians, surgeons and dentists are written on a Hospital policy, refer to Rule 33.34. Classification Procedures.~~
- E. Adjust the resulting basic limits rate(s) by the appropriate increased limit factors and any other applicable rate modification(s). Adjust for coverage written on a deductible basis; refer to Rule Tables 18.C.#1(RF) through 18.C.#7(RF) ~~-Deductibles.~~
- F. Multiply the number of units of exposure developed under the premium base for each classification by the corresponding adjusted rate(s) developed in Paragraph E.
- G. Determine the application of any minimum premiums.
- H. Determine any other additional premiums.
 - I. Add the premium determined in Paragraph F. or G., whichever is greater, to the premium determined in Paragraph H. to obtain the total policy premium.
- J. Use the premium developed in Paragraph I. or the policywriting minimum premium, whichever is greater.

20. DESCRIPTION OF ADDITIONAL OPTIONAL ENDORSEMENTS

A. Additional Optional Endorsements

In addition to endorsements referenced in other rules under Division Seven – Medical Professional Liability, including the Classification Table Section, the endorsements in this rule may be used with the indicated Medical Professional Liability Coverage Part(s). The endorsements are listed in numerical sequence under the line of insurance identification and category identification. The descriptions are for ease of identification. Refer to each endorsement to determine its contents. With regard to these optional endorsements, refer to company for rating.

B. Termination And Suspension Endorsements

The number of days' notice required for cancellation for any statutory permitted reason (other than nonpayment of premium) may be increased to an amount that is mutually agreed upon by the insurer and the insured by attaching Earlier Notice Of Cancellation Provided By Us Endorsement PR 02 00. Any applicable state cancellation endorsement must still be attached to the policy.

This endorsement applies to all Medical Professional Liability Coverage Parts.

C. Exclusion Endorsements

1. Liability arising out of the rendering of or failure to render professional services by a specific physician while engaged in activities other than those within the scope of his or her duties as a teaching physician or surgeon may be excluded under the Physicians, Surgeons And Dentists Professional Liability Coverage Part by attaching Exclusion – Non-Teaching Activities Of Teaching Physicians And Surgeons Endorsement PR 21 00.

2. Coverage for employees may be deleted by attaching Exclusion – Employees As Insureds Endorsement PR 21 01 to the:

- a. Hospital Professional Liability Coverage Part;
- b. Blood Banks Professional Liability Coverage Part; or
- c. Diagnostic Testing Laboratories Professional Liability Coverage Part.

3. Coverage for partnership, limited liability company, association or corporation medical professional liability may be deleted by attaching Exclusion – Partnership, Limited Liability Company, Association Or Corporation (Coverage B) Endorsement PR 21 02 to either the:

- a. Physicians, Surgeons And Dentists Professional Liability Coverage Part;
- b. Allied Health Care Providers Professional Liability Coverage Part;
- c. Optometrists Professional Liability Coverage Part; or
- d. Veterinarians Professional Liability Coverage Part.

D. Coverage Amendment Endorsements

1. To state that the company will not settle any claim or suit without the insured's consent and to set forth the most the company will pay if the insured does not consent to a settlement which is acceptable to the claimant, use Consent To Settle Endorsement PR 24 00.

This endorsement applies to all Medical Professional Liability Coverage Parts, except Hospital Professional, Blood Bank Professional, and Diagnostic Testing Laboratories Professional Liability Coverage Parts.

2. Coverage disputes between the company and an insured may be submitted to arbitrators by mutual agreement between the parties. When there is prior agreement that arbitration of a dispute will be binding on both parties, attach Binding Arbitration Endorsement PR 24 02. When, by prior agreement, the decision of the arbitrators may be appealed to a court, attach Non-Binding Arbitration Endorsement PR 24 01.

This endorsement applies to all Medical Professional Liability Coverage Parts.

3. The company agrees that its right to use charitable immunity, where applicable as a defense for liability suits, will be waived, unless the insured requests otherwise, by attaching Waiver Of Charitable Immunity Endorsement PR 24 03.

This endorsement applies to all Medical Professional Liability Coverage Parts.

4. The company agrees that its right to use governmental immunity, where applicable as a defense for liability against an insured governmental entity, will be waived, unless the insured requests otherwise, by attaching Waiver Of Governmental Immunity Endorsement **PR 24 04**.

This endorsement applies to all ~~m~~Medical Professional Liability Coverage Parts.

E. Additional Coverage Endorsements

1. To provide products liability coverage for diagnostic testing laboratories use Products Liability Coverage For Diagnostic Testing Laboratories Endorsement **PR 04 00**.

This endorsement applies to all ~~m~~Medical Professional Liability Coverage Parts.

2. To provide for the payment of defense expenses on behalf of the named insured, when the named insured has assumed the tort liability of another under a contract or agreement pertaining to the named insured's business, use Contractual Liability Coverage Extension Endorsement:

- a. **PR 04 01** for use with the Hospital Professional Liability Coverage Part.
- b. **PR 04 02** for use with the Allied Health Care Providers and Physicians, Surgeons And Dentists Professional Liability Coverage Parts.
- c. **PR 04 03** for use with the Blood Banks Professional Liability Coverage Part.
- d. **PR 04 04** for use with the Diagnostic Testing Laboratories Professional Liability Coverage Part.
- e. **PR 04 05** for use with the Optometrists Professional Liability Coverage Part.
- f. **PR 04 06** for use with the Veterinarians Professional Liability Coverage Part.

F. Amendment Of Limits Of Insurance Endorsements

1. For hospitals, blood banks and diagnostic testing laboratories, the policy Aggregate Limit may be changed for certain medical or laboratory incidents from a per-policy basis to a per-location basis. The policy Aggregate Limit, with respect to certain medical or laboratory incidents, may be replaced for each designated location with a Designated Location Aggregate Limit which is equal to the amount of the Aggregate Limit shown in the Declarations of the policy, by attaching Amendment – Aggregate Limits Of Insurance (Designated Locations) Endorsement:

- a. **PR 25 00** for use with the Blood Banks and Hospital Professional Liability Coverage Parts.
- b. **PR 25 01** for use with the Diagnostic Testing Laboratories Professional Liability Coverage Part.

2. The limits of insurance may be amended to combine the aggregate limits when individual liability and partnership, limited liability company, association or corporation professional liability is provided. Use Amendment – Combined Aggregate Limit Of Insurance Endorsement:

- a. **PR 25 02** for use with the Physicians, Surgeons And Dentists Professional Liability Coverage Part.
- b. **PR 25 03** for use with the Allied Health Care Providers Professional Liability Coverage Part.
- c. **PR 25 04** for use with the Optometrists Professional Liability Coverage Part.
- d. **PR 25 05** for use with the Veterinarians Professional Liability Coverage Part.

G. Interline Endorsements

1. To state that the company will use the rules and rates in effect at the time of renewal or anniversary date of the policy, attach Calculation Of Premium Endorsement **IL 00 03**.

This endorsement applies to all ~~m~~Medical Professional Liability Coverage Parts.

2. To amend various Declarations and endorsement schedule elements, such as the Named Insured, mailing address, policy period, deductible amounts and limits of insurance, use Policy Changes Endorsement **IL 12 01**.

This endorsement applies to all ~~m~~Medical Professional Liability Coverage Parts.

21. SPECIAL RULES APPLICABLE TO THE CLAIMS-MADE COVERAGE FORMS

A. Extended Reporting Periods

1. If the requirements relating to the termination, renewal or replacement of the claims-made coverage specified in Section V – Extended Reporting Period of the appropriate medical professional liability claims-made coverage form are met, an extended reporting period of unlimited duration is available for an additional charge. Attach Extended Reporting Period Endorsements:
 - a. **PR 27 00** for use with the Allied Health Care Providers, Optometrists, Physicians, Surgeons And Dentists and Veterinarians Professional Liability Coverage Parts; and
 - b. **PR 27 01** for use with the Blood Banks, Diagnostic Testing Laboratories and Hospital Professional Liability Coverage Parts.
2. The Named Insured must notify the cCompany of their intent to purchase the Extended Reporting Period Endorsement within 30 days after the end of the policy period or the date of termination of the policy, whichever comes first.
3. The Extended Reporting Period starts with the end of the policy period and applies only to claims for injury caused by an incident which occurred on or after the Retroactive Date shown in the Declarations and before the end of the policy period, provided a claim for such injury is first made during the Extended Reporting Period.
4. If the Extended Reporting Period is in effect, supplemental aggregate limits will be provided for any claim first made during the Extended Reporting Period.

The supplemental aggregate limits will be equal to the dollar amount shown in the Declarations or any amendments thereto in effect at the end of the policy period. When Extended Reporting Period Endorsements **PR 27 00** or **PR 27 01** are used, these supplemental aggregate limits will apply separately for the Individual Professional Liability Aggregate Limit and the Partnership, Limited Liability Company, Association Or Corporation Professional Liability Aggregate Limit.

5. The following applies only to Physicians, Surgeons And Dentists, Allied Health Care Providers, Optometrists and Veterinarians Professional Liability Coverage:

If the circumstances relating to the insured's death, permanent disability or permanent retirement are met, as specified in Section V – Extended Reporting Period, an Extended Reporting Period In Case Of Death, Permanent Disability Or Retirement of unlimited duration will be automatically provided without charge. This Extended Reporting Period starts with the end of the policy period and does not apply to claims that are covered under any subsequent insurance or extended reporting period purchased or to claims that would be covered but for the exhaustion of the amount of insurance applicable to such claims.

The Extended Reporting Period In Case Of Death, Permanent Disability Or Retirement does not reinstate or increase the limits under the policy.

B. Retroactive Date

The Retroactive Date is a specific date entered on the Declarations Page of the policy. Any injury which occurred prior to the Retroactive Date is not covered, even if a claim for such injury is first made during the policy period or any Extended Reporting Period. Once a Retroactive Date is established for an insured, it can only be advanced with the written consent of the first Named Insured, and then only:

1. If there is a change in carrier;
2. If there is a substantial change in the insured's operations which results in an increased exposure to loss;
3. If the insured fails to provide the company with information:
 - a. The insured knew or should have known about the nature of the risk insured which would have been material to the insurer's acceptance of the risk; or
 - b. Which was requested by the company; or
4. At the request of the insured.

Prior to the advancement of the Retroactive Date under any of these conditions, the company must obtain the written acknowledgment of the first Named Insured acknowledging that the first Named Insured has been advised of the right to purchase the Extended Reporting Period Endorsement.

If "none" is entered on the Declarations Page of the policy, there is no Retroactive Date. If there is no Retroactive Date, coverage may be afforded for injury occurring prior to the inception date of the policy.

C. Claims-Made Rates

To obtain the claims-made rates, apply the following multipliers in Tables 21.C.#1(RF) through 21.C.#3(RF) to the basic limits rate shown on the state rates.

Hospital, Blood Banks And Diagnostic Testing Laboratories Professional Liability Coverage												
Number Of Whole Years In Claims- Made Program	Number Of Months In Claims-Made Program											
	0	1	2	3	4	5	6	7	8	9	10	11
0	.35	.37	.39	.41	.43	.45	.47	.50	.52	.54	.56	.58
1	.60	.61	.62	.64	.65	.66	.67	.69	.70	.71	.72	.74
2	.75	.75	.76	.76	.77	.77	.77	.78	.78	.79	.79	.80
3	.80	.80	.81	.81	.82	.82	.82	.83	.83	.84	.84	.85
4	.85											

Table 21.C.#1 Hospital, Blood Banks And Diagnostic Testing Laboratories

Physicians And Surgeons, Allied Health Care And Optometrists Professional Liability Coverage												
Number Of Whole Years In Claims- Made Program	Number Of Months In Claims-Made Program											
	0	1	2	3	4	5	6	7	8	9	10	11
0	.25	.27	.29	.31	.33	.35	.37	.40	.42	.44	.46	.48
1	.50	.52	.54	.56	.58	.60	.62	.65	.67	.69	.71	.73
2	.75	.75	.76	.76	.77	.77	.77	.78	.78	.79	.79	.80
3	.80	.80	.81	.81	.82	.82	.82	.83	.83	.84	.84	.85
4	.85											

Table 21.C.#2 Physicians And Surgeons, Allied Health Care And Optometrists

Anesthesiologists, Neurosurgeons, Dentists And Veterinarians Professional Liability Coverage												
Number Of Whole Years In Claims- Made Program	Number Of Months In Claims-Made Program											
	0	1	2	3	4	5	6	7	8	9	10	11
0	.375	.39	.40	.41	.42	.43	.44	.45	.46	.47	.48	.49
1	.50	.52	.54	.56	.58	.60	.62	.65	.67	.69	.71	.73
2	.75	.75	.76	.76	.77	.77	.77	.78	.78	.79	.79	.80
3	.80	.80	.81	.81	.82	.82	.82	.82	.83	.83	.84	.85
4	.85											

Table 21.C.#3 Anesthesiologists, Neurosurgeons, Dentists And Veterinarians

22. YEAR 2000 COMPUTER-RELATED ENDORSEMENTS

Choose one of the following four options:

A. Option One – Exclusion – Year 2000 Computer-Related And Other Electronic Problems Endorsements

To exclude coverage for all risks associated with a computer or computer-related, actual or alleged failure, malfunction, inadequacy or inability to correctly recognize, distinguish, interpret or accept the year 2000 and beyond, attach Exclusion – Year 2000 Computer-Related And Other Electronic Problems Endorsements:

1. **PR 21 04** to the Blood Banks Professional Liability Coverage Part, Diagnostic Testing Laboratories Professional Liability Coverage Part and the Hospital Professional Liability Coverage Part.
2. **PR 21 05** to the Allied Health Care Providers Professional Liability Coverage Part, Optometrists Professional Liability Coverage Part, Physicians, Surgeons And Dentists Professional Liability Coverage Part and the Veterinarians Professional Liability Coverage Part.

B. Option Two – Year 2000 Computer-Related And Other Electronic Problems – Limited Coverage Options Endorsements

Optional coverage for liability arising out of computer-related problems due to the year 2000 may be provided by attaching Year 2000 Computer-Related And Other Electronic Problems – Limited Coverage Options Endorsements:

1. **PR 04 07** to the Blood Banks Professional Liability Coverage Part, Diagnostic Testing Laboratories Professional Liability Coverage Part and the Hospital Professional Liability Coverage Part.
2. **PR 04 08** to the Allied Health Care Providers Professional Liability Coverage Part, Optometrists Professional Liability Coverage Part, Physicians, Surgeons And Dentists Professional Liability Coverage Part and the Veterinarians Professional Liability Coverage Part.

Insurers and insureds must agree on the location, operations, tests, treatments, products or services that will receive coverage by filling in the proper information in Schedule A – Description Of Location, Operations, Tests, Treatments, Products Or Services To Be Covered.

This coverage may be provided with a deductible by attaching the applicable Deductible Liability Insurance Endorsement.

Refer to company for rating.

C. Option Three – Year 2000 Computer-Related And Other Electronic Problems – Exclusion Of Designated Locations, Operations, Tests, Treatments, Products Or Services

To exclude coverage for specific aspects of insured risks arising out of computer-related problems due to the change to the year 2000, for specified locations, operations, tests, treatments, products or services, attach Year 2000 Computer-Related And Other Electronic Problems – Exclusion Of Designated Locations, Operations, Tests, Treatments, Products Or Services Endorsements:

1. **PR 21 06** to the Blood Banks Professional Liability Coverage Part, Diagnostic Testing Laboratories Professional Liability Coverage Part and the Hospital Professional Liability Coverage Part.
2. **PR 21 07** to the Allied Health Care Providers Professional Liability Coverage Part, Optometrists Professional Liability Coverage Part, Physicians, Surgeons and Dentists Professional Liability Coverage Part and the Veterinarians Professional Liability Coverage Part.

Insurers and insureds must agree on the location, operations, tests, treatments, products or services that will be excluded by filling in the proper information in the Schedule – Description Of Location, Operations, Tests, Treatments, Products Or Services To Be Excluded.

"Refer to Company" for rating.

D. Option Four – No Endorsements

If a risk does not have a year 2000 exposure or you are willing to accept the year 2000 exposure of a risk at no additional premium, attach no endorsement.

If a risk presents a unique or unusual exposure due to the change to the year 2000 and you accept that risk without any endorsements, refer to company for rating.

23. – 25. RESERVED FOR FUTURE USE

SECTION II - COVERAGE RULES

26. HOSPITAL PROFESSIONAL LIABILITY COVERAGE (Subline Code 215)

A. Description Of Hospital Professional Liability Coverage

1. Two standard coverage forms are available for Hospital Professional Liability risks. One coverage form provides coverage on an occurrence basis and one coverage form provides coverage on a claims-made basis.
2. These coverage forms provide coverage against claims for injuries arising out of acts or omissions:
 - a. In the providing of or failure to provide professional health care services; or
 - b. Arising out of the involvement of any person with a formal accreditation, standards review or equivalent professional board or committee or by a person charged with executing the directives of such board or committee.
3. For a description of the risks for which this coverage form may be used, refer to the Classification Table Section.
4. For details of coverage:
 - a. Refer to Coverage fForms:
 - (1) Hospital Professional Liability Coverage Form (Occurrence Version) **PR 00 03**.
 - (2) Hospital Professional Liability Coverage Form (Claims-mMade Version) **PR 00 04**.
 - b. Refer to mMandatory mMultistate eEndorsements:
 - (1) Broad Form Nuclear Exclusion Endorsement **IL 00 21**.
 - (2) Common Policy Conditions Endorsement **IL 00 17**.
 - c. Refer to mMandatory sState eEndorsements listed in the state exceptions.
5. The appropriate:
 - a. Coverage fForm;
 - b. Mandatory eEndorsements (including those required for use in a particular jurisdiction);
 - c. Other applicable endorsements; and
 - d. The Declarations

make up a Coverage Part.

B. Basic Limits

1. Company rates are shown at a \$450,000 limit for each Medical Incident, subject to a \$31,500,000 Aggregate Limit.
2. The Aggregate Limit applies separately to each year of the policy or any applicable policy period less than 4one year (other than an extension of less than 4one year after the policy is issued).
3. The Aggregate Limit may be reinstated when exhausted. Refer to company.

C. Increased Limits

For increased limits tables, refer to state-exceptions tables in accordance with Rule 17.

D. Additional Interests

Policies may be written to cover the following additional interests:

1. No Additional Charge

- a. Additional Insured – Controlling Interest Endorsement **PR 20 09**.
- b. Additional Insured – Executors, Administrators, Trustees Or Beneficiaries Endorsement **PR 20 12**.

2. Additional Charge – Refer To Company

For health care professionals who are not employed by the named insured, use Additional Insured – Health Care Professionals Not Employed By You Endorsement **PR 20 08**.

E. Deductible Endorsement

When deductible insurance is selected by the insured, the deductible applies on a per medical incident basis. Use Deductible Liability Insurance Endorsement **PR 03 00**.

27. PHYSICIANS, SURGEONS AND DENTISTS PROFESSIONAL LIABILITY COVERAGE (Subline Code 235)

A. Description Of Physicians, Surgeons And Dentists Professional Liability Coverage

1. Two standard coverage forms are available for Physicians, Surgeons And Dentists risks. One coverage form provides coverage on an occurrence basis and one coverage form provides coverage on a claims-made basis.
2. These coverage forms provide coverage against claims for injuries arising out of acts or omissions:
 - a. In the providing of or failure to provide professional medical or dental services; and
 - b. Arising out of the insured's involvement with a formal accreditation, standards review or equivalent professional board or committee.
3. For a description of the risks for which this coverage form may be used, refer to the Classification Table Section.
4. Policies may be written to cover:
 - a. Individual liability;
 - b. Partnership, limited liability company, association or corporation professional liability; or
 - c. both a. and b.
5. For details of coverage:
 - a. Refer to cCoverage fForms:
 - (1) Physicians, Surgeons And Dentists Liability Professional Coverage Form (Occurrence Version) **PR 00 01**.
 - (2) Physicians, Surgeons And Dentists Professional Liability Coverage Form (Claims-mMade Version) **PR 00 02**.
 - b. Refer to mMandatory mMultistate eEndorsements:
 - (1) Broad Form Nuclear Exclusion Endorsement **IL 00 21**.
 - (2) Common Policy Conditions Endorsement **IL 00 17**.
 - c. Refer to mMandatory sState eEndorsements listed in the state exceptions.
6. The appropriate:
 - a. Coverage fForm;
 - b. Mandatory eEndorsements (including those required for use in a particular jurisdiction);
 - c. Other applicable endorsements; and
 - d. TheDeclarationsmake up a Coverage Part.

B. Basic Limits

1. Company rates are shown at a \$450,000 limit:
 - a. For each Medical Incident, subject to a \$31,500,000 Individual Professional Liability Aggregate Limit; or
 - b. For each Business Entity Incident, subject to a \$31,500,000 Partnership, Limited Liability Company, Association Or Corporation Professional Liability Aggregate Limit.

2. The limits described in Paragraph 1. apply separately to individual and partnership liability. For individual liability, the limits also apply separately to each individual named insured. For partnership liability, only one set of limits applies regardless of the number of insureds.
3. The Aggregate Limit applies separately to each year of the policy or any applicable policy period less than ~~4~~one year (other than an extension of less than ~~4~~one year after the policy is issued).
4. The Aggregate Limit may be reinstated when exhausted. Refer to company.

