

SERFF Tracking Number: AGNY-125698205 State: Arkansas
Filing Company: National Union Fire Insurance Company of Pittsburgh, Pa. State Tracking Number: EFT \$125
Company Tracking Number: AIC-08-EO-10
TOI: 11.0 Medical Malpractice - Claims Sub-TOI: 11.0006 Dentists - General Practice
Made/Occurrence
Product Name: Dentists Liability Program 018300000750
Project Name/Number: Dentists Liability Program/AIC-08-EO-10

Filing at a Glance

Company: National Union Fire Insurance Company of Pittsburgh, Pa.
Product Name: Dentists Liability Program SERFF Tr Num: AGNY-125698205 State: Arkansas
018300000750
TOI: 11.0 Medical Malpractice - Claims SERFF Status: Closed State Tr Num: EFT \$125
Made/Occurrence
Sub-TOI: 11.0006 Dentists - General Practice Co Tr Num: AIC-08-EO-10 State Status: Fees verified and received
Filing Type: Rate/Rule Co Status: Reviewer(s): Betty Montesi, Edith Roberts
Author: Jameka Harris Disposition Date: 10/22/2008
Date Submitted: 07/09/2008 Disposition Status: Withdrawn
Effective Date Requested (New): On Approval Effective Date (New):
Effective Date Requested (Renewal): On Approval Effective Date (Renewal):
State Filing Description:

General Information

Project Name: Dentists Liability Program Status of Filing in Domicile: Pending
Project Number: AIC-08-EO-10 Domicile Status Comments:
Reference Organization: Reference Number:
Reference Title: Advisory Org. Circular:
Filing Status Changed: 10/22/2008
State Status Changed: 07/15/2008 Deemer Date:
Corresponding Filing Tracking Number: AGNY-125698204
Filing Description:
National Union Fire Insurance Company of Pittsburgh, Pa. has on file with your Department its Dentist Professional Liability Program (the "Program"). The rates and rules included in this filing are submitted to replace the rates and rules previously submitted for this Program.

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Please note this is a resubmittal of our filing that was previously submitted under filing No. AIC-08-MP-06.

As required, the related forms are being submitted separately.

Please refer to the attached Filing Memorandum, rate plan and rating rules for information about the rates and rules included in this submission.

Company and Contact

Filing Contact Information

Jameka Harris, Filings Analyst jameka.harris@aig.com
 175 Water Street, 17th Floor (212) 458-7056 [Phone]
 New York, NY 10038 (212) 458-7077[FAX]

Filing Company Information

National Union Fire Insurance Company of Pittsburgh, Pa. CoCode: 19445 State of Domicile: Pennsylvania
 70 Pine Street Group Code: Company Type:
 New York, NY 10270 Group Name: State ID Number:
 (212) 770-7000 ext. [Phone] FEIN Number: 25-0687550

Filing Fees

Fee Required? Yes
 Fee Amount: \$125.00
 Retaliatory? No
 Fee Explanation:
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
National Union Fire Insurance Company of	\$125.00	07/09/2008	21324659

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Withdrawn	Edith Roberts	10/22/2008	10/22/2008

Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending	Edith Roberts	07/15/2008	07/15/2008	Jameka Harris	10/14/2008	10/14/2008

Industry
Response

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Withdraw	Note To Reviewer	Jameka Harris	07/21/2008	07/21/2008

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Disposition

Disposition Date: 10/22/2008
 Effective Date (New):
 Effective Date (Renewal):
 Status: Withdrawn
 Comment:

Company Name:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Premium:	Maximum % Change (where required):	Minimum % Change (where required):	Overall % Indicated Change:
National Union Fire Insurance Company of Pittsburgh, Pa.	0.000%	\$0	4	\$7,019	0.000%	0.000%	%

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Withdrawn	Yes
Supporting Document	NAIC Loss Cost Filing Forms (all P&C lines)	Withdrawn	Yes
Supporting Document	NAIC loss cost data entry document	Withdrawn	Yes
Supporting Document	Form PROMAL	Withdrawn	Yes
Supporting Document	Form PRONOT	Withdrawn	Yes
Supporting Document	Filing Memo	Withdrawn	Yes
Rate	Rate/Rule Manual	Withdrawn	Yes

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Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 07/15/2008
Submitted Date 07/15/2008

Respond By Date

Dear Jameka Harris,

This will acknowledge receipt of the captioned filing.