C. Increased Limits

For increased limits tables, refer to state-exceptions tables in accordance with Rule 17.

D. Additional Interests

Policies may be written to cover the following additional interests:

1. No Additional Charge

- a. Additional Insured – Controlling Interest Endorsement **PR 20 11**.
- b. Additional Insured – Executors, Administrators, Trustees Or Beneficiaries Endorsement **PR 20 12**.

2. Additional Charge – Refer To Company

For the named insured's employees, other than employed physicians, surgeons or dentists use Additional Insured – Employees Endorsement **PR 20 00** (For Occurrence Version) or **PR 20 01** (For Claims-made Version).

E. Deductible Endorsement

When deductible insurance is selected by the insured, the deductible applies on a per medical incident and/or per business entity incident basis. Use Deductible Liability Insurance Endorsement **PR 03 02**.

When both partnership, or limited liability company, professional liability and individual liability are covered, compute the premium using:

1. The partnership liability rate for each partner (or member of a limited liability company); and
2. The appropriate rate for each employee of the partnership or limited liability company, if any.

F. Partnership Or Limited Liability Company Professional Liability

When both partnership, or limited liability company, professional liability and individual liability are covered, compute the premium using:

1. The partnership liability rate for each partner (or member of a limited liability company); and
2. The appropriate rate for each employee of the partnership or limited liability company, if any.

G. Professional Association Or Corporation Professional Liability

1. Classify and rate such risks which practice medicine or dentistry the same as partnerships; that is, classify the stockholders in the same manner as partners and the association or corporation in the same manner as partnerships.

2. Professional corporations consisting of a single individual must be treated as additional insureds.

28. ALLIED HEALTH CARE PROVIDERS PROFESSIONAL LIABILITY COVERAGE (Subline Code 245)

A. Description Of Allied Health Care Providers Professional Liability Coverage

1. Two standard coverage forms are available for Allied Health Care Providers risks. One coverage form provides coverage on an occurrence basis and one coverage form provides coverage on a claims-made basis.
2. These coverage forms provide coverage against claims for injuries arising out of acts or omissions:
 - a. In the providing of or failure to provide professional health care services; or
 - b. Arising out of the insured's involvement with a formal accreditation, standards review or equivalent professional board or committee.

3. Allied Health Care Providers risks are those health care professionals that are not licensed physicians or surgeons. This group includes nurses, chiropractors, chiropodists, podiatrists, lab or x-ray technicians and physiotherapists. For a description of the risks for which this coverage form may be used, refer to the Classification Section.
4. For details of coverage:
 - a. Refer to Coverage Forms:
 - (1) Allied Health Care Providers Professional Liability Coverage Form (Occurrence Version) **PR 00 05.**
 - (2) Allied Health Care Providers Professional Liability Coverage Form (Claims-mMade Version) **PR 00 06.**
 - b. Refer to mMandatory mMultistate eEndorsements:
 - (1) Broad Form Nuclear Exclusion Endorsement **IL 00 21.**
 - (2) Common Policy Conditions Endorsement **IL 00 17.**
 - c. Refer to mMandatory sState eEndorsements listed in the state exceptions.
5. The appropriate:
 - a. Coverage form;
 - b. Mandatory eEndorsements (including those required for use in a particular jurisdiction);
 - c. Other applicable endorsements; and
 - d. ~~The~~Declarationsmake up a Coverage Part.

B. Basic Limits

1. Company rates are shown at a \$4500,000 limit:
 - a. For each Medical Incident, subject to a \$31,500,000 Individual Professional Liability Aggregate Limit; or
 - b. For each Business Entity Incident, subject to a \$31,500,000 Partnership, Limited Liability Company, Association Or Corporation Professional Liability Aggregate Limit.
2. The limits described in Paragraph 1. apply separately to individual and partnership liability. For individual liability, the limits also apply separately to each individual named insured. For partnership liability, only one set of limits applies regardless of the number of insureds.
3. The Aggregate Limit applies separately to each year of the policy or any applicable policy period less than ~~4~~one year (other than an extension of less than ~~4~~one year after the policy is issued).
4. The Aggregate Limit may be reinstated when exhausted. Refer to company.

C. Increased Limits

For increased limits tables, refer to state ~~exceptions~~ tables in accordance with Rule 17.

D. Additional Interests

Policies may be written to cover the following additional interests:

1. No Additional Charge

- a. Additional Insured – Controlling Interest Endorsement **PR 20 11.**
- b. Additional Insured – Executors, Administrators, Trustees Or Beneficiaries Endorsement **PR 20 12.**

2. Additional Charge – Refer To Company

For the named insured's employees, use Additional Insured – Employees Endorsement **PR 20 02** (For Occurrence Version) or **PR 20 03** (For Claims-mMade Version).

E. Deductible Endorsement

When deductible insurance is selected by the insured, the deductible applies on a per medical incident and/or per business entity incident basis. Use Deductible Liability Insurance Endorsement **PR 03 02.**

F. Partnership Or Limited Liability Company Professional Liability

When both partnership, or limited liability company, professional liability and individual liability are covered, compute the premium using:

1. The partnership liability rate for each partner (or member of a limited liability company); and
2. The appropriate rate for each employee of the partnership or limited liability company, if any.

G. Professional Association Or Corporation Professional Liability

1. Classify and rate such risks which practice medicine or dentistry the same as partnerships; that is, classify the stockholders in the same manner as partners and the association or corporation in the same manner as partnerships.
2. Professional corporations consisting of a single individual must be treated as additional insureds.

29. BLOOD BANKS PROFESSIONAL LIABILITY COVERAGE (Subline Code 225)

A. Description Of Blood Banks Professional Liability Coverage

1. Two standard coverage forms are available for Blood Banks risks. One coverage form provides coverage on an occurrence basis and one coverage form provides coverage on a claims-made basis.
2. These coverage forms provide coverage against claims for injuries arising out of acts or omissions in:
 - a. The providing of or failure to provide professional health care services in connection with the making of a blood donation; and
 - b. The handling or distribution of any blood products, including any representation or warranty made at any time with respect to any blood product.
3. For details of coverage:
 - a. Refer to cCoverage fForms:
 - (1) Blood Banks Professional Liability Coverage Form (Occurrence Version) **PR 00 07.**
 - (2) Blood Banks Professional Liability Coverage Form (Claims-mMade Version) **PR 00 08.**
 - b. Refer to mMandatory mMultistate eEndorsements:
 - (1) Broad Form Nuclear Exclusion Endorsement **IL 00 21.**
 - (2) Common Policy Conditions Endorsement **IL 00 17.**
 - c. Refer to mMandatory sState eEndorsements listed in the state exceptions.
4. The appropriate:
 - a. Coverage fForm;
 - b. Mandatory eEndorsements (including those required for use in a particular jurisdiction);
 - c. Other applicable endorsements; and
 - d. ~~The~~ Declarationsmake up a Coverage Part.

B. Basic Limits

1. Company rates are shown at a \$4500,000 limit for each Medical Incident, subject to the \$31,500,000 Aggregate Limit.
2. The Aggregate Limit applies separately to each year of the policy or any applicable policy period less than 1one year (other than an extension of less than 1one year after the policy is issued).
3. The Aggregate Limit may be reinstated when exhausted. Refer to company.

C. Increased Limits

1. For increased limits tables, refer to state exceptions tables in accordance with Rule 17.
2. Use the increased limit factors applicable to Allied Health Care Providers.

D. Additional Interests

Policies may be written to cover the following additional interests:

1. No Additional Charge

- a. Additional Insured – Controlling Interest Endorsement **PR 20 09.**
- b. Additional Insured – Executors, Administrators, Trustees Or Beneficiaries Endorsement **PR 20 12.**

2. Additional Charge – Refer To Company

For health care professionals who are not employed by the named insured, use Additional Insured – Health Care Professionals Not Employed By You Endorsement **PR 20 08.**

E. Deductible Endorsement

- 1. When deductible insurance is selected by the insured, the deductible applies on a per medical incident basis. Use Deductible Liability Insurance Endorsement **PR 03 00.**
- 2. Use the deductible discount factors applicable to Allied Health Care Providers.

30. DIAGNOSTIC TESTING LABORATORIES PROFESSIONAL LIABILITY COVERAGE (Subline Code 225)

A. Description Of Diagnostic Testing Laboratories Professional Liability Coverage

- 1. Two standard coverage forms are available for Diagnostic Testing Laboratories risks. One coverage form provides coverage on an occurrence basis and one coverage form provides coverage on a claims-made basis.
- 2. These coverage forms provide coverage against claims for injuries arising out of acts or omissions in the providing of or failure to provide professional diagnostic testing services in the:
 - a. Performance of clinical-pathological examinations and services for diagnosing the status of health, disease or injury of human beings or animals; or
 - b. Taking of diagnostic tests.
- 3. For details of coverage:
 - a. Refer to Coverage Forms:
 - (1) Diagnostic Testing Laboratories Professional Liability Coverage Form (Occurrence Version) **PR 00 09.**
 - (2) Diagnostic Testing Laboratories Professional Liability Coverage Form (Claims-made Version) **PR 00 10.**
 - b. Refer to Mandatory Multistate Endorsements:
 - (1) Broad Form Nuclear Exclusion Endorsement **IL 00 21.**
 - (2) Common Policy Conditions Endorsement **IL 00 17.**
 - c. Refer to Mandatory State Endorsements listed in the state exceptions.
- 4. The appropriate:
 - a. Coverage Form;
 - b. Mandatory Endorsements (including those required for use in a particular jurisdiction);
 - c. Other applicable endorsements; and
 - d. The Declarationsmake up a Coverage Part.

B. Basic Limits

- 1. Company rates are shown at a \$450,000 limit for each Laboratory Incident, subject to the \$31,500,000 Aggregate Limit.
- 2. The Aggregate Limit applies separately to each year of the policy or any applicable policy period less than one year (other than an extension of less than one year after the policy is issued).
- 3. The Aggregate Limit may be reinstated when exhausted. Refer to company.

C. Increased Limits

- 1. For increased limits tables, refer to state exceptions tables in accordance with Rule 17.
- 2. Use the increased limit factors applicable to Allied Health Care Providers.

D. Additional Interests

Policies may be written to cover the following additional interests:

1. No Additional Charge

- a. Additional Insured – Controlling Interest Endorsement **PR 20 10**.
- b. Additional Insured – Executors, Administrators, Trustees Or Beneficiaries Endorsement **PR 20 12**.

2. Additional Charge – Refer To Company

For health care professionals who are not employed by the named insured, use Additional Insured – Health Care Professionals Not Employed By You Endorsement **PR 20 08**.

E. Deductible Endorsement

- 1. When deductible insurance is selected by the insured, the deductible applies on a per laboratory incident basis. Use Deductible Liability Insurance Endorsement **PR 03 01**.
- 2. Professional corporations consisting of a single individual must be treated as additional insureds.
- 3. Use the deductible discount factors applicable to Allied Health Care Providers.

31. OPTOMETRISTS PROFESSIONAL LIABILITY COVERAGE (Subline Code 245)

A. Description Of Optometrists Professional Liability Coverage

- 1. Two standard coverage forms are available for Optometrists risks. One coverage form provides coverage on an occurrence basis and one coverage form provides coverage on a claims-made basis.
- 2. These coverage forms provide coverage against claims for injuries arising out of acts or omissions:
 - a. In the providing of or failure to provide professional optometric services; or
 - b. Arising out of the insured's involvement with a formal accreditation, standards review or equivalent professional board or committee.
- 3. For details of coverage:
 - a. Refer to Coverage Forms:
 - (1) Optometrists Professional Liability Coverage Form (Occurrence Version) **PR 00 11**.
 - (2) Optometrists Professional Liability Coverage Form (Claims-Made Version) **PR 00 12**.
 - b. Refer to Mandatory Multistate Endorsements:
 - (1) Broad Form Nuclear Exclusion Endorsement **IL 00 21**.
 - (2) Common Policy Conditions Endorsement **IL 00 17**.
 - c. Refer to Mandatory State Endorsements listed in the state exceptions.
- 4. The appropriate:
 - a. Coverage Form;
 - b. Mandatory Endorsements (including those required for use in a particular jurisdiction);
 - c. Other applicable endorsements; and
 - d. The Declarationsmake up a Coverage Part.

B. Basic Limits

- 1. Company rates are shown at a \$4500,000 limit:
 - a. For each Optometric Incident, subject to a \$31,500,000 Individual Professional Liability Aggregate Limit; or
 - b. For each Business Entity Incident, subject to a \$31,500,000 Partnership, Limited Liability Company, Association Or Corporation Professional Liability Aggregate Limit.
- 2. The limits described in Paragraph 1. apply separately to individual and partnership liability. For individual liability, the limits also apply separately to each individual named insured. For partnership liability, only one set of limits applies regardless of the number of insureds.

3. The Aggregate Limit applies separately to each year of the policy or any applicable policy period less than four year (other than an extension of less than four year after the policy is issued).

4. The Aggregate Limit may be reinstated when exhausted. Refer to company.

C. Increased Limits

For increased limits tables, refer to state exceptions tables in accordance with Rule 17.

D. Additional Interests

Policies may be written to cover the following additional interests:

1. No Additional Charge

a. Additional Insured – Controlling Interest Endorsement **PR 20 11**.

b. Additional Insured – Executors, Administrators, Trustees Or Beneficiaries Endorsement **PR 20 12**.

2. Additional Charge – Refer To Company

For the named insured's employees, other than employed optometrists, use Additional Insured – Employees Endorsement **PR 20 04** (For Occurrence Version) or **PR 20 05** (For Claims-mMade Version).

E. Deductible Endorsement

1. When deductible insurance is selected by the insured, the deductible applies on a per optometric incident and/or per business entity incident basis. Use Deductible Liability Insurance Endorsement **PR 03 03**.

2. Use the deductible discount factors applicable to Allied Health Care Providers.

F. Partnership Or Limited Liability Company Professional Liability

When both partnership, or limited liability company, professional liability and individual liability are covered, compute the premium using:

1. The partnership liability rate for each partner (or member of a limited liability company); and

2. The appropriate rate for each employee of the partnership or limited liability company, if any.

G. Professional Association Or Corporation Professional Liability

1. Classify and rate such risks which practice medicine or dentistry the same as partnerships; that is, classify the stockholders in the same manner as partners and the association or corporation in the same manner as partnerships.

2. Professional corporations consisting of a single individual must be treated as additional insureds.

32. VETERINARIANS PROFESSIONAL LIABILITY COVERAGE (Subline Code 317)

A. Description Of Veterinarians Professional Liability Coverage

1. Two standard coverage forms are available for Veterinarian risks. One coverage form provides coverage on an occurrence basis and one coverage form provides coverage on a claims-made basis.

2. These coverage forms provide coverage against claims for injuries arising out of acts or omissions:

a. In the providing of or failure to provide professional veterinarian services; or

b. Arising out of the insured's involvement with a formal accreditation, standards review or equivalent professional board or committee.

3. For details of coverage:

a. Refer to cCoverage fForms:

(1) Veterinarians Professional Liability Coverage Form (Occurrence Version) **PR 00 13**.

(2) Veterinarians Professional Liability Coverage Form (Claims-mMade Version) **PR 00 14**.

b. Refer to mMandatory eEndorsements:

(1) Broad Form Nuclear Exclusion Endorsement **IL 00 21**.

(2) Common Policy Conditions Endorsement **IL 00 17**.

c. Refer to mMandatory sState eEndorsements listed in the state exceptions.

4. The appropriate:
 - a. Coverage fForm;
 - b. Mandatory eEndorsements (including those required for use in a particular jurisdiction);
 - c. Other applicable endorsements; and
 - d. The-Declarationsmake up a Coverage Part.

B. Basic Limits

1. Company rates are shown at a \$1500,000 limit:
 - a. For each Veterinary Incident, subject to a \$31,500,000 Individual Professional Liability Aggregate Limit; or
 - b. For each Business Entity Incident, subject to a \$31,500,000 Partnership, Limited Liability Company, Association Or Corporation Professional Liability Aggregate Limit.
2. The limits described in Paragraph 1. apply separately to individual and partnership liability. For individual liability, the limits also apply separately to each individual named insured. For partnership liability, only one set of limits applies regardless of the number of insureds.
3. The Aggregate Limit applies separately to each year of the policy or any applicable policy period less than 4one year (other than an extension of less than 4one year after the policy is issued).
4. The Aggregate Limit may be reinstated when exhausted. Refer to company.

C. Increased Limits

For increased limits tables, refer to state-exceptions tables in accordance with Rule 17.

D. Additional Interests

Policies may be written to cover the following additional interests:

1. **No Additional Charge**
 - a. Additional Insured – Controlling Interest Endorsement **PR 20 11.**
 - b. Additional Insured – Executors, Administrators, Trustees Or Beneficiaries Endorsement **PR 20 12.**
2. **Additional Charge – Refer To Company**

For the named insured's employees, other than employed veterinarians, use Additional Insured – Employees Endorsement **PR 20 06** (For Occurrence Version) or **PR 20 07** (For Claims-mMade Version).

E. Deductible Endorsement

When deductible insurance is selected by the insured, the deductible applies on a per veterinary incident and/or per business entity incident basis. Use Deductible Liability Insurance Endorsement **PR 03 04.**

F. Partnership Or Limited Liability Company Professional Liability

When both partnership, or limited liability company, professional liability and individual liability are covered, compute the premium using:

1. The partnership liability rate for each partner (or member of a limited liability company); and
2. The appropriate rate for each employee of the partnership or limited liability company, if any.

G. Professional Association Or Corporation Professional Liability

1. Classify and rate such risks which practice medicine or dentistry the same as partnerships; that is, classify the stockholders in the same manner as partners and the association or corporation in the same manner as partnerships.
2. Professional corporations consisting of a single individual must be treated as additional insureds.

SECTION III – CLASSIFICATIONS

33. CLASSIFICATIONS

A. Introduction

This Section contains an alphabetical listing of classification and rating information for Division Seven – Medical Professional Liability. The classification listing has been divided into four tables for:

1. Hospitals
2. Physicians And Surgeons
3. Dentists
4. Miscellaneous Medical Professionals

B. Explanation Of Classification System

The purpose of the classification system is to group insureds into classifications so that the rate for each classification reflects the hazards common to those insureds.

The classification system used in this manual basically reflects the grouping methods adopted by the involved medical professional associations (such as the American Hospital Association, American Board of Medical Specialties) for their statistical gathering purposes. However, this classification system may not necessarily be identical to those utilized by different medical professional associations.

C. Bases Of Premium

The exposure base used for determining the premium charge for each classification is indicated in the specific classification. The definitions of the bases of premium are as follows:

1. Beds
 The daily average number of beds, cribs and bassinets occupied during the policy period.
 The rates apply per bed.
2. Donations
 The total of all blood donations administered by the named insured during the policy period.
 The rates apply per donation.
3. Outpatient Visits
 The total number of visits made during the policy period by patients who do not receive bed and board service.
 The rates apply per 100 outpatient visits.
4. Person
 Each individual who is being insured.
 The rates apply per person.

D. Definitions, Abbreviations And Symbols

1. Premium Bases

The following premium bases are used with the classifications in this Manual:

Symbol	Description
o	Outpatient Visits
b	Beds
d	Donations
f	Person
t	See classification notes

Table 33.D.1. Definitions, Abbreviations And Symbols

2. NOC

"NOC" means Not Otherwise Classified. A classification designated "NOC" shall apply only if no other classification more specifically describes the insured's business.

~~3. Notes~~

~~The last column in the Classification Tables, "Notes", provides additional information for a particular classification.~~

~~4. Including~~

~~If a classification contains the descriptive phrase "including...", the operations which are so designated shall not be assigned to a separate classification even though such operations are described by another classification or are at a separate location.~~

~~5. D.O.~~

~~D.O. means Doctor of Osteopathy.~~

~~6. For-Profit Hospital, Institution or Clinic~~

~~For-Profit Hospital, Institution or Clinic means one which is neither a "Governmental Hospital, Institution or Clinic" nor a "Not-for-profit Hospital, Institution or Clinic", as defined in this section.~~

~~7. Major Surgery~~

~~Major Surgery means:~~

- ~~a. Performing major surgery; or~~
- ~~b. Assisting in major surgery on patients other than the insured's.~~

~~Tonsillectomies, adenoidectomies and cesarean sections are major surgery.~~

~~8. M.D.~~

~~M.D. means Medical Doctor.~~

~~9. Minor Surgery~~

~~Minor Surgery means:~~

- ~~a. Performing minor surgery (including obstetrical procedures which are not major surgery);~~
- ~~b. Assisting in major surgery on the insured's patients.~~

~~10. No Surgery~~

~~No Surgery means neither performing surgery or obstetrical procedures nor assisting in surgery. Incising of boils and superficial fascia, suturing of minor lacerations and removal of superficial skin lesions by other than surgical incision are not surgery.~~

~~11. Not-for-profit Hospital, Institution or Clinic~~

~~Not-for-profit Hospital, Institution or Clinic means one which is not operated by a governmental unit and the net earnings of which do not inure to the benefit of any private individual.~~

~~12. Teaching Physician or Surgeon~~

~~Teaching Physician or Surgeon means one who teaches on a full-time basis and has no private practice.~~

33.34. CLASSIFICATION PROCEDURES

For classification assignment purposes, classification wording or classification footnotes takes precedence over any General or Coverage Rules.

A. Hospital Risks

1. For Classification Assignment Purposes

- a. Based on the insured's business operation, choose the classification from Tables **35.#1(CT)** through **#4, Hospital Risks** Classifications, which best describes the operation.
- b. More than one classification may be necessary for risks with multiple business operations.
- c. If none of the classifications adequately describe an operation, refer to company.

- d. The "Convalescent or Nursing Homes", "Mental-psychopathic Institutions" and "Rehabilitation Hospital" classifications shall apply to any osteopathic institution other than osteopathic hospitals and osteopathic clinics.
- e. The classification for "Clinics, Dispensaries or Infirmaries" does not apply to drugless healing institutions such as chiropractic, naturopathic, sanipractic and Christian Science institutions. Such risks shall be submitted for rating.
- f. Hospitals, institutions and clinics operated by the federal government or a state, county, city or other governmental unit shall be rated as not-for-profit hospitals, institutions or clinics, as appropriate.

2. For Premium Computation Purposes

- a. Hospital classifications, depending on the service provided, are rated on either a "beds" or an "outpatient visits" basis or both.
- b. Hospitals are subject to additional premium charges for each of their employed staff physicians, surgeons or dentists, other than interns, who do not have their own private practices. Follow the same rules for classifying the physicians, surgeons or dentists insured for Physicians, Surgeons And Dentists Professional Liability insurance, as described in this manual, to determine the appropriate rating for such employed physicians, surgeons or dentists. Use Apply the factor shown in Table 33.A.2.b.(RF) of the rates from the appropriate classifications for each employed physician, surgeon or dentist to calculate the additional charges.

B. Physicians And Surgeons Risks

1. For Classification Assignment Purposes

- a. When multiple physicians and surgeons are covered under the same policy, each insured physician or surgeon shall be assigned to one classification only, based on that person's medical specialty.
- b. If two or more classifications apply to the same individual, use the highest rated classification.
- c. Any individual who would normally be assigned to a classification whose code number is followed by an asterisk must be classified under the appropriate "Physicians – no major surgery" table if he or she performs any of the following medical techniques or procedures, as shown in Table 36.H.#3(CT) Physicians – No Major Surgery Classifications (For Classifications With An *):
 - (1) Acupuncture other than acupuncture anesthesia
 - (2) Angiography
 - (3) Arteriography
 - (4) Catheterization – arterial, cardiac or diagnostic – other than:
 - (a) The occasional emergency insertion of pulmonary wedge pressure recording catheters or temporary pacemakers;
 - (b) Urethral catheterization; or
 - (c) Umbilical cord catheterization for diagnostic purposes or for monitoring blood gases in newborns receiving oxygen
 - (5) Cryosurgery, other than use on benign or premalignant dermatological lesions
 - (6) Discograms
 - (7) Lasers used in therapy
 - (8) Lymphangiography
 - (9) Myelography
 - (10) Phlebography
 - (11) Pneumoencephalography
 - (12) Radiation therapy, including X-ray laboratories
 - (13) Shock Therapy
- d. Any individual who would normally be assigned to a classification whose code number is followed by a cross-hatch must be classified under the appropriate "Physicians – no major surgery" table if he or she performs any of the following medical techniques or procedures, as shown in Table 36.I.#4(CT) Physicians – No Major Surgery Classifications (For Classifications With A #):

- (1) Colonoscopy
 - (2) Endoscopic Retrograde Cholangiopancreatography
 - (3) Laparoscopy (Peritoneoscopy)
 - (4) Needle Biopsy, including lung and prostate, but not including liver, kidney or bone marrow biopsy
 - (5) Pneumatic or mechanical esophageal dilation (not with bougie or olive)
 - (6) Radiopaque Dye Injections, into blood vessels, lymphatics, sinus tracts or fistulae (Not applicable to radiologists)
- e. ~~Table 39.D.#18(CT) thru Table 39.D.#2~~ **Approved Specialty Boards And Certificate Categories** provides information regarding the correlation between the medical specialties under the General Certificates and Subspecialty Categories, as approved by the American Board of Medical Specialties (ABMS). Refer to Table 39.D.#18(CT) to determine the appropriate classification for an insured physician or surgeon when the medical specialty provided by such insured physician or surgeon is only listed in the Subspecialty Categories as described by the ABMS.
 - f. Physicians or surgeons that teach on a full-time basis shall be classified in accordance with the Teaching Physicians And Surgeons Cclassifications as shown in Table 36.G.#2(CT). ~~Physicians And Surgeons Classifications. (Description T thru U).~~
 - g. Physicians and surgeons in active United States Military Service shall be classified in accordance with Table 36.K.#6(CT). ~~Physicians And Surgeons In Active U.S. Military Service Classifications.~~
 - h. Medical Doctors (M.D.) and Doctors of Osteopathy (D.O.) are to be coded separately for statistical reporting purposes in accordance with the codes shown in the applicable Classification Tables.
 - i. Retired physicians or surgeons who practice on a limited basis may be insured on a "refer-to-company" basis. For statistical purposes, use Code 80179 for medical doctors and Code 84179 for osteopathic doctors.
 - j. Any insured physician or surgeon who provides regular bed and board facilities for patients shall be classified and rated as a hospital. Refer to the Rules for Hospital Professional Liability Coverage.
 - k. Refer to the definitions of Medical and Surgical Dental Terminology section of the classification table for the Rule 39.A. Medical And Surgical Specialties Glossary, and the Rule 39.B. Medical And Surgical Procedures Glossary, for reference.
 - l. For partnership or corporate liability coverage, use the appropriate additional charge classifications in Tables 36.L. and M.,#7(CT) Additional Charges.
 - m. Physicians and surgeons who serve on medical review boards are subject to an additional charge as provided in Rule 36.N. Table #8(CT).
- 2. For Premium Computation Purposes**
- a. Physicians and surgeons classifications are rated on a "per-person" basis.
 - b. For physicians or surgeons employed full time by the Federal Government, use apply the factor shown in 75 Table 33.B.2.b.(RF) of the rates which would otherwise apply to such physicians or surgeons, based on the classification assignment which reflects their medical specialty. For statistical reporting purposes use Code 80178 for medical doctors and Code 84178 for osteopathic doctors.
 - c. Insured physicians or surgeons are subject to additional premium charges based on the applicable additional charges classification shown in Tables 36.L. and M.,#7(CT) Additional Charges. These additional charge classifications are not designed to be used as governing classifications, except for the Partnership Liability and Corporate Liability Cclassifications (Codes 80999 and 84999). Refer to the footnotes for the application of these classifications.

C. Dentists Risks

1. For Classification Assignment Purposes

- a. When multiple dentists are covered under the same policy, each insured dentist shall be assigned to one classification only. Refer to Tables 37.A.#1#9(CT) and #2, General Classifications, for the appropriate classification.
- b. If two or more classifications apply to the same individual, use the highest rated classification.

- c. Refer to Paragraph Rule ~~39.C. Special Areas Of Dental Practice~~ in the definitions of Definition of Medical and Surgical Dental Terminology section of the classification table for information regarding the special areas of dental practice recognized by the American Dental Association.
- d. Dentists that teach on a full-time basis shall be classified in accordance with the Teaching Dentists classifications as shown in Table ~~37.A.#1#9(CT) General Classifications~~.
- e. Dentists in active United States Military Service shall be classified in accordance with the Table ~~37.B.#11(CT) Dentists – In Active U.S. Military Service Classifications~~.
- f. Retired dentists who practice on a limited basis may be insured on a "refer_to_company" basis. For statistical purposes, use Code 80220.
- g. For partnership or corporate liability coverage, use the appropriate additional charge classifications in Table ~~37.A.#2#10(CT) General Classifications~~.

2. For Premium Computation Purposes

- a. Dentists classifications are rated on a "per_person" basis.
- b. For dentists employed full time by the Federal Government, refer to Table ~~37.C.#12(CT) Dentists – Employed By Federal Government Classifications~~, to determine the appropriate classification.
- c. Insured dentists are subject to additional premium charges for specific situations shown in Table ~~37.A.#2#10(CT) General Classifications~~. Refer to Table ~~37.A.#2#10(CT)~~ to determine the appropriate additional charges.

D. Miscellaneous Medical Professional Risks

1. Classifications

Miscellaneous classifications are composed of those classifications which are not assignable to Hospitals, Physicians and Surgeons or Dentists categories. Refer to:

- a. Tables #13(CT) and #14(CT) for miscellaneous medical – individual risks.
- b. Table #15(CT) for additional charges for certain miscellaneous medical individual risks classifications, in accordance with Tables #13(CT) and #14(CT).
- c. Table #16(CT) for other than individual risks for blood banks and medical or x-ray laboratories.
- d. Table #17(CT) for paraprofessionals for emergency medical technicians, paramedics and ambulance attendants.

2. Rating Bases

The classifications have various rating bases. Choose a classification that best describes the risk's operations and determine whether the insured is or is not an employee.

- a. Blood Banks Cclassifications are rated on a "donations" basis.
- b. Medical or X-ray Laboratories Cclassifications are rated on a "receipts" basis.
- c. Acupuncturists are rated on a "per_person" basis.
- d. Art, Music and Dance Therapists are rated on a "per_person" basis.
- e. Nurses Cclassifications are rated on a "per_person" basis.
- f. All other classifications shown under Other Than Employees Professional Liability in Paragraph ~~A. Table #13(CT) Individual Risks~~ of Rule 38, are rated on either a "per_person" or "per_partner" basis.
- g. All classifications shown under Employees Professional Liability in Paragraph ~~A. Table #13(CT) Individual Risks~~ of Rule 38, are rated on a "per_person" basis.
- h. Paraprofessionals are rated on a "per_person" basis.

3. Classification Assignment And Premium Computation Purposes

- a. For the following risks:
 - (1) Blood Banks; and
 - (2) Medical or X-ray Laboratories,follow the same rules which apply for Hospital Professional Liability Coverage, to the extent such rules apply to miscellaneous medical professional risks.

- b. For all other risks shown under Paragraph A. in Tables #13(CT) and #14(CT) Individual Risks of Rule 38, follow the same rules which apply for Physicians And Surgeons Professional Liability Coverage, to the extent such rules apply to miscellaneous medical professional risks.

35. HOSPITAL CLASSIFICATIONS

Hospital Classifications

Description	Class Code	Premium Base	For Company Use	
Alcohol/Drug Rehabilitation Centers For-Profit	80601	b		
	80602	e		
	Not-For-Profit	80603	b	
		80604	e	
	Osteopathic	84158	b	
		84159	e	
Cardiac Stress Testing Centers For-Profit	80605	e		
	Not-For-Profit	80606	e	
	Osteopathic	84160	e	
Clinics, Dispensaries or Infirmaries — treatment of outpatients only — no regular bed and board facilities For-Profit	80613 (1)	e		
	Not-For-Profit	80614 (1)	e	
	Osteopathic	84803 (1)	e	
Convalescent or Nursing Homes — not mental- psychopathic institutions For-Profit	80923 (2)	b		
	Not-For-Profit	80951 (2)	e	
	80924 (2)	b		
	80952 (2)	o		

(1) Clinics, dispensaries or infirmaries incidental to industrial or commercial risks shall be classified and rated under the "For-Profit" classification.

This classification does not apply to not-for-profit dental clinics. Such risks shall be referred to company. Clinics, dispensaries or infirmaries operated by dentists or physicians shall be classified and rated as Physicians, Surgeons And Dentists Professional Liability Insurance.

If regular bed and board facilities are provided, classify and rate in accordance with the appropriate classification in this Manual.

(2) Classify and rate homes for the aged operated for the purpose of providing care for the aged sick, infirm or injured as "Convalescent or Nursing Homes..." Other homes for the aged shall be submitted for rating.

Table 35.#1 Hospital Classifications

Hospital Classifications

Description	Class Code	Premium Base	For Company Use	
Hospices For-Profit	80510 (1)	b		
	80512 (1)	b		
Hospitals For-Profit	80611 (2)	b		
	80610 (2)	e		
	Not-For-Profit	80612 (2)	b	
		80617 (2)	e	
	Osteopathic	84965 (2)	b	
		84966 (2)	e	

(1) This classification applies to institutions specializing in the care and treatment of terminal illness. It does not apply to risks with surgical operating room facilities even though designated as hospices.

(2) This is an NOC classification.

This classification applies to hospitals treating all general or special medical and surgical cases including sanitariums with surgical operating room facilities.

Veterinary hospitals shall be classified and rated in accordance with the Miscellaneous Medical Professional Liability Manual.

Table 35.#2 Hospital Classifications

Hospital Classifications

Description	Class Code	Premium Base	For Company Use	
Mental Psychopathic Institutions For-Profit	80997 (1)	b		
	80999 (1)	e		
	Not-For-Profit	80916 (1)	b	
		80917 (1)	e	
Outpatient Surgical Facilities Osteopathic	84453 (2)	e		
	80453 (2)	e		
Rehabilitation Hospitals For-Profit	80516 (3)	b		
	80517 (3)	e		
	Not-For-Profit	80518 (3)	b	
		80519 (3)	e	

Description	Class Code	Premium Base	For Company Use
(1) This classification applies to institutions primarily for the restraint and treatment of mental, drug, narcotic or alcoholic cases.			
(2) This classification applies to institutions providing same-day surgical facilities.			
(3) This classification applies to institutions providing restorative and support services for the disabled. If regular bed and board facilities are provided, classify and rate in accordance with the appropriate classification in this Manual.			

Table 35.#3 Hospital Classifications

Hospital Classifications

Description	Class Code	Premium Base	For Company Use	
Sanitariums or Health Institutions – not hospitals or mental psychopathic institutions For-Profit	80925 (1)	b		
	80953 (1)	e		
	Not-For-Profit	80926 (1)	b	
		80954 (1)	e	
Skilled Nursing Facilities – Short Term For-Profit	80522 (2)	b		
	80523 (2)	e		
	Not-For-Profit	80524 (2)	b	
		80525 (2)	e	

(1) This classification applies to risks with regular bed and board facilities, and with laboratory or medical departments. It does not apply to risks with surgical operating room facilities even though designated as sanitariums or health institutions.
 (2) This classification applies to institutions primarily engaged in providing skilled nursing care and related services for inpatients requiring medical supervision of their care or rehabilitation services on a daily basis. It does not apply to risks with surgical operating room facilities, laboratory or medical departments or X-ray apparatus.

Table 35.#4 Hospital Classifications

36. PHYSICIANS AND SURGEONS CLASSIFICATIONS

A. Physicians And Surgeons Classifications – Description A Thru D

Description	M.D. Code No.	D.O. Code No.	Premium Base	For Company Use
Aerospace Medicine	(1)			
Allergy/Immunology	80254*#	84254*#	F	
Anesthesiology Critical Care Medicine – Pain Management All Other	80181 (2)	84181 (2)	F	
	80182 (2)	84182 (2)	F	
	80183 (2)	84183 (2)	F	
Broncho-Esophagology	80104		F	

Description	M.D. Code No.	D.O. Code No.	Premium Base	For Company Use
Cardiovascular Disease— minor surgery	80281*	84281*	F	
	80255*#	84255*#	F	
Dermatology— Clinical and Dermatological Immunology	80295	84295	F	
	80296	84296	F	
	80297	84297	F	
Diabetes— minor surgery	80271*		F	
	80237*#		F	

(1) See Preventive Medicine – no surgery.

(2) This classification applies to all general practitioners or specialists who perform general anesthesia or acupuncture anesthesia.

Table 36.A. Physicians And Surgeons Classifications—Description A Thru D

B. Physicians And Surgeons Classifications—Description E Thru H

Description	M.D. Code No.	D.O. Code No.	Premium Base	For Company Use
Emergency Medicine— including major surgery	80157 (1)	84157 (1)	F	
	80102 (2)	84102 (2)	F	
Endocrinology— minor surgery	80272*	84272*	F	
	80238*#	84238*#	F	
Family Physicians or General Practitioners— no surgery	80420	84420	F	
	80421	84421	F	
Forensic Medicine	80240*#	84240*#	F	
Gastroenterology— minor surgery	80274*	84274*	F	
	80241*#	84241*#	F	
General Preventive Medicine—no surgery	(3)			
Geriatrics— minor surgery	80276*	84276*	F	
	80243*#	84243*#	F	
Gynecology— minor surgery	80277*	84277*	F	
	80244*#	84244*#	F	
Hematology— minor surgery	80278*	84278*	F	
	80245*#	84245*#	F	
Hospitalists	80222	84222	F	
Hypnosis	80232*#		F	

Description	M.D. Code No.	D.O. Code No.	Premium Base	For Company Use
(1) This classification applies to any general practitioner or specialist primarily engaged in emergency practice at a clinic, hospital or rescue facility who performs major surgery. (2) This classification applies to any general practitioner or specialist primarily engaged in emergency practice at a clinic, hospital or rescue facility who does not perform major surgery. (3) See Preventive Medicine – no surgery.				

Table 36.B. Physicians And Surgeons Classifications – Description E Thru H

C. Physicians And Surgeons Classifications – Description I Thru N

Description	M.D. Code No.	D.O. Code No.	Premium Base	For Company Use
Infectious Diseases – minor surgery	80270*#		F	
no surgery	80246*#		F	
Intensive Care Medicine	80283 (1)	84283 (1)	F	
Internal Medicine – minor surgery	80284*	84284*	F	
no surgery	80257*#	84257*#	F	
Laryngology – minor surgery	80285*		F	
no surgery	80258*#		F	
Legal Medicine	80240*#		F	
Manipulator		84801*	F	
Neonatal/Perinatal Medicine	80804	84804	F	
Neoplastic Diseases minor surgery	80286*		F	
no surgery	80259*#		F	
Nephrology – minor surgery	80287*		F	
no surgery	80260*#		F	
Nephrology – including child – minor surgery	80288*	84288*	F	
Neurology – including child – no surgery				
Pain Management	80298*#	84298*#	F	
All Other	80299*#	84299*#	F	
Nuclear Medicine	80262*#	84262*#	F	
Nutrition	80248*#		F	
(1) This classification applies to any general practitioner or specialist employed in an intensive care hospital unit.				

Table 36.C. Physicians And Surgeons Classifications – Description I Thru N

D. Physicians And Surgeons Classifications – Description O Thru P

Description	M.D. Code No.	D.O. Code No.	Premium Base	For Company Use
Occupational Medicine	(1)	(1)	F	
Oncology				

Description	M.D. Code No.	D.O. Code No.	Premium Base	For Company Use
minor surgery	80301	84301	F	
no surgery	80302	84302	F	
Ophthalmology—				
minor surgery	80289*	84289*	F	
no surgery	80263*#	84263*#	F	
Otology—				
minor surgery	80290*		F	
no surgery	80264*#		F	
Otorhinolaryngology—				
minor surgery	80291*#	84291*	F	
no surgery	80265*#	84265*#	F	
Pathology—				
Blood Banking/Transfusion Medicine				
minor surgery	80303* (2)	84303* (2)	F	
no surgery	80304*# (2)	84304*# (2)	F	
Cytopathology				
minor surgery	80305 (2)	84305 (2)	F	
no surgery	80306*# (2)	84306*# (2)	F	
All Other	80307*# (2)	84307*# (2)		
Pediatrics—				
minor surgery	80293*#	84293*#	F	
no surgery	80267*#	84267*#	F	
Pharmacology—clinical	80234*#		F	

(1) See Preventive Medicine—no surgery.
 (2) This classification includes pathological laboratories operated by the insured.

Table 36.D. Physicians And Surgeons Classifications—Description O Thru P

E. Physicians And Surgeons Classifications—Description P

Description	M.D. Code No.	D.O. Code No.	Premium Base	For Company Use
Physical Medicine and Rehabilitation				
Pain Management	80208*#	84208*#	F	
All Other	80209*#	84209*#	F	
Physicians—minor surgery	80294* (1)		F	
Physicians—no surgery	80268*# (1)	84268*# (1)	F	
Physicians or Surgeons Assistants	80116*# (2)	84116*# (2)	F	
Preventive Medicine—no surgery				
Aerospace Medicine	80133*#	84133*#	F	
Occupational Medicine	80134*#	84134*#	F	

Description	M.D. Code No.	D.O. Code No.	Premium Base	For Company Use
Public/General Health Medicine	80135*#	84135*#	F	
Medical Toxicology	80138*#	84138*#	F	
Undersea/Hyperbaric Medicine	80139*#	84139*#	F	
Psychiatry				
Addiction Psychiatry	80224*#	84224*#	F	
Child and Adolescent Psychiatry	80226*#	84226*#	F	
Forensic Psychiatry	80227*#	84227*#	F	
Geriatric Psychiatry	80228*#	84228*#	F	
All Other	80229*#	84229*#	F	
Psychoanalysis	80250*#		F	
Psychosomatic Medicine	80251*#	84251*#	F	
Public Health	(3)			
Pulmonary Diseases – no surgery	80269*#	84269*#	F	

(1) This is an NOC classification.
 (2) This classification applies to physicians or surgeons assistants who have completed an approved course of study leading to university certification and who perform their duties under the direct supervision of a licensed physician or surgeon assisting in the clinical and/or research endeavors of the physician or surgeon.
 (3) See Preventive Medicine – no surgery.