Please complete the med mal survey form. This form may be found at this site:

<http://www.insurance.arkansas.gov/PandC/RR23Forms/MM%20Survey%20FORM%20MMPCS.xls>

Also, you will need a state exception page for your rule #10, regarding the basic 60 day free of charge mandatory Extended Reporting Period and must also advise that the limit for the optional Extended Reporting Period must be the greater of the limit remaining or reinstated to 50% of the expiring policy aggregate.

Please feel free to contact me if you have questions.

Sincerely,

Edith Roberts

Response Letter

Response Letter Status Submitted to State
Response Letter Date 10/14/2008
Submitted Date 10/14/2008

Dear Edith Roberts,

Comments:

Response 1

Comments: We respectfully withdraw this filing from further consideration, without prejudice. This does not preclude a resubmission at a later date.

Acknowledgement upon receipt is respectfully requested.

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Rate Information

Rate data applies to filing.

Filing Method: Prior approval
 Rate Change Type: Neutral
 Overall Percentage of Last Rate Revision: 31.100%
 Effective Date of Last Rate Revision: 12/11/2006
 Filing Method of Last Filing:

Company Rate Information

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Premium:	Maximum % Change (where required):	Minimum % Change (where required):
National Union Fire Insurance Company of Pittsburgh, Pa.	%	0.000%	\$0	4	\$7,019	0.000%	0.000%

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Rate/Rule Schedule

Review Status:	Exhibit Name:	Rule # or Page #:	Rate Action	Previous State Filing Attachments Number:
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Withdrawn	Rate/Rule Manual		Replacement	Arkansas Rate Plan.pdf Arkansas Rating Rules.pdf
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**NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA.
DENTAL PROFESSIONAL LIABILITY
RATE PLAN
ARKANSAS**

1. PROFESSIONAL LIABILITY 1ST YEAR CLAIMS MADE BASE PREMIUMS

Limit of Liability	Base Premium
\$1,000,000 each claim / \$3,000,000 aggregate	\$1,368
Entire State	

2. CLASS PLAN RELATIVITY FACTORS

Class	Factor
1	1.000
2	1.250
3	1.500
4	2.770
5	8.000

3. POLICY TYPE FACTORS

A. Claims Made Year	Factor
Year 1	0.336
Year 2	0.567
Year 3	0.797
Year 4	1.000
Year 5	1.000
B. Occurrence	1.010

4. INCREASED LIMIT FACTORS

Increased Limit	Factor
\$100,000 / \$300,000	0.641
\$200,000 / \$600,000	0.731
\$500,000 / \$1,500,000	0.853
\$1,000,000 / \$3,000,000	1.000
\$2,000,000 / \$4,000,000	1.051
\$2,000,000 / \$6,000,000	1.062
\$3,000,000 / \$3,000,000	1.103
\$3,000,000 / \$6,000,000	1.122
\$4,000,000 / \$6,000,000	1.136
\$5,000,000 / \$5,000,000	1.154
\$5,000,000 / \$6,000,000	1.186

5. EXTENDED REPORTING PERIOD FACTORS

Number of Years of Prior Acts	Factor to be Multiplied by the Mature Claims Made Premium
1 Year	0.80
2 Year	1.20
3 Year	1.45
4 Year	1.60
5 OR MORE YEARS	1.80

6. NEW DENTIST DISCOUNT FACTORS

Years in Practice	Factor
First Year	0.40
Second	0.60
Third Year	0.80

7 PART TIME DENTIST DISCOUNT FACTOR

Number of Hours in Practice	Factor
20 hours or less per week	0.50
21 hours or more per week	1.00

8 FACULTY DISCOUNT FACTORS

Appointment Status	Factor
Full-Time	0.70
Half-Time	0.80
Part-Time	0.90
Zero-Time	1.00

9 WAIVER OF CONSENT DISCOUNT FACTOR

0.90

10 RISK MANAGEMENT EDUCATION FACTOR

0.90

11 CLAIM FREE CREDIT DISCOUNT FACTORS

Years	Factor
10 + years claim free	0.90
9 years claim free	0.91
8 years claim free	0.92
7 years claim free	0.93
6 years claim free	0.94
5 years claim free	0.95
4 years claim free	0.96
3 years claim free	0.97
2 years claim free	0.98
1 years claim free	0.99