Table 36.E. Physicians And Surgeons Classifications – Description P

F. Physicians And Surgeons Classifications – Description R Thru S

Description	M.D. Code No.	D.O. Code No.	Premium Base	For Company Use
Radiology – diagnostic – minor surgery	80280* (1)	84280* (1)	F	
no surgery	80253*# (1)	84253*# (1)	F	
Radiology – therapeutic – minor surgery	80358	84358	F	
no surgery	80359	84359	F	
Radiology – interventional	80360	84360	F	
Rheumatology – no surgery	80252*#	84252*#	F	
Rhinology – minor surgery	80270*		F	
no surgery	80247*#		F	
Sclerotherapy		84802*	F	
Sports Medicine – no surgery	(2) 80205	84205	F	
minor surgery	80204	84204	F	

(1) This classification includes x-ray laboratories operated by the insured.
 (2) For major surgery use Orthopedic Surgery classification 80154.

Table 36.F. Physicians And Surgeons Classifications – Description R Thru S

G. Physicians And Surgeons Classifications – Description T Thru U

Description	M.D. Code No.	D.O. Code No.	Premium Base	For Company Use
Teaching Physicians— no surgery	80321 (1)		F	
	80322 (2)		F	
Teaching Physicians or Surgeons—major surgery	80323 (3)		F	
	80324 (4)		F	
	80325 (5)		F	
	80326 (6)		F	
	80327 (7)		F	
Urology no surgery	80121	84121	F	
	80120	84120	F	

- (1) This classification applies to those physicians who would normally be assigned to Codes 80230 through 80269 inclusive.
 (2) This classification applies to those physicians who would normally be assigned to Codes 80270 through 80294.
 (3) This classification applies to those specialists who would normally be assigned to one of the following Codes: 80101; 80102; 80103; 80104; 80105; 80107; 80108; 80114; 80115; 80117.
 (4) This classification applies to those specialists who would normally be assigned to Code 80145.
 (5) This classification applies to those specialists who would normally be assigned to one of the following Codes: 80106; 80141; 80143; 80151; 80155; 80157; 80158; 80159; 80160; 80166.
 (6) This classification applies to those specialists who would normally be assigned to one of the following Codes: 80153; 80156; 80167; 80168; 80169; 80170.
 (7) This classification applies to those specialists who would normally be assigned to one of the following Codes: 80144; 80146; 80150; 80152; 80154; 80171.

Table 36.G. Physicians And Surgeons Classifications – Description T Thru U

H. Physicians – No Major Surgery Classifications (For Classifications With An *)

These classifications apply to all general practitioners or specialists except those performing major surgery, anesthesiology or acupuncture anesthesiology, who perform any of the following medical techniques or procedures:

Description	M.D. Code No.	D.O. Code No.	Premium Base	For Company Use
Acupuncture—other than acupuncture anesthesia	80437	84437	F	
Angiography	80422	84422	F	
Arteriography	80422	84422	F	
Catheterization	80422 (1)	84422 (1)	F	
Cryosurgery	80429	84429	F	
Discograms	80428	84428	F	
Lasers—used in therapy	80425	84425	F	
Lymphangiography	80434	84434	F	
Myelography	80428	84428	F	

Description	M.D. Code No.	D.O. Code No.	Premium Base	For Company Use
Phlebography	80434	84434	F	
Pneumoencephalography	80428	84428	F	
Radiation Therapy	80425 (2)	84425 (2)	F	
Shock Therapy	80431	84431	F	
(1) Arterial, cardiac or diagnostic – other than (a) the occasional emergency insertion of pulmonary wedge pressure recording catheters or temporary pacemakers, (b) urethra catheterization or (c) umbilical cord catheterization for diagnostic purposes or for monitoring blood gases in newborns receiving oxygen.				
(2) This classification includes X-ray laboratories operated by the insured.				

Table 36.H. Physicians – No Major Surgery Classifications (For Classifications With An *)

I. Physicians – No Major Surgery Classifications (For Classifications With A #)

These classifications apply to all general practitioners or specialists except those performing major surgery, anesthesiology or acupuncture anesthesiology, who perform any of the following medical techniques or procedures:

Description	M.D. Code No.	D.O. Code No.	Premium Base	For Company Use
Colonoscopy	80443	84443	F	
Endoscopic Retrograde Cholangiopancreatography	80443	84433	F	
Laparoscopy (Peritonoscopy)	80440	84440	F	
Needle Biopsy	80446 (1)	84446 (1)	F	
Pneumatic or mechanical esophageal dilation (not bougie or olive)	80443	84443	F	
Radiopaque Dye Injections	80449 (2)	84449 (2)	F	
(1) Including lung and prostate, but not including liver, kidney or bone marrow biopsy.				
(2) Injection into blood vessels, lymphatics, sinus tracts and fistulae (Not applicable to Radiologists Codes 80280* and 84280*)				

Table 36.I. Physicians – No Major Surgery Classifications (For Classifications With A #)

J. Surgery Classifications

Description	M.D. Code No.	D.O. Code No.	Premium Base	For Company Use
Abdominal	80166		F	
Cardiac	80141		F	
Cardiovascular disease	80150	84150	F	
Colon and rectal	80115		F	
Endocrinology	80103		F	
Gastroenterology	80104		F	
General	80143 (1)	84143 (1)	F	
General practice or family practice	80117		F	
Geriatrics	80105		F	
Gynecology	80167	84167	F	

Description	M.D. Code No.	D.O. Code No.	Premium Base	For Company Use
Hand	80169		F	
Head and neck	80170		F	
Laryngology	80106		F	
Neoplastic	80107		F	
Nephrology	80108		F	
Neurology— including child	80152	84152	F	
Obstetrics	80168		F	
Obstetrics— gynecology	80153	84153	F	
Oncology	80164	84164	F	
Ophthalmology	80114		F	
Orthopedic	80154	84154	F	
Otology	80158 (2)		F	
Otorhinolaryngology	80159 (2)		F	
Pediatric	80180	84180	F	
Plastic	80156 (3)	84156 (3)	F	
Plastic-otorhino-laryngology	80155	84155	F	
Rhinology	80160		F	
Thoracic	80144	84144	F	
Traumatic	80171		F	
Urological	80145	84145	F	
Vascular	80146		F	

(1) This is an NOC classification. This classification does not apply to any family or general practitioner or to any specialist who occasionally performs major surgery.
 (2) This classification does not apply to general practitioners or specialists performing plastic surgery.
 (3) This is an NOC classification.

Table 36.J. Surgery Classifications

K. Physicians And Surgeons— In Active U.S. Military Service Classifications

The following classifications and additional charges apply for physicians and surgeons in active United States Military Service:

Description	M.D. Code No.	D.O. Code No.	Premium Base	For Company Use
Physicians— no surgery	80131 (7)	84131 (7)	F	
	80172 (1)(7)	84172 (1)(7)	F	
	80132 (7)	84132 (7)	F	
Physicians or Surgeons— major surgery	80172 (2)(7)	84172 (2)(7)	F	
	80173 (3)(7)	84173 (3)(7)	F	

Description	M.D. Code No.	D.O. Code No.	Premium Base	For Company Use
	80174 (4)(7)	84174 (4)(7)	F	
	80175 (5)(7)	84175 (5)(7)	F	
	80176 (6)(7)	84176 (6)(7)	F	
Additional Charges: Radiation Therapy	80136	84136	F	
Shock Therapy	80137	84137	F	

(1) The additional charges for radiation or shock therapy do not apply to this classification.
 (2) This classification applies to those specialists who would normally be assigned to one of the following M.D. Codes, or the corresponding D.O. Codes, where applicable: 80101; 80102; 80103; 80104; 80105; 80107; 80108; 80114; 80115; 80117.
 (3) This classification applies to those specialists who would normally be assigned to the following Codes: 80145; 84145.
 (4) This classification applies to those specialists who would normally be assigned to one of the following M.D. Codes, or the corresponding D.O. Codes, where applicable: 80106; 80141; 80143; 80151; 80155; 80157; 80158; 80159; 80160; 80166.
 (5) This classification applies to those specialists who would normally be assigned to one of the following M.D. Codes, or the corresponding D.O. Codes, where applicable: 80153; 80156; 80167; 80168; 80169; 80170.
 (6) This classification applies to those specialists who would normally be assigned to one of the following M.D. Codes, or the corresponding D.O. Codes, where applicable: 80144; 80146; 80150; 80154; 80171.
 (7) Any U.S. Military doctors who administer radiation therapy or shock therapy are subject to an additional charge, as indicated.

Table 36.K. Physicians And Surgeons – In Active U.S. Military Service Classifications

L. Additional Charges

The following additional charges apply for all previous classifications, except classifications applicable to physicians and surgeons in active United States Military Service or to those employed full time by the Federal Government. For Teaching Physicians, the additional charges may be used only to the extent that they apply.

Description	M.D. Code No.	D.O. Code No.	Premium Base	For Company Use
Corporate Liability	80999 (3)	84999 (3)	F	
Employed Nurse Anesthetist	80452 (1)(4)	84452 (1)(4)	F	
Employed Physicians or Surgeons Assistants	80129 (5)	84129 (5)	F	
Employed Physicians or Surgeons	80177 (2)	84177 (2)	F	
Employed Technicians – radium, including diagnostic X-ray laboratory or pathological	80148 (4)	84148 (4)	F	
Employed Technicians – radiation therapy	80149 (4)	84149 (4)	F	
Partnership Liability	80999 (3)	84999 (3)	F	

(1) The manual rate for this classification will be .10 of the rate for Anesthesiology Codes 80151 and 84151.
 (2) The rate shall be .25 of the rate applicable for the self-employed physician or surgeon.
 (3) This classification is to be used as the governing classification when the individual insured physician or surgeon is also insured as either a partnership or corporation, as referenced in Coverage Rules 27.F. and G., respectively. This classification is subject to any applicable additional charge classifications for employed physicians, surgeons and technicians.

Description	M.D. Code No.	D.O. Code No.	Premium Base	For Company Use
<p>(4) The rate for this additional charge classification applies not only to employees of individual insured physicians or surgeons but also to employees of partnerships, limited liability companies, corporations or professional associations practicing medicine. It applies per employee regardless of the number of partners or members. It applies also to such personnel in pathological or X-ray laboratories operated or supervised by the insured.</p> <p>(5) This additional charge classification applies not only to individual insured physicians or surgeons but also to physicians or surgeons who are employees of partnerships, limited liability companies, corporations or professional associations practicing medicine.</p>				

Table 36.L. Additional Charges

M. Additional Charges

Description	M.D. Code No.	D.O. Code No.	Premium Base	For Company Use
Shock Therapy—by employed physicians or surgeons involved with major surgery	80161 (1)(4)	84161 (1)(4)	F	
Shock Therapy—by insured physicians or surgeons involved with major surgery	80162 (1)	84162 (1)	F	
Radiation Therapy—by employed physicians or surgeons involved with major surgery	80163 (2)(4)	84163 (2)(4)	F	
Radiation Therapy—by insured physicians or surgeons involved with major surgery	80165 (3)	84165 (3)	F	
<p>(1) This additional charge applies to each insured physician or surgeon doing shock therapy work.</p> <p>(2) This additional charge applies to each employed physician or surgeon doing X-ray therapy work.</p> <p>(3) This additional charge applies to each insured physician or surgeon doing X-ray therapy work.</p> <p>(4) The rate for this additional charge classification applies not only to employees of individual insured physicians or surgeons but also to employees of partnerships, limited liability companies, corporations or professional associations practicing medicine. It applies per employee regardless of the number of partners or members. It applies also to such personnel in pathological or X-ray laboratories operated or supervised by the insured.</p>				

Table 36.M. Additional Charges

N. Additional Charges

An additional charge applies to each insured physician or surgeon serving on a medical review board. The charge is a percentage of the premium for the individual physician or surgeon. Refer to company for rating.

Description	M.D. Code No.	D.O. Code No.	Premium Base	For Company Use
Medical Review Boards	80130	84130	F	

Table 36.N. Additional Charges

37. DENTISTS CLASSIFICATIONS

A. General Classifications

Description	Class Code	Premium Base	For Company Use
Dentists	80210 (1)(4)	F	

Description	Class Code	Premium Base	For Company Use
Dentists	80211 (2)(5)	F	
Teaching Dentists	80218 (3)(6)	F	
Teaching Dentists	80219 (2)(3)	F	

(1) This classification applies to any dentist engaged in oral surgery or operative dentistry on patients rendered unconscious through the administering of any anesthesia or analgesia. For increased limits for this classification, refer to Table 17.E.2. Dentists.
 (2) This is an NOC classification.
 (3) This classification is subject to an additional charge when the insured dentist does X-ray therapy work. Use the additional charge Classification Code 80215.
 (4) This classification is subject to an additional charge when another dentist is employed by the insured dentist. Use the additional charge for employed dentists, Classification Code 80212. This classification is also subject to an additional charge when the insured dentist administers X-ray therapy. Use the additional charge Classification Code 80215.
 (5) This classification is subject to an additional charge when another dentist is employed by the insured dentist. Use the additional charge for employed dentists, Classification Code 80213. This classification is also subject to an additional charge when the insured dentist administers X-ray therapy. Use the additional charge Classification Code 80215.
 (6) This classification applies to any dentist engaged in oral surgery or operative dentistry on patients rendered unconscious through the administering of any anesthesia or analgesia.

Table 37.A.#1 General Classifications

Description	Class Code	Premium Base	For Company Use
Additional Charges:			
Corporate Liability	80999 (1)	F	
Employed Dentists	80212 (2)	F	
Employed Dentists	80213 (2)(3)	F	
Partnership Liability	80999 (1)	F	
X-ray Therapy— by employed dentists	80214	F	
by insured dentists	80215	F	

(1) This classification is to be used as the governing classification when the individual insured dentist is also insured as either a partnership or corporation, as referenced in Coverage Rules 27.F. and G., respectively. This classification is subject to any applicable additional charge classifications for employed dentists.
 (2) Employed dentists are also subject to an additional charge per person if they perform X-ray therapy. Use Classification Code 80214.
 (3) This is an NOC classification.

Table 37.A.#2 General Classifications

B. Dentists—In Active U.S. Military Service Classifications

The following classification applies for dentists while in the active United States Military Service:

Description	Class Code	Premium Base	For Company Use
Dentists	80216 (1)	F	

Description	Class Code	Premium Base	For Company Use
Additional-Charge: X-ray Therapy—by dentists in active United States Military Service only	80217	F	
(1) This classification is subject to an additional charge when the insured dentist does X-ray therapy work. Use the additional charge Classification Code 80217.			

Table 37.B. Dentists—In Active U.S. Military Service Classifications

C. Dentists—Employed By Federal Government Classifications

The following classifications apply for dentists employed full time by the Federal Government but not in active United States Military Service:

Description	Class Code	Premium Base	For Company Use
Dentists	80225 (1)(3)	F	
Dentists	80223 (2)(3)	F	
Additional charge: X-ray Therapy	80224	F	
(1) This classification applies to any dentist engaged in oral surgery or operative dentistry on patients rendered unconscious through the administering of any anesthesia or analgesia.			
(2) This is an NOC classification.			
(3) Dentists who administer X-ray therapy are subject to an additional charge, as indicated.			

Table 37.C. Dentists—Employed By Federal Government Classifications

38. MISCELLANEOUS MEDICAL PROFESSIONAL CLASSIFICATIONS

A. Individual Risks

Description	Class Code	Premium Base	For Company Use
Other Than Employees Professional Liability:			
Acupuncturists	80966	F	
Art, Music and Dance Therapists	80967	F	
Chiropodists/Podiatrists	80993 (1)(2)	F	
Chiropodists/Podiatrists in active United States Military Service	80935	F	
Chiropodists/Podiatrists employed full time by the Federal Government	80936	F	
Chiropractors	80410 (3)	F	
Hearing Aid Fitters/Audiologists	80968	F	
Inhalation/Respiratory Therapists	80969	F	
Massage Therapists	80970	F	
Medical Technologists	80971	F	
Nutritionists/Dietitians	80972	F	
Occupational Therapists	80973	F	
Orthotists/Prosthetists	80974	F	
Psychologists	80975	F	
Employees Professional Liability:			

Description	Class Code	Premium Base	For Company Use
Dental Hygienists	80712	F	
Hearing Aid Fitters/Audiologists	80716	F	
Inhalation/Respiratory Therapists	80717	F	
Massage Therapists	80718	F	
Medical Laboratory Technicians	80711	F	
Medical Technologists	80719	F	
Nutritionists/Dietitians	80720	F	
Occupational Therapists	80721	F	
Opticians	80937	F	
Orthotists/Prosthetists	80722	F	
Pharmacists	59112	F	
Physiotherapists	80938	F	
Psychologists	80723	F	
X-ray Technicians	80713 (4)	F	

(1) This is an NOC classification.
 (2) This classification is subject to an additional charge when another chiropractor is employed by the insured chiropractor. Use the additional charge for employed chiropractors, Classification Code 80411, shown in Paragraph B.
 Corporations and partnerships are subject to an additional charge, shown in Paragraph B.
 (3) This classification is subject to an additional charge when another chiropractor is employed by the insured chiropractor. Use the additional charge for employed chiropractors, Classification Code 80411, shown in Paragraph B.
 Corporations and partnerships are subject to an additional charge, shown in Paragraph B.
 (4) This classification is subject to an additional charge when the insured X-ray technician does X-ray therapy work. Use additional charge Classification Code 80714, shown in Paragraph B.

Table 38.A.#1 Individual Risks

Description	Class Code	Premium Base	For Company Use
Nurses Professional Liability: Midwives	80962 (1)	F	
Nurses – LPNs	80963 (1)	F	
Nurses – RNs	80964 (1)	F	
Nurse Practitioners	80965	F	
Optometrists	80994 (2)	F	
Physiotherapists	80995 (3)(5)	F	
Physiotherapists in active United States Military Service	80911	F	
Physiotherapists employed full time by the Federal Government	80912	F	
Veterinarians	07226 (4)(5)	F	
Veterinarians – Household Pets	07225 (4)	F	

(1) This classification is subject to an additional charge when insured nurses or midwives are also anesthetists. Use additional charge Classification Code 80960, shown in Paragraph B.
 This classification is also subject to an additional charge when the insured nurses or midwives administer X-ray therapy. Use additional charge Classification Code 80714, shown in Paragraph B.
 (2) This classification is subject to an additional charge when another optometrist is employed by the insured optometrist. Use the additional charge for employed optometrists, Classification Code 80944, shown in Paragraph B.

Description	Class Code	Premium Base	For Company Use
Corporations and partnerships are subject to an additional charge, shown in Paragraph B.			
(3) This classification is subject to an additional charge when there is another physiotherapist employed by the insured physiotherapist. Use the additional charge for employed physiotherapists, Classification Code 80945, shown in Paragraph B.			
Corporations and partnerships are subject to an additional charge, shown in Paragraph B.			
(4) This classification is subject to an additional charge when there is another veterinarian employed by the insured veterinarian. Use the additional charge for employed veterinarians, Classification Code 07221, shown in Paragraph B.			
(5) This is an NOC classification.			

Table 38.A.#2 Individual Risks

B. Additional Charges – Individual Risks

Description	Class Code	Premium Base	For Company Use
Chiropractors/Podiatrists: Employed Chiropractors/Podiatrists	80943 (1)	F	
Corporate Liability	80950 (2)	F	
Partnership Liability	80950 (2)	F	
Chiropractors: Employed Chiropractors	80411 (1)	F	
Corporate Liability	80412 (3)	F	
Partnership Liability	80412 (3)	F	
Employees Professional Liability: X-ray Therapy	80714	F	
Nurses Professional Liability: Anesthetists	80960	F	
X-ray Therapy	80714	F	
Optometrists: Employed Optometrists	80944 (1)	F	
Corporate Liability	80956 (4)	F	
Partnership Liability	80956 (4)	F	

(1) The rate for this additional charge classification applies not only to employees who are individual insureds but also to employees of partnerships, limited liability companies, corporations or professional associations practicing medicine. It applies per employee regardless of the number of partners or members. It applies also to such personnel in pathological or X-ray laboratories operated or supervised by the insured.

(2) This classification is to be used as the governing classification when the individual insured chiropractor/podiatrist is also insured as either a partnership or corporation, as referenced in Rules 28.F. and G. This classification is subject to any applicable additional charge classifications for employed chiropractors/podiatrists.

(3) This classification is to be used as the governing classification when the individual insured chiropractor is also insured as either a partnership or corporation, as referenced in Rules 28.F. and G. This classification is subject to any applicable additional charge classifications for employed chiropractors.

(4) This classification is to be used as the governing classification when the individual insured optometrist is also insured as either a partnership or corporation, as referenced in Rules 28.F. and G. This classification is subject to any applicable additional charge classifications for employed optometrists.

Table 38.B.#1 Additional Charges – Individual Risks

Description	Class Code	Premium Base	For Company Use
Physiotherapists: Employed Physiotherapists	80945 (1)	F	
Corporate Liability	80955 (2)	F	
Partnership Liability	80955 (2)	F	
Veterinarians: Employed Veterinarians	07221 (1)	F	
Corporate Liability	07222 (3)	F	
Partnership Liability	07222 (3)	F	

(1) The rate for this additional charge classification applies not only to employees of individual insured physiotherapists but also to employees of partnerships, limited liability companies, corporations or professional associations practicing medicine. It applies per employee regardless of the number of partners or members. It applies also to such personnel in pathological or X-ray laboratories operated or supervised by the insured.

(2) This classification is to be used as the governing classification when the individual insured physiotherapist is also insured as either a partnership or corporation, as referenced in Rules 28.F. and G. This classification is subject to any applicable additional charge classifications for employed physiotherapists.

(3) This classification is to be used as the governing classification when the individual insured veterinarian is also insured as either a partnership or corporation, as referenced in Rules 28.F. and G. This classification is subject to any applicable additional charge classifications for employed veterinarians.

Table 38.B.#2 Additional Charges – Individual Risks

C. Other-Than-Individual Risks

Description	Class Code	Premium Base	For Company Use
Blood Banks	80992	d	
Medical or X-ray Laboratories	80715 (1)	t	

(1) The unit of exposure to which the rates are applied is each \$1000 of receipts.

Table 38.C. Other-Than-Individual Risks

D. Paraprofessionals

Description	Class Code	Premium Base	For Company Use
Emergency Medical Technicians and Paramedics	80976	F	
Ambulance Attendants	80977	F	

Table 38.D. Paraprofessionals

39. APPENDIX

A. Medical And Surgical Specialties Glossary

1. ~~Aerospace Medicine means the branch of medicine which deals with physiological, medical, psychological and epidemiological (that is, disease-related) problems in present day air and space travel.~~
2. ~~Allergy means a condition in which an individual is sensitive to a substance (or temperature) that does not affect most other people – such as pollen, dust or food.~~
3. ~~Anesthesiology means the branch of medicine specializing in anesthesia – the abolition of sensation or the rendering unconscious by artificial means.~~
4. ~~Broncho-Esophagology means the branch of medicine which deals with the bronchial tree (body tubes which carry air) and the esophagus (muscular tubular organ which carries food from mouth to stomach).~~
5. ~~Cardiovascular Disease means any diseases that are pertaining to the heart and blood vessels.~~
6. ~~Critical Care Medicine means the branch of medicine which provides around the clock monitoring and treatment of life-endangered patients by highly-trained physicians and nurses in emergency departments and special care units.~~
7. ~~Dermatology means the branch of medicine that deals with diagnosis and treatment of diseases of the skin.~~
8. ~~Diabetes means the branch of medicine that deals with a disease associated with deficient insulin secretion.~~
9. ~~Endocrinology means the branch of medicine that deals with the endocrine (ductless) glands (for example, thyroid) and the various internal secretions.~~
10. ~~Forensic Medicine, refer to Legal Medicine.~~
11. ~~Gastroenterology means the branch of medicine that deals with the anatomy, physiology and pathology of the stomach and intestines.~~
12. ~~General Preventive Medicine means the branch of medicine which aims at the prevention of disease.~~
13. ~~Geriatrics means the branch of medicine that deals with the structural changes, physiology, diseases and hygiene of old age.~~
14. ~~Gynecology means the branch of medicine that deals with the functions and diseases peculiar to women.~~
15. ~~Hematology means the branch of medicine that deals with the blood and its diseases.~~
16. ~~Hospitalist is a hospital-based general physician who manages the care of hospital patients in place of the patients' primary care physicians.~~
17. ~~Hypnosis means a trance-like condition that can be artificially induced, characterized by an altered consciousness, diminished will power, and an increased responsiveness to suggestion.~~
18. ~~Infectious Diseases means any diseases that are due to the growth and action of microorganisms or parasites in the body, and that may or may not be contagious.~~
19. ~~Internal Medicine means the branch of medicine that is concerned with the diagnosis, prevention and treatment of disease in adults.~~
20. ~~Laryngology means the branch of medicine that deals with the larynx (throat part, vocal cords), its functions and its pathology.~~
21. ~~Legal Medicine means the application of medical principles in law (also called Forensic Medicine).~~
22. ~~Manipulation means the skillful handling in the adjustment of an abnormality or the bringing about of a desirable condition, as the changing of the position of the fetus, the alignment of the fragments of a broken bone, the replacement of a protruding organ (in hernia), etc.~~
23. ~~Medical Technologist is a laboratory professional who performs clinical laboratory analysis as well as fine-line discrimination and the correction of errors.~~
24. ~~Neoplastic Diseases means any diseases that are concerned with any new and abnormal growth, such as a tumor.~~
25. ~~Nephrology means the branch of medicine that deals with the kidney and its diseases.~~

26. Neurology means the branch of medicine that deals with the nervous system and its disorders.
27. Nuclear Medicine means the branch of medicine that deals with diagnostic, therapeutic and investigative use of radioactive materials or radiopharmaceuticals.
28. Nurse Practitioner is a registered nurse with advanced training who is qualified to assume some of the duties and responsibilities of a physician.
29. Nutrition means the branch of medicine that deals with the act or process of nourishing or taking nourishment, especially the processes by which the food is assimilated.
30. Obstetrics means the branch of medicine that deals with pregnancy and childbirth.
31. Occupational Medicine means the branch of medicine that deals with treatment of work-related illnesses and injuries.
32. Oncology means the branch of medicine that deals with the study of tumors.
33. Ophthalmology means the branch of medicine that deals with the structure, functions and diseases of the eye.
34. Orthotics means the branch of medicine dealing with the support and bracing of ineffective or weak joints and muscles.
35. Otology means the branch of medicine that deals with the ear.
36. Otorhinolaryngology means the branch of medicine that treats the ear, nose and throat.
37. Pathology means the branch of medicine that deals with the origin, nature, causes and development of diseases.
38. Pediatrics means the branch of medicine that deals with the diseases and hygienic care of children.
39. Pharmacology, Clinical means the branch of medicine concerned with the nature, preparation, administration and effects of drugs.
40. Physiatry means the practice of Physical Medicine.
41. Physical Medicine means a consultative, diagnostic and therapeutic medical specialty coordinating and integrating the use of physical therapy (use of light, heat, cold, water, electricity and exercises), occupational therapy and physical reconditioning in the Professional Management of the diseased and injured.
42. Preventive Medicine means the branch of medicine dealing with the prevention of disease.
43. Psychiatry means the branch of medicine that deals with the diagnosis, treatment and prevention of mental disorders.
44. Psychoanalysis means a system used in the investigation of the human mind and the treatment of mental disorders.
45. Psychosomatic Medicine means the branch of medicine that investigates the reciprocal influences of body and mind in the cause, prevention, treatment and cure of disease.
46. Public Health means the branch of medicine that deals with the protection and improvement of community health by organized community effort.
47. Pulmonary Diseases means any diseases that are affecting the lungs.
48. Radiology means the branch of medicine that relates to radiant energy and its application, especially in the diagnosis and treatment of disease.
49. Rheumatology means the branch of medicine that treats rheumatism, a disease marked by the inflammation of the connective tissue structures of the body, especially the muscles and joints.
50. Rhinology means the branch of medicine that relates to the nose and its diseases.
51. Roentgenology, refer to Radiology.
52. Sclerosant means a medicinal substance which induces inflammation in a tissue and a subsequent hardening or shrinkage. It is often used, by injection, in the treatment of varicose veins.
53. Sclerotherapy means the use of a chemical irritant (a sclerosant) to produce a hardening of a structure, as by injecting it into a varicose vein. See under sclerosant.
54. Sports Medicine means the branch of medicine dealing with the prevention and treatment of injuries and diseases related to participation in sports.

- ~~55. Surgery, Cardiovascular means surgery pertaining to the heart and blood vessels.~~
- ~~56. Surgery, Neurological means surgery pertaining to the nervous system.~~
- ~~57. Surgery, Orthopedic means the branch of surgery concerned with the preservation and restoration of the function of the skeletal system.~~
- ~~58. Surgery, Plastic means surgery concerned with the restoration or reconstruction of body structures that are defective or damaged by injury or disease.~~
- ~~59. Surgery, Thoracic means surgery pertaining to the chest.~~
- ~~60. Surgery, Traumatic means surgery pertaining to trauma—a wound or injury.~~
- ~~61. Surgery, Urological means surgery pertaining to the urinary tract of both male and female and the genital organs of the male.~~
- ~~62. Surgery, Vascular means surgery of the blood vessels within the limbs of the body, or the trunk, neck, abdomen or head.~~
- ~~63. Urology is the branch of medicine dealing with the urinary or urogenital organs.~~

B. Medical And Surgical Procedures Glossary

- ~~1. Acupuncture means puncture of the skin with long, fine needles to cure disease or relieve pain.~~
- ~~2. Angiography means the injection of radiopaque dye into a blood vessel (artery or vein), with or without catheterization, for the purpose of radiological study of the vessel or its branches.~~
- ~~3. Arteriography means X-ray studies of arterial circulation following injection of radiopaque material into the blood stream.~~
- ~~4. Catheterization, Cardiac means passage of a small catheter (tubular instrument) into a vein in the arm and through the blood vessels into the heart, permitting the securing of blood samples, determination of intracardiac pressure, and detection of cardiac anomalies (irregularities).~~
- ~~5. Catheterization means the employment or passage of a catheter.~~
- ~~6. Cryosurgery means surgery that uses liquid nitrogen or carbon dioxide to freeze and destroy abnormal tissue.~~
- ~~7. Discograms means a radiological film of an intervertebral disk.~~
- ~~8. Endoscopy means the inspection of cavities of the body by use of the endoscope.~~
- ~~9. Inhalation Therapy is the therapeutic use of inhaled gases.~~
- ~~10. Laparoscopy (Peritonescopy) means a method of examining the peritoneal cavity by means of a peritonescope.~~
- ~~11. Lasers means an operating assembly used to emit a powerful, highly directional and coherent (nonspreading), monochromatic beam of light which has been used as a surgical tool and in research.~~
- ~~12. Lymphangiography means radiological visualization of lymphatic vessels (absorbent vessels which drain tissue fluid from various body tissues and return it to the blood) following injection of a contrast medium.~~
- ~~13. Major Surgery includes operations in or upon any body cavity, included but not limited to, the cranium, thorax, abdomen or pelvis; any other operation which, because of the condition of the patient or the length or circumstances of the operation presents a distinct hazard to life. It also includes: removal of tumors, bone fractures, amputations, the removal of any gland or organ and plastic surgery.~~
- ~~14. Minor Surgery means a surgical procedure of slight extent and not hazardous to life.~~
- ~~15. Myelography means radiological visualization of the spinal cord after injection of a contrast medium.~~
- ~~16. Needle Biopsy means biopsy in which the tissue or fluid gathering procedure is accomplished through the use of a syringe.~~
- ~~17. Phlebography means radiological visualization of veins following injection of a contrast medium.~~
- ~~18. Pneumoencephalography means X-ray studies of the head following injection of air or gas into the spinal canal following removal of some spinal fluid.~~
- ~~19. Radiation Therapy means the treatment of disease with any type of radiation, most commonly with ionizing radiation, including the use of roentgen rays, radium or other radioactive substances.~~

20. Radiopaque means not permitting the passage of radiant energy such as X-rays. Radiopaque substances, frequently called "contrast media", are introduced to part of a patient's body to be studied by X-ray. X-rays will not penetrate the radiopaque substance which causes the part to be studied to show white on an exposed X-ray film.

21. Shock Therapy means the treatment of certain psychotic disorders by the injection of drugs, or by electrical shocks, both methods inducing coma, with or without convulsions.

C. Special Areas Of Dental Practice

The American Dental Association Council on Dental Education recognizes the following areas of dental practice.

1. Dental Public Health is the prevention and control of dental diseases and promotion of dental health through organized community efforts.
2. Endodontics is the area of dentistry concerned with the morphology, physiology and pathology of the human dental pulp and periradicular tissues.
3. Oral and Maxillofacial Pathology is the area of dentistry concerned with the nature, identification and management of diseases affecting the oral and maxillofacial regions.
4. Oral and Maxillofacial Surgery is a specialty of dentistry which includes diagnosis, surgical and adjunctive treatment of diseases, injuries and defects involving both the functional and esthetic aspects of the hard and soft tissues of the oral and maxillofacial region.
5. Orthodontics and Dentofacial Orthopedics is the area of dentistry concerned with the supervision, guidance and correction of the growing or mature dentofacial structures, including those conditions that require movement of teeth or correction of malrelationships and malformation of their related structures and the adjustment of relationships between and among teeth and facial bones by the application of force and/or the stimulation and redirection of functional forces within the craniofacial complex.
6. Pediatric Dentistry is an age defined specialty providing both primary and comprehensive preventive oral health care for infants and children through adolescence.
7. Periodontics encompasses the prevention, diagnosis and treatment of diseases of the supporting and surrounding tissues of the teeth or their substitutes.
8. Prosthodontics is that branch of dentistry pertaining to the restoration and maintenance of oral functions, comfort, appearance and health by the restoration of natural teeth and/or the replacement of missing teeth and contiguous oral and maxillofacial tissues with artificial substitutes.

D. Approved Specialty Boards And Certificate Categories

American Board Of	General Certificate	Subspecialty Categories
Allergy & Immunology	Allergy & Immunology	Clinical & Laboratory Immunology
Anesthesiology	Anesthesiology	Critical Care Medicine Pain Management
Colon & Rectal Surgery	Colon & Rectal Surgery	
Dermatology	Dermatology	Dermatology Clinical & Laboratory
Emergency Medicine	Emergency Medicine	Medical Toxicology Pediatric Emergency Medicine Sports Medicine
Family Practice	Family Practice	Geriatric Medicine Sports Medicine
Internal Medicine	Internal Medicine	Adolescent Medicine Cardiac Electrophysiology Cardiovascular Disease

American Board Of	General Certificate	Subspecialty Categories
		Critical Care Medicine Clinical & Laboratory Immunology Endocrinology-Diabetes and Metabolism Gastroenterology Geriatric Medicine Hematology Infectious Disease Interventional Cardiology Medical Oncology Nephrology Pulmonary Disease Rheumatology Sports Medicine
Medical Genetics	Clinical Biochemical Genetics Clinical Cytogenetics Clinical Genetics (M.D.) Clinical Molecular Genetics Ph.D. Medical Genetics	
Neurological Surgery	Neurological Surgery	
Nuclear Medicine	Nuclear Medicine	
Obstetrics & Gynecology	Obstetrics & Gynecology	Critical Care Medicine Gynecological Oncology Maternal & Fetal Medicine Reproductive Endocrinology
Ophthalmology	Ophthalmology	
Orthopedic Surgery	Orthopedic Surgery	Hand Surgery

Table 39.D.#1 Approved Specialty Boards And Certificate Categories

American Board Of	General Certificate	Subspecialty Categories
Otolaryngology	Otolaryngology	Otolaryngology/Neurotology Pediatric Otolaryngology
Pathology	Anatomic & Clinical Pathology Anatomic Pathology Clinical Pathology	Blood Banking/Transfusion Medicine Chemical Pathology Cytopathology Dermatopathology Forensic Pathology Hematology Immunopathology Medical Microbiology Neuropathology Pediatric Pathology
Pediatrics	Pediatrics	Adolescent Medicine Clinical & Laboratory Immunology Medical Toxicology Neonatal-Perinatal Medicine Pediatric Cardiology Pediatric Critical Care Medicine

American Board Of	General Certificate	Subspecialty Categories
		Pediatric Emergency Medicine Pediatric Endocrinology Pediatric Gastroenterology Pediatric Hematology-Oncology Pediatric Infectious Disease Pediatric Nephrology Pediatric Pulmonology Pediatric Rheumatology Pediatric Sports Medicine
Physical Medicine &	Physical Medicine & Rehabilitation	Spinal Cord Injury Medicine
Plastic Surgery	Plastic Surgery	Surgery of the Hand
Preventive Medicine	Aerospace Medicine Occupational Medicine Public Health & General Preventive Medicine	Medical Toxicology Undersea Medicine
Psychiatry & Neurology	Psychiatry Neurology Neurology with Special Qualifications In Child Neurology	Addiction Psychiatry Child & Adolescent Psychiatry Clinical Neurophysiology
Radiology	Diagnostic Radiology Radiation Oncology Radiological Physics Radiology	Neuroradiology Nuclear Radiology Pediatric Radiology Vascular & Interventional Radiology
Thoracic Surgery	Thoracic Surgery	
Urology	Urology	
Reprinted from the 1996 Annual Report and Reference Handbook of the American Board of Medical Specialties (ABMS)		

Table 39.D.#2 Approved Specialty Boards And Certificate Categories

Section III - Medical Professional Liability Rating Relativities and Factors

This section displays the new Rating Relativities and Factors Section of Division Seven - Medical Professional Liability - CLM.

The Rating Relativities and Factors Section includes in table format the factors used in various rating procedures in Division Seven. Each table in the Rating Relativities and Factors Section is designated with the rule number of the multistate rule in which the factors in that table are used and with the suffix (RF).

**COMMERCIAL LINES MANUAL
 DIVISION SEVEN
 MEDICAL PROFESSIONAL LIABILITY
 RATING RELATIVITIES AND FACTORS PAGES**

SECTION I GENERAL RULES

**RULE 5.
 PREMIUM COMPUTATION**

Term Of Policy	Term Factor
6 months	0.5
18 months	1.5
2 years	2.0
3 years	3.0

Table 5.A.1.(RF) Prepaid Policies

Factor
1.1

Table 5.A.2.(RF) Prepaid Policies

**RULE 11.
 POLICY CANCELLATIONS**

Factor
.90

Table 11.B.(RF) Other Calculations

**RULE 18.
 DEDUCTIBLES**

Deductible Amount	Discount Factor
\$ 250	0.001
500	0.002
750	0.003
1,000	0.004
2,000	0.006
3,000	0.009
4,000	0.012
5,000	0.015
10,000	0.027
15,000	0.039
20,000	0.049
25,000	0.059
50,000	0.104
75,000	0.141
100,000	0.172
150,000	0.225
200,000	0.268
250,000	0.302
500,000	0.419
750,000	0.491
1,000,000	0.540

Table 18.C.#1(RF) Hospitals

Deductible Amount	Discount Factor
\$ 250	0.001
500	0.002
750	0.003
1,000	0.004
2,000	0.005
3,000	0.006
4,000	0.008
5,000	0.010
10,000	0.020
15,000	0.029
20,000	0.038
25,000	0.046
50,000	0.086
75,000	0.121
100,000	0.153
150,000	0.210
200,000	0.257
250,000	0.299
500,000	0.448
750,000	0.538
1,000,000	0.595

Table 18.C.#2(RF) Physicians

Deductible Amount	Discount Factor
\$ 250	0.001
500	0.002
750	0.003
1,000	0.004
2,000	0.005
3,000	0.006
4,000	0.007
5,000	0.009
10,000	0.018
15,000	0.027
20,000	0.035
25,000	0.043
50,000	0.080
75,000	0.114
100,000	0.144
150,000	0.198
200,000	0.245
250,000	0.286
500,000	0.435
750,000	0.530
1,000,000	0.593

Table 18.C.#3(RF) Surgeons

Deductible Amount	Discount Factor
\$ 250	0.002
500	0.005
750	0.007
1,000	0.009
2,000	0.018
3,000	0.026
4,000	0.034
5,000	0.041
10,000	0.073
15,000	0.100
20,000	0.123
25,000	0.144
50,000	0.221
75,000	0.275
100,000	0.314
150,000	0.367
200,000	0.401
250,000	0.423
500,000	0.480
750,000	0.505
1,000,000	0.518

Table 18.C.#4(RF) Dentists

Deductible Amount	Discount Factor
\$ 250	0.001
500	0.002
750	0.003
1,000	0.004
2,000	0.008
3,000	0.012
4,000	0.015
5,000	0.019
10,000	0.035
15,000	0.051
20,000	0.065
25,000	0.079
50,000	0.139
75,000	0.188
100,000	0.229
150,000	0.293
200,000	0.341
250,000	0.381
500,000	0.510
750,000	0.580
1,000,000	0.620

Table 18.C.#5(RF) Allied Health Care

Deductible Amount	Discount Factor
\$ 250	0.001
500	0.002
750	0.003
1,000	0.004
2,000	0.005
3,000	0.008
4,000	0.010
5,000	0.013
10,000	0.025
15,000	0.036
20,000	0.048
25,000	0.058
50,000	0.107
75,000	0.150
100,000	0.188
150,000	0.251
200,000	0.302
250,000	0.344
500,000	0.479
750,000	0.552
1,000,000	0.598

Table 18.C.#6(RF) Nursing Homes

Deductible Amount	Discount Factor
\$ 250	0.034
500	0.065
750	0.092
1,000	0.117
2,000	0.191
3,000	0.239
4,000	0.270
5,000	0.292
10,000	0.342
15,000	0.370
20,000	0.392
25,000	0.409
50,000	0.469
75,000	0.497
100,000	0.510
150,000	0.522
200,000	0.525
250,000	0.528
500,000	0.539
750,000	0.547
1,000,000	0.554

Table 18.C.#7(RF) Veterinarians



RULE 21.
SPECIAL RULES APPLICABLE TO THE CLAIMS-MADE COVERAGE FORMS

Hospital, Blood Banks And Diagnostic Testing Laboratories Professional Liability Coverage												
Number Of Whole Years In Claims-made Program	Number Of Months In Claims-made Program											
	0	1	2	3	4	5	6	7	8	9	10	11
0	.35	.37	.39	.41	.43	.45	.47	.50	.52	.54	.56	.58
1	.60	.61	.62	.64	.65	.66	.67	.69	.70	.71	.72	.74
2	.75	.75	.76	.76	.77	.77	.77	.78	.78	.79	.79	.80
3	.80	.80	.81	.81	.82	.82	.82	.83	.83	.84	.84	.85
4	.85											

Table 21.C.#1(RF) Hospital, Blood Banks And Diagnostic Testing Laboratories

Physicians And Surgeons, Allied Health Care And Optometrists Professional Liability Coverage												
Number Of Whole Years In Claims-made Program	Number Of Months In Claims-made Program											
	0	1	2	3	4	5	6	7	8	9	10	11
0	.25	.27	.29	.31	.33	.35	.37	.40	.42	.44	.46	.48
1	.50	.52	.54	.56	.58	.60	.62	.65	.67	.69	.71	.73
2	.75	.75	.76	.76	.77	.77	.77	.78	.78	.79	.79	.80
3	.80	.80	.81	.81	.82	.82	.82	.83	.83	.84	.84	.85
4	.85											

Table 21.C.#2(RF)Physicians And Surgeons, Allied Health Care And Optometrists

Anesthesiologists, Neurosurgeons, Dentists And Veterinarians Professional Liability Coverage												
Number Of Whole Years In Claims-made Program	Number Of Months In Claims-made Program											
	0	1	2	3	4	5	6	7	8	9	10	11
0	.375	.39	.40	.41	.42	.43	.44	.45	.46	.47	.48	.49
1	.50	.52	.54	.56	.58	.60	.62	.65	.67	.69	.71	.73
2	.75	.75	.76	.76	.77	.77	.77	.78	.78	.79	.79	.80
3	.80	.80	.81	.81	.82	.82	.82	.82	.83	.83	.84	.85
4	.85											

Table 21.C.#3(RF) Anesthesiologists, Neurosurgeons, Dentists And Veterinarians

33. CLASSIFICATION PROCEDURES

Factor
.35

Table 33.A.2.b.(RF) For Premium Computation Purposes

Factor
.75

Table 33.B.2.b.(RF) For Premium Computation Purposes

RATING RELATIVITIES AND FACTORS SUPPLEMENTAL TABLE(S)

Description	M.D. Code No.	D.O. Code No.	Factor
Employed Nurse Anesthetist	80452	84452	.10
Employed Physicians And Surgeons	80177	84177	.25

Table #1(RF) Physicians And Surgeons – Additional Charges

Section IV - Classification Table Section

This section displays the new Classification Table Section of Division Seven - Medical Professional Liability - CLM.

The Classification Table Section includes in table format, the following Classification Risks:

- Hospitals
- Physicians and Surgeons
- Dentists
- Miscellaneous Medical Professional

The information contained in these tables is for the most part identical to the information contained in current Rule 33. and Rules 35. through 39. which are being deleted with this filing. Some of the tables have been combined into one table and other changes have been made to suit the new structure.

**COMMERCIAL LINES MANUAL
DIVISION SEVEN
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CLASSIFICATION TABLE PAGES**

INTRODUCTION

A. Introduction

This section contains an alphabetical listing of classification and rating information for Division Seven – Medical Professional Liability. The classification listing has been divided into four tables for:

1. Hospitals
2. Physicians And Surgeons
3. Dentists
4. Miscellaneous Medical Professionals

B. Explanation Of Classification System

The purpose of the classification system is to group insureds into classifications so that the rate for each classification reflects the hazards common to those insureds.

The classification system used in this manual basically reflects the grouping methods adopted by the involved medical professional associations (e.g., the American Hospital Association, American Board of Medical Specialties) for their statistical gathering purposes. However, this classification system may not necessarily be identical to those utilized by different medical professional associations.

BASES OF PREMIUM

The exposure base used for determining the premium charge for each classification is indicated in the specific classification. The definitions of the bases of premium are as follows:

A. Beds

The daily average number of beds, cribs and bassinets occupied during the policy period.

The rates apply per bed.

B. Donations

The total of all blood donations administered by the named insured during the policy period.

The rates apply per donation.

C. Outpatient Visits

The total number of visits made during the policy period by patients who do not receive bed and board service.

The rates apply per 100 outpatient visits.

D. Person

Each individual who is being insured.

The rates apply per person.

DEFINITIONS, ABBREVIATIONS AND SYMBOLS

A. Premium Bases

The following premium bases are used with the classifications in this manual:

Symbol	Description
o	Outpatient Visits
b	Beds
d	Donations
r	Person
t	See classification notes

B. NOC

"NOC" means Not Otherwise Classified. A classification designated "NOC" shall apply only if no other classification more specifically describes the insured's business.

C. Notes

The last column in the Classification Tables, "Notes For Company Use", may be used by companies for additional information.

D. Including

If a classification contains the descriptive phrase "including...", the operations which are so designated shall not be assigned to a separate classification even though such operations are described by another classification or are at a separate location.

E. D.O.

D.O. means Doctor of Osteopathy.

F. For-profit Hospital, Institution Or Clinic

For-profit Hospital, Institution or Clinic means one which is neither a "Governmental Hospital, Institution or Clinic" nor a "Not-for-profit Hospital, Institution or Clinic", as defined in this section.

G. Major Surgery

Major Surgery means:

- a. Performing major surgery; or
- b. Assisting in major surgery on patients other than the insured's.

Tonsillectomies, adenoidectomies and cesarean sections are major surgery.

H. M.D.

M.D. means Medical Doctor.

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DEFINITIONS, ABBREVIATIONS AND SYMBOLS (Cont'd)

I. Minor Surgery

Minor Surgery means:

- a. Performing minor surgery (including obstetrical procedures which are not major surgery);
- b. Assisting in major surgery on the insured's patients.

J. No Surgery

No Surgery means neither performing surgery nor obstetrical procedures nor assisting in surgery. Incising of boils and superficial fascia, suturing of minor lacerations and removal of superficial skin lesions by other than surgical incision are not surgery.

K. Not-for-profit Hospital, Institution Or Clinic

Not-for-profit Hospital, Institution or Clinic means one which is not operated by a governmental unit and the net earnings of which do not inure to the benefit of any private individual.

L. Teaching Physician Or Surgeon

Teaching Physician or Surgeon means one who teaches on a full-time basis and has no private practice.

DEFINITIONS OF MEDICAL AND SURGICAL/DENTAL TERMINOLOGY

A. Medical And Surgical Specialties Glossary

1. Aerospace Medicine means the branch of medicine which deals with physiological, medical, psychological and epidemiological (i.e., disease-related) problems in present day air and space travel.
2. Allergy means a condition in which an individual is sensitive to a substance (or temperature) that does not affect most other people – such as pollen, dust or food.
3. Anesthesiology means the branch of medicine specializing in anesthesia – the abolition of sensation or the rendering unconscious by artificial means.
4. Broncho-esophagology means the branch of medicine which deals with the bronchial tree (body tubes which carry air) and the esophagus (muscular tubular organ which carries food from mouth to stomach).
5. Cardiovascular Disease means any disease pertaining to the heart and blood vessels.
6. Critical Care Medicine means the branch of medicine which provides around-the-clock monitoring and treatment of life-endangered patients by highly-trained physicians and nurses in emergency departments and special care units.
7. Dermatology means the branch of medicine that deals with diagnosis and treatment of diseases of the skin.
8. Diabetes means the branch of medicine that deals with a disease associated with deficient insulin secretion.
9. Endocrinology means the branch of medicine that deals with the endocrine (ductless) glands (e.g., thyroid) and the various internal secretions.
10. Forensic Medicine, refer to Legal Medicine.
11. Gastroenterology means the branch of medicine that deals with the anatomy, physiology and pathology of the stomach and intestines.
12. General Preventive Medicine means the branch of medicine which aims at the prevention of disease.
13. Geriatrics means the branch of medicine that deals with the structural changes, physiology, diseases and hygiene of old age.
14. Gynecology means the branch of medicine that deals with the functions and diseases peculiar to women.
15. Hematology means the branch of medicine that deals with the blood and its diseases.
16. Hospitalist is a hospital-based general physician who manages the care of hospital patients in place of the patients' primary care physicians.
17. Hypnosis means a trance-like condition that can be artificially induced, characterized by an altered consciousness, diminished will power, and an increased responsiveness to suggestion.
18. Infectious Diseases means any diseases that are due to the growth and action of microorganisms or parasites in the body, and that may or may not be contagious.
19. Internal Medicine means the branch of medicine that is concerned with the diagnosis, prevention and treatment of disease in adults.
20. Laryngology means the branch of medicine that deals with the larynx (throat part, vocal cords), its functions and its pathology.
21. Legal Medicine means the application of medical principles in law (also called Forensic Medicine).
22. Manipulation means the skillful handling in the adjustment of an abnormality or the bringing about of a desirable condition, as the changing of the position of the fetus, the alignment of the fragments of a broken bone, the replacement of a protruding organ (in hernia), etc.
23. Medical Technologist is a laboratory professional who performs clinical laboratory analysis as well as fine line discrimination and the correction of errors.

**COMMERCIAL LINES MANUAL
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**DEFINITIONS OF MEDICAL AND SURGICAL/DENTAL
TERMINOLOGY (Cont'd)**

24. Neoplastic Diseases means any diseases that are concerned with any new and abnormal growth, such as a tumor.
25. Nephrology means the branch of medicine that deals with the kidney and its diseases.
26. Neurology means the branch of medicine that deals with the nervous system and its disorders.
27. Nuclear Medicine means the branch of medicine that deals with diagnostic, therapeutic and investigative use of radioactive materials or radio-pharmaceuticals.
28. Nurse Practitioner is a registered nurse with advanced training who is qualified to assume some of the duties and responsibilities of a physician.
29. Nutrition means the branch of medicine that deals with the act or process of nourishing or taking nourishment, especially the processes by which the food is assimilated.
30. Obstetrics means the branch of medicine that deals with pregnancy and childbirth.
31. Occupational Medicine means the branch of medicine that deals with treatment of work-related illnesses and injuries.
32. Oncology means the branch of medicine that deals with the study of tumors.
33. Ophthalmology means the branch of medicine that deals with the structure, functions and diseases of the eye.
34. Orthotics means the branch of medicine dealing with the support and bracing of ineffective or weak joints and muscles.
35. Otology means the branch of medicine that deals with the ear.
36. Otorhinolaryngology means the branch of medicine that treats the ear, nose and throat.
37. Pathology means the branch of medicine that deals with the origin, nature, causes and development of diseases.
38. Pediatrics means the branch of medicine that deals with the diseases and hygienic care of children.
39. Pharmacology, Clinical means the branch of medicine concerned with the nature, preparation, administration and effects of drugs.
40. Physiatry means the practice of Physical Medicine.
41. Physical Medicine means a consultative, diagnostic and therapeutic medical specialty coordinating and integrating the use of physical therapy (use of light, heat, cold, water, electricity and exercises), occupational therapy and physical reconditioning in the Professional Management of the diseased and injured.
42. Preventive Medicine means the branch of medicine dealing with the prevention of disease.
43. Psychiatry means the branch of medicine that deals with the diagnosis, treatment and prevention of mental disorders.
44. Psychoanalysis means a system used in the investigation of the human mind and the treatment of mental disorders.
45. Psychosomatic Medicine means the branch of medicine that investigates the reciprocal influences of body and mind in the cause, prevention, treatment and cure of disease.
46. Public Health means the branch of medicine that deals with the protection and improvement of community health by organized community effort.
47. Pulmonary Diseases means any diseases that are affecting the lungs.
48. Radiology means the branch of medicine that relates to radiant energy and its application, especially in the diagnosis and treatment of disease.
49. Rheumatology means the branch of medicine that treats rheumatism, a disease marked by the inflammation of the connective tissue structures of the body, especially the muscles and joints.
50. Rhinology means the branch of medicine that relates to the nose and its diseases.
51. Roentgenology, refer to Radiology.
52. Sclerosant means a medicinal substance which induces inflammation in a tissue and a subsequent hardening or shrinkage. It is often used, by injection, in the treatment of varicose veins.
53. Sclerotherapy means the use of a chemical irritant (a sclerosant) to produce a hardening of a structure, as by injecting it into a varicose vein. See under sclerosant.
54. Sports Medicine means the branch of medicine dealing with the prevention and treatment of injuries and diseases related to participation in sports.
55. Surgery, Cardiovascular means surgery pertaining to the heart and blood vessels.

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CLASSIFICATION TABLE PAGES**

**DEFINITIONS OF MEDICAL AND SURGICAL/DENTAL
TERMINOLOGY (Cont'd)**

56. Surgery, Neurological means surgery pertaining to the nervous system.
57. Surgery, Orthopaedic means the branch of surgery concerned with the preservation and restoration of the function of the skeletal system.
58. Surgery, Plastic means surgery concerned with the restoration or reconstruction of body structures that are defective or damaged by injury or disease.
59. Surgery, Thoracic means surgery pertaining to the chest.
60. Surgery, Traumatic means surgery pertaining to trauma – a wound or injury.
61. Surgery, Urological means surgery pertaining to the urinary tract of both male and female and the genital organs of the male.
62. Surgery, Vascular means surgery of the blood vessels within the limbs of the body, or the trunk, neck, abdomen or head.
63. Urology is the branch of medicine dealing with the urinary or urogenital organs.

B. Medical And Surgical Procedures Glossary

1. Acupuncture means puncture of the skin with long, fine needles to cure disease or relieve pain.
2. Angiography means the injection of radiopaque dye into a blood vessel (artery or vein), with or without catheterization, for the purpose of radiological study of the vessel or its branches.
3. Arteriography means X-ray studies of arterial circulation following injection of radiopaque material into the blood stream.
4. Catheterization, Cardiac means passage of a small catheter (tubular instrument) into a vein in the arm and through the blood vessels into the heart, permitting the securing of blood samples, determination of intracardiac pressure, and detection of cardiac anomalies (irregularities).
5. Catheterization means the employment or passage of a catheter.
6. Cryosurgery means surgery that uses liquid nitrogen or carbon dioxide to freeze and destroy abnormal tissue.
7. Discograms means a radiological film of an intervertebral disk.
8. Endoscopy means the inspection of cavities of the body by use of the endoscope.
9. Inhalation Therapy is the therapeutic use of inhaled gases.
10. Laparoscopy (Peritonescopy) means a method of examining the peritoneal cavity by means of a peritonescope.
11. Lasers means an operating assembly used to emit a powerful, highly directional and coherent (nonspreading), monochromatic beam of light which has been used as a surgical tool and in research.
12. Lymphangiography means radiological visualization of lymphatic vessels (absorbent vessels which drain tissue fluid from various body tissues and return it to the blood) following injection of a contrast medium.
13. Major Surgery includes operations in or upon any body cavity, including, but not limited to, the cranium, thorax, abdomen or pelvis; any other operation which, because of the condition of the patient or the length or circumstances of the operation presents a distinct hazard to life. It also includes: removal of tumors, bone fractures, amputations, the removal of any gland or organ and plastic surgery.
14. Minor Surgery means a surgical procedure of slight extent and not hazardous to life.
15. Myelography means radiological visualization of the spinal cord after injection of a contrast medium.
16. Needle Biopsy means biopsy in which the tissue or fluid gathering procedure is accomplished through the use of a syringe.
17. Phlebography means radiological visualization of veins following injection of a contrast medium.
18. Pneumoencephalography means X-ray studies of the head following injection of air or gas into the spinal canal following removal of some spinal fluid.
19. Radiation Therapy means the treatment of disease with any type of radiation, most commonly with ionizing radiation, including the use of roentgen rays, radium or other radioactive substances.
20. Radiopaque means not permitting the passage of radiant energy such as X-rays. Radiopaque substances, frequently called "contrast media", are introduced to part of a patient's body to be studied by X-ray. X-rays will not penetrate the radiopaque substance which causes the part to be studied to show white on an exposed X-ray film.
21. Shock Therapy means the treatment of certain psychotic disorders by the injection of drugs, or by electrical shocks, both methods inducing coma, with or without convulsions.

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**DEFINITIONS OF MEDICAL AND SURGICAL/DENTAL
TERMINOLOGY (Cont'd)**

C. Special Areas Of Dental Practice

The American Dental Association Council on Dental Education recognizes the following areas of dental practice.

1. Dental Public Health is the prevention and control of dental diseases and promotion of dental health through organized community efforts.
2. Endodontics is the area of dentistry concerned with the morphology, physiology and pathology of the human dental pulp and periradicular tissues.
3. Oral and Maxillofacial Pathology is the area of dentistry concerned with the nature, identification and management of diseases affecting the oral and maxillofacial regions.
4. Oral and Maxillofacial Radiology is the specialty of dentistry and discipline of radiology concerned with the production and interpretation of images and data produced by all modalities of radiant energy that are used for the diagnosis and management of diseases, disorders and conditions of the oral and maxillofacial region.
5. Oral and Maxillofacial Surgery is a specialty of dentistry which includes diagnosis, surgical and adjunctive treatment of diseases, injuries and defects involving both the functional and esthetic aspects of the hard and soft tissues of the oral and maxillofacial region.
6. Orthodontics and Dentofacial Orthopedics is the area of dentistry concerned with the supervision, guidance and correction of the growing or mature dentofacial structures, including those conditions that require movement of teeth or correction of malrelationships and malformation of their related structures and the adjustment of relationships between and among teeth and facial bones by the application of force and/or the stimulation and redirection of functional forces within the craniofacial complex.
7. Pediatric Dentistry is an age-defined specialty providing both primary and comprehensive preventive oral health care for infants and children through adolescence.
8. Periodontics encompasses the prevention, diagnosis and treatment of diseases of the supporting and surrounding tissues of the teeth or their substitutes.
9. Prosthodontics is that branch of dentistry pertaining to the restoration and maintenance of oral functions, comfort, appearance and health by the restoration of natural teeth and/or the replacement of missing teeth and contiguous oral and maxillofacial tissues with artificial substitutes.

D. Approved Specialty Boards and Certificate Categories

Refer to the table for approved specialty boards and certificate categories.

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CLASSIFICATIONS – HOSPITAL RISKS

Description	Class Code	Premium Base	Notes
Alcohol/Drug Rehabilitation Centers			
For-profit	80601	b	
	80602	o	
Not-for-profit	80603	b	
	80604	o	
Osteopathic	84158	b	
	84159	o	
Cardiac Stress Testing Centers			
For-profit	80605	o	
Not-for-profit	80606	o	
Osteopathic	84160	o	
Clinics, Dispensaries or Infirmaries – treatment of outpatients only – no regular bed and board facilities			
For-profit	80613	o	Clinics, dispensaries or infirmaries incidental to industrial or commercial risks shall be classified and rated under the "For-profit" classification. These classifications do not apply to not-for-profit dental clinics. Such risks shall be referred to company. Clinics, dispensaries or infirmaries operated by dentists or physicians shall be classified and rated as Physicians, Surgeons And Dentists Medical Professional Liability Insurance. If regular bed and board facilities are provided, classify and rate in accordance with the appropriate classification in this manual.
Not-for-profit	80614	o	
Osteopathic	84803	o	
Convalescent or Nursing Homes – not mental-psychopathic institutions			
For-profit	80923	b	Classify and rate homes for the aged operated for the purpose of providing care for the aged sick, infirm or injured as "Convalescent or Nursing Homes..." Other homes for the aged shall be submitted for rating.
	80951	o	
Not-for-profit	80924	b	
	80952	o	

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Description	Class Code	Premium Base	Notes
Hospices			
For-profit	80510	b	These classifications apply to institutions specializing in the care and treatment of terminal illness. It does not apply to risks with surgical operating room facilities even though designated as hospices.
Not-for-profit	80512	b	
Hospitals			
For-profit	80611	b	These are NOC classifications.
	80610	o	
Not-for-profit	80612	b	These classifications apply to hospitals treating all general or special medical and surgical cases including sanitariums with surgical operating room facilities.
	80617	o	
Osteopathic	84965	b	
	84966	o	Veterinary hospitals shall be classified and rated in accordance with the Miscellaneous Medical Professional Liability manual.
Mental-psychopathic Institutions			
For-profit	80997	b	These classifications apply to institutions primarily for the restraint and treatment of mental, drug, narcotic or alcoholic cases.
	80999	o	
Not-for-profit	80916	b	
	80917	o	
Outpatient Surgical Facilities			
Osteopathic	84453	o	These classifications apply to institutions providing same-day surgical facilities.
Not Osteopathic	80453	o	
Rehabilitation Hospitals			
For-profit	80516	b	These classifications apply to institutions providing restorative and support services for the disabled. If regular bed and board facilities are provided, classify and rate in accordance with the appropriate classification in this manual.
	80517	o	
Not-for-profit	80518	b	
	80519	o	
Sanitariums or Health Institutions – not hospitals or mental-psychopathic institutions			
For-profit	80925	b	These classifications apply to risks with regular bed and board facilities, and with laboratory or medical departments. It does not apply to risks with surgical operating room facilities even though designated as sanitariums or health institutions.
	80953	o	
Not-for-profit	80926	b	
	80954	o	

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Description	Class Code	Premium Base	Notes
Skilled Nursing Facilities – Short Term			
For-profit	80522	b	These classifications apply to institutions primarily engaged in providing skilled nursing care and related services for inpatients requiring medical supervision of their care or rehabilitation services on a daily basis. It does not apply to risks with surgical operating room facilities, laboratory or medical departments or X-ray apparatus.
	80523	o	
Not-for-profit	80524	b	
	80525	o	

Table #1(CT) Hospital Risks

CLASSIFICATIONS – PHYSICIANS AND SURGEONS

Description	M.D. Code No.	D.O. Code No.	Premium Base	Notes
Aerospace Medicine				See Preventive Medicine – no surgery.
Allergy/Immunology	80254*#	84254*#	r	
Anesthesiology –				These classifications apply to all general practitioners or specialists who perform general anesthesia or acupuncture anesthesia.
Critical Care Medicine	80181	84181	r	
Pain Management	80182	84182	r	
All Other	80183	84183	r	
Broncho-esophagology	80101	84101	r	
Cardiovascular Disease –				
minor surgery	80281*	84281*	r	
no surgery	80255*#	84255*#	r	
Dermatology –				
Clinical and Dermatological Immunology	80295	84295	r	
Dermatopathology	80296	84296	r	
All Other	80297	84297	r	
Diabetes –				
minor surgery	80271*	84271*	r	
no surgery	80237*#	84237*#	r	

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Description	M.D. Code No.	D.O. Code No.	Premium Base	Notes
Emergency Medicine – including major surgery	80157	84157	r	This classification applies to any general practitioner or specialist primarily engaged in emergency practice at a clinic, hospital or rescue facility who performs major surgery.
no major surgery	80102	84102	r	
Endocrinology – minor surgery	80272*	84272*	r	
no surgery	80238*#	84238*#	r	
Family Physicians or General Practitioners – no surgery	80420	84420	r	
minor surgery	80421	84421	r	
Forensic Medicine	80240*#	84240*#	r	
Gastroenterology – minor surgery	80274*	84274*	r	
no surgery	80241*#	84241*#	r	
General Preventive Medicine – no surgery				See Preventive Medicine – no surgery.
Geriatrics – minor surgery	80276*	84276*	r	
no surgery	80243*#	84243*#	r	
Gynecology – minor surgery	80277*	84277*	r	
no surgery	80244*#	84244*#	r	
Hematology – minor surgery	80278*	84278*	r	
no surgery	80245*#	84245*#	r	
Hospitalists	80222	84222	r	
Hypnosis	80232*#	84232*#	r	

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Description	M.D. Code No.	D.O. Code No.	Premium Base	Notes
Infectious Diseases – minor surgery	80279*#	84279*#	r	
no surgery	80246*#	84246*#	r	
Intensive Care Medicine	80283	84283	r	This classification applies to any general practitioner or specialist employed in an intensive care hospital unit.
Internal Medicine – minor surgery	80284*	84284*	r	
no surgery	80257*#	84257*#	r	
Laryngology – minor surgery	80285*	84285*	r	
no surgery	80258*#	84258*#	r	
Legal Medicine	80240*#	84240*#	r	
Manipulator		84801*	r	
Neonatal/Perinatal Medicine	80804	84804	r	
Neoplastic Diseases – minor surgery	80286*	84286*	r	
no surgery	80259*#	84259*#	r	
Nephrology – minor surgery	80287*	84287*	r	
no surgery	80260*#	84260*#	r	
Nephrology – including child – minor surgery	80288*	84288*	r	
Neurology – including child – no surgery				
Pain Management	80298*#	84298*#	r	
All Other	80299*#	84299*#	r	
Nuclear Medicine	80262*#	84262*#	r	
Nutrition	80248*#	84248*#	r	
Occupational Medicine			r	See Preventive Medicine – no surgery.
Oncology – minor surgery	80301	84301	r	
no surgery	80302	84302	r	

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Description	M.D. Code No.	D.O. Code No.	Premium Base	Notes
Ophthalmology – minor surgery	80289*	84289*	r	
no surgery	80263*#	84263*#	r	
Otology – minor surgery	80290*	84290*	r	
no surgery	80264*#	84264*#	r	
Otorhinolaryngology – minor surgery	80291*#	84291*	r	
no surgery	80265*#	84265*#	r	
Pathology – Blood Banking/Transfusion Medicine minor surgery	80303*	84303*	r	These classifications include pathological laboratories operated by the insured.
no surgery	80304*#	84304*#	r	
Cytopathology minor surgery	80305	84305	r	
no surgery	80306*#	84306*#	r	
All Other	80307*#	84307*#		
Pediatrics – minor surgery	80293*#	84293*#	r	
no surgery	80267*#	84267*#	r	
Pharmacology – clinical	80234*#	84234*#	r	
Physical Medicine and Rehabili- tation – Pain Management	80208*#	84208*#	r	
All Other	80209*#	84209*#	r	
Physicians – minor surgery	80294*	84294*	r	This is an NOC classification.
Physicians – no surgery	80268*#	84268*#	r	This is an NOC classification.

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Description	M.D. Code No.	D.O. Code No.	Premium Base	Notes
Physicians' or Surgeons' Assistants	80116*#	84116*#	r	This classification applies to physicians' or surgeons' assistants who have completed an approved course of study leading to university certification and who perform their duties under the direct supervision of a licensed physician or surgeon assisting in the clinical and/or research endeavors of the physician or surgeon.
Preventive Medicine – no surgery				
Aerospace Medicine	80133*#	84133*#	r	
Occupational Medicine	80134*#	84134*#	r	
Public/General Health Medicine	80135*#	84135*#	r	
Medical Toxicology	80138*#	84138*#	r	
Undersea/Hyperbaric Medicine	80139*#	84139*#	r	
Psychiatry –				
Addiction Psychiatry	80224*#	84224*#	r	
Child and Adolescent Psychiatry	80226*#	84226*#	r	
Forensic Psychiatry	80227*#	84227*#	r	
Geriatric Psychiatry	80228*#	84228*#	r	
All Other	80229*#	84229*#	r	
Psychoanalysis	80250*#	84250*#	r	
Psychosomatic Medicine	80251*#	84251*#	r	
Public Health				See Preventive Medicine – no surgery.
Pulmonary Diseases – no surgery	80269*#	84269*#	r	
Radiology – diagnostic –				
minor surgery	80280*	84280*	r	These classifications include X-ray laboratories operated by the insured.
no surgery	80253*#	84253*#	r	
Radiology – therapeutic –				
minor surgery	80358	84358	r	
no surgery	80359	84359	r	
Radiology – interventional	80360	84360	r	
Rheumatology – no surgery	80252*#	84252*#	r	

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Description	M.D. Code No.	D.O. Code No.	Premium Base	Notes
Rhinology –				
minor surgery	80270*	84270*	r	
no surgery	80247*#	84247*#	r	
Sclerotherapy		84802*	r	
Sports Medicine –				For major surgery use Orthopedic Surgery classification 80154.
no surgery	80205	84205	r	
minor surgery	80204	84204	r	
Teaching Physicians –				
no surgery	80321	84321	r	This classification applies to those physicians who would normally be assigned to Codes 80230 through 80269 inclusive.
minor surgery	80322	84322	r	This classification applies to those physicians who would normally be assigned to Codes 80270 through 80294 inclusive.
Teaching Physicians or Surgeons – major surgery				
	80323	84323	r	This classification applies to those specialists who would normally be assigned to one of the following Codes: 80101; 80102; 80103; 80104; 80105; 80107; 80108; 80114; 80115; 80117.
	80324	84324	r	This classification applies to those specialists who would normally be assigned to Code 80145.
	80325	84325	r	This classification applies to those specialists who would normally be assigned to one of the following Codes: 80106; 80141; 80143; 80151; 80155; 80157; 80158; 80159; 80160; 80166.
	80326	84326	r	This classification applies to those specialists who would normally be assigned to one of the following Codes: 80153; 80156; 80167; 80168; 80169; 80170.
	80327	84327	r	This classification applies to those specialists who would normally be assigned to one of the following Codes: 80144; 80146; 80150; 80152; 80154; 80171.
Urology				
no surgery	80121	84121	r	
minor surgery	80120	84120	r	

Table #2(CT) Physicians And Surgeons Classifications

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These classifications apply to all general practitioners or specialists except those performing major surgery, anesthesiology or acupuncture anesthesiology, who perform any of the following medical techniques or procedures:

Description	M.D. Code No.	D.O. Code No.	Premium Base	Notes
Acupuncture – other than acupuncture anesthesia	80437	84437	r	
Angiography	80422	84422	r	
Arteriography	80422	84422	r	
Catheterization	80422	84422	r	Arterial, cardiac or diagnostic – other than (a) the occasional emergency insertion of pulmonary wedge pressure recording catheters or temporary pacemakers, (b) urethra catheterization or (c) umbilical cord catheterization for diagnostic purposes or for monitoring blood gases in newborns receiving oxygen.
Cryosurgery	80429	84429	r	
Discograms	80428	84428	r	
Lasers – used in therapy	80425	84425	r	
Lymphangiography	80434	84434	r	
Myleography	80428	84428	r	
Phlebography	80434	84434	r	
Pneumoencephalography	80428	84428	r	
Radiation Therapy	80425	84425	r	This classification includes X-ray laboratories operated by the insured.
Shock Therapy	80431	84431	r	

Table #3(CT) Physicians – No Major Surgery Classifications (For Classifications With An *)

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These classifications apply to all general practitioners or specialists except those performing major surgery, anesthesiology or acupuncture anesthesiology, who perform any of the following medical techniques or procedures:

Description	M.D. Code No.	D.O. Code No.	Premium Base	Notes
Colonoscopy	80443	84443	r	
Endoscopic Retrograde Cholangiopancreatography	80443	84433	r	
Laparoscopy (Peritonescopy)	80440	84440	r	
Needle Biopsy	80446	84446	r	Including lung and prostate, but not including liver, kidney or bone marrow biopsy.
Pneumatic or mechanical esophageal dilation (not bougie or olive)	80443	84443	r	
Radiopaque Dye Injections	80449	84449	r	Injection into blood vessels, lymphatics, sinus tracts and fistulae (Not applicable to Radiologists Codes 80280* and 84280*).

Table #4(CT) Physicians – No Major Surgery Classifications (For Classifications With A #)

Description	M.D. Code No.	D.O. Code No.	Premium Base	Notes
Abdominal	80166	84166	r	
Cardiac	80141	84141	r	
Cardiovascular disease	80150	84150	r	
Colon and rectal	80115	84115	r	
Endocrinology	80103	84103	r	
Gastroenterology	80104	84104	r	
General	80143	84143	r	This is an NOC classification. This classification does not apply to any family or general practitioner or to any specialist who occasionally performs major surgery.
General practice or family practice	80117	84117	r	

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Description	M.D. Code No.	D.O. Code No.	Premium Base	Notes
Geriatrics	80105	84105	r	
Gynecology	80167	84167	r	
Hand	80169	84169	r	
Head and neck	80170	84170	r	
Laryngology	80106	84106	r	
Neoplastic	80107	84107	r	
Nephrology	80108	84108	r	
Neurology – including child	80152	84152	r	
Obstetrics	80168	84168	r	
Obstetrics – gynecology	80153	84153	r	
Oncology	80164	84164	r	
Ophthalmology	80114	84114	r	
Orthopaedic	80154	84154	r	
Otology	80158	84158	r	This classification does not apply to general practitioners or specialists performing plastic surgery.
Otorhinolaryngology	80159	84159	r	This classification does not apply to general practitioners or specialists performing plastic surgery.
Pediatric	80180	84180	r	
Plastic	80156	84156	r	This is an NOC classification.
Plastic-otorhino-laryngology	80155	84155	r	
Rhinology	80160	84160	r	
Thoracic	80144	84144	r	
Traumatic	80171	84171	r	
Urological	80145	84145	r	
Vascular	80146	84146	r	

Table #5(CT) Surgery Classifications

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The following classifications and additional charges apply for physicians and surgeons in active United States Military Service:

Description	M.D. Code No.	D.O. Code No.	Premium Base	Notes
Physicians – no surgery no major surgery minor surgery	80131	84131	r	Any U.S. Military doctors who administer radiation therapy or shock therapy are subject to an additional charge, as indicated.
	80172	84172	r	The additional charges for radiation or shock therapy do not apply to this classification. Any U.S. Military doctors who administer radiation therapy or shock therapy are subject to an additional charge, as indicated.
	80132	84132	r	Any U.S. Military doctors who administer radiation therapy or shock therapy are subject to an additional charge, as indicated.
Physicians or Surgeons – major surgery	80172	84172	r	This classification applies to those specialists who would normally be assigned to one of the following M.D. Codes, or the corresponding D.O. Codes, where applicable: 80101; 80102; 80103; 80104; 80105; 80107; 80108; 80114; 80115; 80117. Any U.S. Military doctors who administer radiation therapy or shock therapy are subject to an additional charge, as indicated.
	80173	84173	r	This classification applies to those specialists who would normally be assigned to the following Codes: 80145; 84145. Any U.S. Military doctors who administer radiation therapy or shock therapy are subject to an additional charge, as indicated.
	80174	84174	r	This classification applies to those specialists who would normally be assigned to one of the following M.D. Codes, or the corresponding D.O. Codes, where applicable: 80106; 80141; 80143; 80151; 80155; 80157; 80158; 80159; 80160; 80166. Any U.S. Military doctors who administer radiation therapy or shock therapy are subject to an additional charge, as indicated.

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Description	M.D. Code No.	D.O. Code No.	Premium Base	Notes
Physicians or Surgeons – major surgery (Cont'd)	80175	84175	r	<p>This classification applies to those specialists who would normally be assigned to one of the following M.D. Codes, or the corresponding D.O. Codes, where applicable: 80153; 80156; 80167; 80168; 80169; 80170.</p> <p>Any U.S. Military doctors who administer radiation therapy or shock therapy are subject to an additional charge, as indicated.</p>
	80176	84176	r	<p>This classification applies to those specialists who would normally be assigned to one of the following M.D. Codes, or the corresponding D.O. Codes, where applicable: 80144; 80146; 80150; 80154; 80171.</p> <p>Any U.S. Military doctors who administer radiation therapy or shock therapy are subject to an additional charge, as indicated.</p>
Additional Charges				
Radiation Therapy	80136	84136	r	
Shock Therapy	80137	84137	r	

**Table #6(CT) Physicians And Surgeons – In Active U.S.
Military Service Classifications**

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The following additional charges apply for all previous classifications, except classifications applicable to physicians and surgeons in active United States Military Service or to those employed full time by the Federal Government. For Teaching Physicians, the additional charges may be used only to the extent that they apply.

Description	M.D. Code No.	D.O. Code No.	Premium Base	Notes
Corporate Liability	80999	84999	r	This classification is to be used as the governing classification when the individual insured physician or surgeon is also insured as either a partnership or corporation, as referenced in Coverage Rule 27.F. and G., respectively. This classification is subject to any applicable additional charge classifications for employed physicians, surgeons and technicians.
Employed Nurse Anesthetist	80452	84452	r	<p>The manual rate for this classification will be the factor shown in Table #1(RF) applied to the rate for Anesthesiology Codes 80181 and 84181.</p> <p>The rate for this additional charge classification applies not only to employees of individual insured physicians or surgeons but also to employees of partnerships, limited liability companies, corporations or professional associations practicing medicine. It applies per employee regardless of the number of partners or members. It applies also to such personnel in pathological or X-ray laboratories operated or supervised by the insured.</p>
Employed Physicians' or Surgeons' Assistants	80129	84129	r	This additional charge classification applies not only to individual insured physicians or surgeons but also to physicians or surgeons who are employees of partnerships, limited liability companies, corporations or professional associations practicing medicine.
Employed Physicians or Surgeons	80177	84177	r	The rate shall be the factor shown in Table #1(RF) applied to the rate applicable for the self-employed physician or surgeon.

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Description	M.D. Code No.	D.O. Code No.	Premium Base	Notes
Employed Technicians – radium, including diagnostic X-ray laboratory or pathological	80148	84148	r	The rate for this additional charge classification applies not only to employees of individual insured physicians or surgeons but also to employees of partnerships, limited liability companies, corporations or professional associations practicing medicine. It applies per employee regardless of the number of partners or members. It applies also to such personnel in pathological or X-ray laboratories operated or supervised by the insured.
Employed Technicians – radiation therapy	80149	84149	r	The rate for this additional charge classification applies not only to employees of individual insured physicians or surgeons but also to employees of partnerships, limited liability companies, corporations or professional associations practicing medicine. It applies per employee regardless of the number of partners or members. It applies also to such personnel in pathological or X-ray laboratories operated or supervised by the insured.
Partnership Liability	80999	84999	r	This classification is to be used as the governing classification when the individual insured physician or surgeon is also insured as either a partnership or corporation, as referenced in Coverage Rule 27.F. and G., respectively. This classification is subject to any applicable additional charge classifications for employed physicians, surgeons and technicians.
Shock Therapy – by employed physicians or surgeons involved with major surgery	80161	84161	r	This additional charge applies to each insured physician or surgeon doing shock therapy work. The rate for this additional charge classification applies not only to employees of individual insured physicians or surgeons but also to employees of partnerships, limited liability companies, corporations or professional associations practicing medicine. It applies per employee regardless of the number of partners or members. It applies also to such personnel in pathological or X-ray laboratories operated or supervised by the insured.

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Description	M.D. Code No.	D.O. Code No.	Premium Base	Notes
Shock Therapy – by insured physicians or surgeons involved with major surgery	80162	84162	r	This additional charge applies to each insured physician or surgeon doing shock therapy work.
Radiation Therapy – by employed physicians or surgeons involved with major surgery	80163	84163	r	This additional charge applies to each employed physician or surgeon doing X-ray therapy work. The rate for this additional charge classification applies not only to employees of individual insured physicians or surgeons but also to employees of partnerships, limited liability companies, corporations or professional associations practicing medicine. It applies per employee regardless of the number of partners or members. It applies also to such personnel in pathological or X-ray laboratories operated or supervised by the insured.
Radiation Therapy – by insured physicians or surgeons involved with major surgery	80165	84165	r	This additional charge applies to each insured physician or surgeon doing X-ray therapy work.

Table #7(CT) Physicians And Surgeons – Additional Charges

An additional charge applies to each insured physician or surgeon serving on a medical review board. The charge is a percentage of the premium for the individual physician or surgeon. Refer to company for rating.

Description	M.D. Code No.	D.O. Code No.	Premium Base	Notes
Medical Review Boards	80130	84130	r	

Table #8(CT) Physicians And Surgeons – Additional Charges

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CLASSIFICATIONS – DENTISTS RISKS

Description	Class Code	Premium Base	Notes
Dentists	80210	r	<p>This classification applies to any dentist engaged in oral surgery or operative dentistry on patients rendered unconscious through the administering of any anesthesia or analgesia. For increased limits for this classification, refer to Table 17.E.2.(RF).</p> <p>This classification is subject to an additional charge when another dentist is employed by the insured dentist. Use the additional charge for employed dentists, Classification Code 80212.</p> <p>This classification is also subject to an additional charge when the insured dentist administers X-ray therapy. Use the additional charge Classification Code 80215.</p>
Dentists	80211	r	<p>This is an NOC classification.</p> <p>This classification is subject to an additional charge when another dentist is employed by the insured dentist. Use the additional charge for employed dentists, Classification Code 80213.</p> <p>This classification is also subject to an additional charge when the insured dentist administers X-ray therapy. Use the additional charge Classification Code 80215.</p>
Teaching Dentists	80218	r	<p>This classification is subject to an additional charge when the insured dentist does X-ray therapy work. Use the additional charge Classification Code 80215.</p> <p>This classification applies to any dentist engaged in oral surgery or operative dentistry on patients rendered unconscious through the administering of any anesthesia or analgesia.</p>
Teaching Dentists	80219	r	<p>This is an NOC classification.</p> <p>This classification is subject to an additional charge when the insured dentist does X-ray therapy work. Use the additional charge Classification Code 80215.</p>

Table #9(CT) Dentists Risks – General Classifications

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Description	Class Code	Premium Base	Notes
Additional Charges Corporate Liability	80999	r	This classification is to be used as the governing classification when the individual insured dentist is also insured as either a partnership or corporation, as referenced in Coverage Rule 27.F. and G., respectively. This classification is subject to any applicable additional charge classifications for employed dentists.
Employed Dentists	80212	r	Employed dentists are also subject to an additional charge per person if they perform X-ray therapy. Use Classification Code 80214.
Employed Dentists	80213	r	Employed dentists are also subject to an additional charge per person if they perform X-ray therapy. Use Classification Code 80214. This is an NOC classification.
Partnership Liability	80999	r	This classification is to be used as the governing classification when the individual insured dentist is also insured as either a partnership or corporation, as referenced in Coverage Rule 27.F. and G., respectively. This classification is subject to any applicable additional charge classifications for employed dentists.
X-ray Therapy – by employed dentists	80214	r	
by insured dentists	80215	r	

**Table #10(CT) Dentists Risks – General Classifications
– Additional Charges**

The following classification applies for dentists while in the active United States Military Service:

Description	Class Code	Premium Base	Notes
Dentists	80216	r	This classification is subject to an additional charge when the insured dentist does X-ray therapy work. Use the additional charge Classification Code 80217.
Additional Charge X-ray Therapy – by dentists in active United States Military Service only	80217	r	

Table #11(CT) Dentists – In Active U.S. Military Service Classifications

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The following classifications apply for dentists employed full time by the Federal Government but not in active United States Military Service:

Description	Class Code	Premium Base	Notes
Dentists	80225	r	This classification applies to any dentist engaged in oral surgery or operative dentistry on patients rendered unconscious through the administering of any anesthesia or analgesia. Dentists who administer X-ray therapy are subject to an additional charge, as indicated.
Dentists	80223	r	This is an NOC classification. Dentists who administer X-ray therapy are subject to an additional charge, as indicated.
Additional Charge X-ray Therapy	 80221	 r	

Table #12(CT) Dentists – Employed By Federal Government Classifications

CLASSIFICATIONS – MISCELLANEOUS MEDICAL PROFESSIONAL

Description	Class Code	Premium Base	Notes
Other Than Employees Professional Liability			
Acupuncturists	80966	r	
Art, Music and Dance Therapists	80967	r	
Chiropodists/Podiatrists	80993	r	This is an NOC classification. This classification is subject to an additional charge when another chiropodist/podiatrist is employed by the insured chiropodist/podiatrist. Use the additional charge for employed chiropodists/podiatrists, Classification Code 80943, shown in Table #15(CT). Corporations and partnerships are subject to an additional charge, shown in Table #15(CT).

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Description	Class Code	Premium Base	Notes
Other Than Employees Professional Liability (Cont'd)			
Chiropodists/Podiatrists in active United States Military Service	80935	r	
Chiropodists/Podiatrists employed full time by the Federal Government	80936	r	
Chiropractors	80410	r	This classification is subject to an additional charge when another chiropractor is employed by the insured chiropractor. Use the additional charge for employed chiropractors, Classification Code 80411, shown in Table #15(CT). Corporations and partnerships are subject to an additional charge, shown in Table #15(CT).
Hearing Aid Fitters/Audiologists	80968	r	
Inhalation/Respiratory Therapists	80969	r	
Massage Therapists	80970	r	
Medical Technologists	80971	r	
Nutritionists/Dietitians	80972	r	
Occupational Therapists	80973	r	
Orthotists/Prosthetists	80974	r	
Psychologists	80975	r	
Employees Medical Professional Liability			
Dental Hygienists	80712	r	
Hearing Aid Fitters/Audiologists	80716	r	
Inhalation/Respiratory Therapists	80717	r	
Massage Therapists	80718	r	
Medical Laboratory Technicians	80711	r	
Medical Technologists	80719	r	
Nutritionists/Dietitians	80720	r	

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Description	Class Code	Premium Base	Notes
Occupational Therapists	80721	r	
Opticians	80937	r	
Orthotists/Prosthetists	80722	r	
Pharmacists	59112	r	
Physiotherapists	80938	r	
Psychologists	80723	r	
X-ray Technicians	80713	r	This classification is subject to an additional charge when the insured X-ray technician does X-ray therapy work. Use additional charge Classification Code 80714, shown in Table #15(CT).

Table #13(CT) Miscellaneous Medical – Individual Risks

Description	Class Code	Premium Base	Notes
Nurses Medical Professional Liability			
Midwives	80962	r	This classification is subject to an additional charge when insured nurses or midwives are also anesthesiologists. Use additional charge Classification Code 80960, shown in Table #15(CT). This classification is also subject to an additional charge when the insured nurses or midwives administer X-ray therapy. Use additional charge Classification Code 80714, shown in Table #15(CT).
Nurses – LPNs	80963	r	This classification is subject to an additional charge when insured nurses or midwives are also anesthesiologists. Use additional charge Classification Code 80960, shown in Table #15(CT). This classification is also subject to an additional charge when the insured nurses or midwives administer X-ray therapy. Use additional charge Classification Code 80714, shown in Table #15(CT).

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Description	Class Code	Premium Base	Notes
Nurses Medical Professional Liability (Cont'd) Nurses – RNs	80964	r	This classification is subject to an additional charge when insured nurses or midwives are also anesthesiologists. Use additional charge Classification Code 80960, shown in Table #15(CT). This classification is also subject to an additional charge when the insured nurses or midwives administer X-ray therapy. Use additional charge Classification Code 80714, shown in Table #15(CT).
Nurse Practitioners	80965	r	
Optometrists	80994	r	This classification is subject to an additional charge when another optometrist is employed by the insured optometrist. Use the additional charge for employed optometrists, Classification Code 80944, shown in Table #15(CT). Corporations and partnerships are subject to an additional charge, shown in Table #15(CT).
Physiotherapists	80995	r	This classification is subject to an additional charge when there is another physiotherapist employed by the insured physiotherapist. Use the additional charge for employed physiotherapists, Classification Code 80945, shown in Table #15(CT). Corporations and partnerships are subject to an additional charge, shown in Table #15(CT). This is an NOC classification.
Physiotherapists in active United States Military Service	80911	r	
Physiotherapists employed full time by the Federal Government	80912	r	

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Description	Class Code	Premium Base	Notes
Veterinarians	07226	r	This classification is subject to an additional charge when there is another veterinarian employed by the insured veterinarian. Use the additional charge for employed veterinarians, Classification Code 07221, shown in Table #15(CT). This is an NOC classification.
Veterinarians – Household Pets	07225	r	This classification is subject to an additional charge when there is another veterinarian employed by the insured veterinarian. Use the additional charge for employed veterinarians, Classification Code 07221, shown in Table #15(CT).

Table #14(CT) Miscellaneous Medical – Individual Risks

Description	Class Code	Premium Base	Notes
Chiropractors/Podiatrists Employed Chiropractors/Podiatrists	80943	r	The rate for this additional charge classification applies not only to employees who are individual insureds but also to employees of partnerships, limited liability companies, corporations or professional associations practicing medicine. It applies per employee regardless of the number of partners or members. It applies also to such personnel in pathological or X-ray laboratories operated or supervised by the insured.
Corporate Liability	80950	r	This classification is to be used as the governing classification when the individual insured chiropractor/podiatrist is also insured as either a partnership or corporation, as referenced in Rule 28.F. and G., respectively. This classification is subject to any applicable additional charge classifications for employed chiropractors/podiatrists.

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Description	Class Code	Premium Base	Notes
Chiropractors/Podiatrists (Cont'd) Partnership Liability	80950	r	This classification is to be used as the governing classification when the individual insured chiropractor/podiatrist is also insured as either a partnership or corporation, as referenced in Rule 28.F. and G., respectively. This classification is subject to any applicable additional charge classifications for employed chiropractors/podiatrists.
Chiropractors Employed Chiropractors	80411	r	The rate for this additional charge classification applies not only to employees who are individual insureds but also to employees of partnerships, limited liability companies, corporations or professional associations practicing medicine. It applies per employee regardless of the number of partners or members. It applies also to such personnel in pathological or X-ray laboratories operated or supervised by the insured.
Corporate Liability	80412	r	This classification is to be used as the governing classification when the individual insured chiropractor is also insured as either a partnership or corporation, as referenced in Rule 28.F. and G., respectively. This classification is subject to any applicable additional charge classifications for employed chiropractors.
Partnership Liability	80412	r	This classification is to be used as the governing classification when the individual insured chiropractor is also insured as either a partnership or corporation, as referenced in Rule 28.F. and G., respectively. This classification is subject to any applicable additional charge classifications for employed chiropractors.

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Description	Class Code	Premium Base	Notes
Employees Medical Professional Liability X-ray Therapy	80714	r	
Nurses Medical Professional Liability Anesthetists X-ray Therapy	80960 80714	r r	
Optometrists Employed Optometrists	80944	r	The rate for this additional charge classification applies not only to employees who are individual insureds but also to employees of partnerships, limited liability companies, corporations or professional associations practicing medicine. It applies per employee regardless of the number of partners or members. It applies also to such personnel in pathological or X-ray laboratories operated or supervised by the insured.
Corporate Liability	80956	r	This classification is to be used as the governing classification when the individual insured optometrist is also insured as either a partnership or corporation, as referenced in Rule 28.F. and G., respectively. This classification is subject to any applicable additional charge classifications for employed optometrists.
Partnership Liability	80956	r	This classification is to be used as the governing classification when the individual insured optometrist is also insured as either a partnership or corporation, as referenced in Rule 28.F. and G., respectively. This classification is subject to any applicable additional charge classifications for employed optometrists.

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Description	Class Code	Premium Base	Notes
Physiotherapists Employed Physiotherapists	80945	r	The rate for this additional charge classification applies not only to employees of individual insured physiotherapists but also to employees of partnerships, limited liability companies, corporations or professional associations practicing medicine. It applies per employee regardless of the number of partners or members. It applies also to such personnel in pathological or X-ray laboratories operated or supervised by the insured.
Corporate Liability	80955	r	This classification is to be used as the governing classification when the individual insured physiotherapist is also insured as either a partnership or corporation, as referenced in Rule 28.F. and G., respectively. This classification is subject to any applicable additional charge classifications for employed physiotherapists.
Partnership Liability	80955	r	This classification is to be used as the governing classification when the individual insured physiotherapist is also insured as either a partnership or corporation, as referenced in Rule 28.F. and G., respectively. This classification is subject to any applicable additional charge classifications for employed physiotherapists.
Veterinarians Employed Veterinarians	07221	r	The rate for this additional charge classification applies not only to employees of individual insured physiotherapists but also to employees of partnerships, limited liability companies, corporations or professional associations practicing medicine. It applies per employee regardless of the number of partners or members. It applies also to such personnel in pathological or X-ray laboratories operated or supervised by the insured.

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Description	Class Code	Premium Base	Notes
Veterinarians (Cont'd) Corporate Liability	07222	r	This classification is to be used as the governing classification when the individual insured veterinarian is also insured as either a partnership or corporation, as referenced in Rule 28.F. and G., respectively. This classification is subject to any applicable additional charge classifications for employed veterinarians.
Partnership Liability	07222	r	This classification is to be used as the governing classification when the individual insured veterinarian is also insured as either a partnership or corporation, as referenced in Rule 28.F. and G., respectively. This classification is subject to any applicable additional charge classifications for employed veterinarians.

Table #15(CT) Miscellaneous Medical – Additional Charges – Individual Risks

Description	Class Code	Premium Base	Notes
Blood Banks	80992	d	
Medical or X-ray Laboratories	80715	t	The unit of exposure to which the rates are applied is each \$1000 of receipts.

Table #16(CT) Other-Than-Individual Risks

Description	Class Code	Premium Base	Notes
Emergency Medical Technicians and Paramedics	80976	r	
Ambulance Attendants	80977	r	

Table #17(CT) Paraprofessionals

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**FOR APPROVED SPECIALTY BOARDS AND
CERTIFICATE CATEGORIES**

American Board Of	General Certificate	Subspecialty Categories
Allergy & Immunology	Allergy & Immunology	Clinical & Laboratory Immunology
Anesthesiology	Anesthesiology	Critical Care Medicine Hospice and Palliative Medicine Pain Medicine
Colon & Rectal Surgery	Colon & Rectal Surgery	
Dermatology	Dermatology	Dermatopathology Clinical & Laboratory Dermatological Immunology Pediatric Dermatology
Emergency Medicine	Emergency Medicine	Hospice and Palliative Medicine Medical Toxicology Pediatric Emergency Medicine Sports Medicine Undersea & Hyperbaric Medicine
Family Medicine	Family Medicine	Adolescent Medicine Geriatric Medicine Hospice and Palliative Medicine Sports Medicine
Internal Medicine	Internal Medicine	Adolescent Medicine Clinical Cardiac Electrophysiology Cardiovascular Disease Critical Care Medicine Clinical & Laboratory Immunology Endocrinology Diabetes and Metabolism Gastroenterology Geriatric Medicine Hematology Hospice and Palliative Medicine Infectious Disease Interventional Cardiology Medical Oncology Nephrology Pulmonary Disease Rheumatology Sleep Medicine Sports Medicine Transplant Hepatology
Medical Genetics	Clinical Biochemical Genetics Clinical Cytogenetics Clinical Genetics (M.D.) Clinical Molecular Genetics Ph.D. Medical Genetics	Molecular Genetic Pathology
Neurological Surgery	Neurological Surgery	
Nuclear Medicine	Nuclear Medicine	

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American Board Of	General Certificate	Subspecialty Categories
Obstetrics & Gynecology	Obstetrics & Gynecology	Critical Care Medicine Gynecological Oncology Hospice and Palliative Medicine Maternal & Fetal Medicine Reproductive Endocrinology
Ophthalmology	Ophthalmology	
Orthopaedic Surgery	Orthopaedic Surgery	Orthopaedic Sports Medicine Hand Surgery
Otolaryngology	Otolaryngology	Neurotology Pediatric Otolaryngology Plastic Surgery Within The Head and Neck Sleep Medicine
Pathology	Anatomic & Clinical Pathology Pathology – Anatomic Pathology – Clinical	Blood Banking/Transfusion Medicine Chemical Pathology Cytopathology Dermatopathology Forensic Pathology Hematology Immunopathology Medical Microbiology Molecular Genetic Pathology Neuropathology Pediatric Pathology
Pediatrics	Pediatrics	Adolescent Medicine Blood Banking/Transfusion Medicine Child Abuse Pediatrics Clinical & Laboratory Immunology Developmental Behavioral Pediatrics Hospice and Palliative Medicine Medical Toxicology Neonatal-perinatal Medicine Neurodevelopmental Disabilities Pediatric Cardiology Pediatric Critical Care Medicine Pediatric Emergency Medicine Pediatric Endocrinology Pediatric Gastroenterology Pediatric Hematology-Oncology Pediatric Infectious Disease Pediatric Nephrology Pediatric Pulmonology Pediatric Rheumatology Pediatric Transplant Hepatology Sleep Medicine Sports Medicine

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American Board Of	General Certificate	Subspecialty Categories
Physical Medicine & Rehabilitation	Physical Medicine & Rehabilitation	Hospice and Palliative Medicine Pain Medicine Neuromuscular Medicine Pediatric Rehabilitation Medicine Spinal Cord Injury Medicine Sports Medicine
Plastic Surgery	Plastic Surgery	Surgery of the Hand Plastic Surgery of the Head and Neck
Preventive Medicine	Aerospace Medicine Occupational Medicine Public Health & General Preventive Medicine	Medical Toxicology Undersea and Hyperbaric Medicine
Psychiatry & Neurology	Psychiatry Neurology Neurology with Special Qualifications In Child Neurology	Addiction Psychiatry Child & Adolescent Psychiatry Clinical Neurophysiology Forensic Psychiatry Geriatric Psychiatry Hospice and Palliative Medicine Neurodevelopmental Disabilities Neuromuscular Medicine Pain Medicine Psychosomatic Medicine Sleep Medicine Vascular Neurology
Radiology	Diagnostic Radiology Radiation Oncology Radiological Physics	Hospice and Palliative Medicine Neuroradiology Nuclear Radiology Pediatric Radiology Vascular & Interventional Radiology
Surgery	Vascular Surgery	Hospice and Palliative Medicine Pediatric Surgery Surgery of the Hand Surgical Critical Care
Thoracic Surgery	Thoracic Surgery	
Urology	Urology	Pediatric Urology
Reprinted from the 2006 Annual Report and information available on the American Board of Medical Specialties (ABMS) website www.abms.org		

Table #18(CT) Approved Specialty Boards And Certificate Categories

Section V - Actuarial Support

This section contains the actuarial exhibits to support the deductible discount factors displayed for Rule 18.

The following exhibits are attached:

- ◆ Exhibit 1 - Current Deductible Discount Factors - \$100,000 Basic Limit
- ◆ Exhibit 2 - Revised Deductible Discount Factors - \$500,000 Basic Limit

The current deductible discount factors (DDF) were calculated on a \$100,000/\$300,000 basic limit basis. The revised factors have been rescaled to reflect the change to the basic limit of \$500,000/\$1,500,000.

The revised factors were calculated by dividing the current DDFs by the current increased limit factor without risk load for the 500/1500 limit.

Some factors were then manually adjusted to maintain consistency in the tables.

Exhibit 1

MEDICAL PROFESSIONAL LIABILITY
 Conversion to New Basic Limit (100K to 500K)

Current Deductible Discount Factors - \$100,000 Basic Limit

<u>Deductible</u>	<u>Hospitals</u>	<u>Physicians</u>	<u>Surgeons</u>	<u>Dentists</u>	<u>Allied Health</u>	<u>Nursing Homes</u>	<u>Veterinarians</u>
250	0.001	0.001	0.001	0.003	0.002	0.001	0.036
500	0.003	0.002	0.002	0.006	0.003	0.002	0.069
750	0.004	0.003	0.003	0.009	0.005	0.004	0.098
1,000	0.006	0.004	0.004	0.012	0.007	0.005	0.124
2,000	0.011	0.008	0.007	0.023	0.013	0.009	0.202
3,000	0.016	0.011	0.011	0.033	0.019	0.014	0.253
4,000	0.020	0.015	0.014	0.043	0.025	0.018	0.286
5,000	0.025	0.019	0.018	0.053	0.031	0.023	0.309
10,000	0.046	0.037	0.035	0.094	0.058	0.043	0.363
15,000	0.066	0.054	0.052	0.128	0.084	0.063	0.392
20,000	0.084	0.071	0.068	0.158	0.107	0.083	0.415
25,000	0.101	0.087	0.084	0.184	0.130	0.101	0.434
50,000	0.176	0.162	0.157	0.283	0.228	0.187	0.497
75,000	0.239	0.229	0.223	0.352	0.308	0.261	0.527
100,000	0.293	0.290	0.283	0.402	0.375	0.327	0.541
150,000	0.383	0.396	0.389	0.470	0.480	0.437	0.553
200,000	0.455	0.486	0.481	0.513	0.560	0.526	0.557
250,000	0.514	0.565	0.561	0.542	0.625	0.599	0.560
500,000	0.712	0.846	0.853	0.615	0.836	0.833	0.571
750,000	0.834	1.016	1.038	0.647	0.951	0.961	0.580
1,000,000	0.918	1.125	1.162	0.663	1.016	1.041	0.587

Exhibit 2

MEDICAL PROFESSIONAL LIABILITY
 Conversion to New Basic Limit (100K to 500K)

Revised Deductible Discount Factors - \$500,000 Basic Limit

<u>Deductible</u>	<u>Hospitals</u>	<u>Physicians</u>	<u>Surgeons</u>	<u>Dentists</u>	<u>Allied Health</u>	<u>Nursing Homes</u>	<u>Veterinarians</u>
250	0.001	0.001	0.001	0.002	0.001	0.001	0.034
500	0.002	0.002	0.002	0.005	0.002	0.002	0.065
750	0.003	0.003	0.003	0.007	0.003	0.003	0.092
1,000	0.004	0.004	0.004	0.009	0.004	0.004	0.117
2,000	0.006	0.005	0.005	0.018	0.008	0.005	0.191
3,000	0.009	0.006	0.006	0.026	0.012	0.008	0.239
4,000	0.012	0.008	0.007	0.034	0.015	0.010	0.270
5,000	0.015	0.010	0.009	0.041	0.019	0.013	0.292
10,000	0.027	0.020	0.018	0.073	0.035	0.025	0.342
15,000	0.039	0.029	0.027	0.100	0.051	0.036	0.370
20,000	0.049	0.038	0.035	0.123	0.065	0.048	0.392
25,000	0.059	0.046	0.043	0.144	0.079	0.058	0.409
50,000	0.104	0.086	0.080	0.221	0.139	0.107	0.469
75,000	0.141	0.121	0.114	0.275	0.188	0.150	0.497
100,000	0.172	0.153	0.144	0.314	0.229	0.188	0.510
150,000	0.225	0.210	0.198	0.367	0.293	0.251	0.522
200,000	0.268	0.257	0.245	0.401	0.341	0.302	0.525
250,000	0.302	0.299	0.286	0.423	0.381	0.344	0.528
500,000	0.419	0.448	0.435	0.480	0.510	0.479	0.539
750,000	0.491	0.538	0.530	0.505	0.580	0.552	0.547
1,000,000	0.540	0.595	0.593	0.518	0.620	0.598	0.554

*The deductible discount factors are calculated by dividing each current factor by the current (without risk load) ILF for a policy limit of \$500,000