12 CLAIMS EXPERIENCE DEBIT

TOTAL OF ALL CLAIMS AMOUNT

	1 loss	2 losses	3 losses	4 losses
\$0 - \$3,000	1.05	1.10	1.15	1.20
\$3,001 - \$10,000	1.10	1.15	1.20	1.25
\$10,001 - \$20,000	1.15	1.20	1.25	1.30
\$20,001 - \$30,000	1.20	1.25	1.30	1.35
\$30,001 - \$40,000	1.25	1.30	1.35	1.40
\$40,001 +	1.30	1.35	1.40	1.50

13 INDIVIDUAL RISK PREMIUM MODIFICATIONS

	Range of Modifications	
	<u>Credits</u>	<u>Debits</u>
Operational controls and procedure mix, such as but not limited to mandatory referrals for extractions, use of consent forms, internal documentation practices, implant procedures and laser use, and extraction of impacted third molars.	10%	25%
Practice Characteristics, such as but not limited to single v. multiple locations, degree of severity presented by area of specialization, volume of patient traffic, number of years of patient experience.	10%	25%
Loss Control procedures, such as but not limited to training and retraining of all employees on the safest way to do their job; promoting safety awareness; conducting frequent safety inspections of all work areas; having an office safety program; using proper sterilization techniques to ensure environmental is free from the possibility of contamination from blood-borne pathogens.	10%	25%

Claim peculiarities, such as but not limited to who was responsible for the loss (Insured Dentist, Employee of Insured Dentists, Partner, Independent Contractor- this is for the respondent superior or indemnity exposures); frequency or lack of administrative actions such as peer review, office of professional discipline or dental board complaints; frequency or lack of claims for return of fees

10%

25%

Maximum Debit/Credit=25%

14 ADDITIONAL INSUREDS PREMIUM CHARGE FACTOR

Factor

10% Premium Charge

1.10

15. BOARD EXAMINATION/INTERVIEW COVERAGE PREMIUM CHARGE

A) Board Examination Premium Charge for a Limit of Liability of \$1,000,000 per occurrence / \$1,000,000 aggregate

\$20

B) Interview Premium Charge for a Limit of Liability of \$1,000,000 per occurrence / \$1,000,000 aggregate

\$250

16 MEDICAL WASTE DEFENSE EXPENSES REIMBURSEMENT COVERAGE

Premium Charge for a Limit of Liability of \$50,000 per occurrence / \$50,000 aggregate

\$50

17 DISABILITY OR LEAVE OF ABSENCE

75% Premium Discount

Factor

0.25

18 DEDUCTIBLES

The following deductibles may be offered on a per occurrence basis only for Professional Liability.

DEDUCTIBLE AMOUNT	CREDIT FACTOR
\$0	1.00
\$1,000	0.95
\$2,500	0.90
\$5,000	0.81
\$10,000	0.70

19 ACADEMY OF GENERAL DENTISTRY MEMBERSHIP (AGD)

Academy of General Dentistry Membership - Members in good standing who have completed the following requirements are eligible for membership credit.

Application Requirements:

Membership Maintenance - Members must earn 75 hours of continuing dental education during their 3 year review period.
Recent graduates have 5 years to complete.

Credit

10%

Fellowship Award Requirements - Fellowship requires 5 continuous years (50 consecutive months of membership in AGD, plus 500 hours of approved continuing education credit (at least 350 of which is earned in course attendance).

15%

Accepted activities for Fellowship credits are:

- Scientific Programs
- Postgraduate Education
- Federal Dental Service Specialty Rotation Programs
- Self-Instruction Programs
- Self-Improvement AGD approved courses

20. ACADEMY OF GENERAL DENTISTRY MEMBERSHIP CONTINUED

Membership Award Requirements - Mastership requires Fellowship status in the AGD, plus completion of 600 credit hours of approved continuing education in each of 16 separate disciplines:

20%

- Myofascial Pain Dysfunction / Occlusion
- Operative Dentistry
- Periodontics
- Fixed Prosthodontics
- Removable Prosthodontics
- Endodontics
- Oral & Maxillofacial Surgery

Orthodontics
 Pediatric Dentistry
 Basic Sciences
 Oral Medicine / Oral Diagnosis
 Practice Management
 Electives
 Implants
 Special Patient Care
 Esthetics

21. AMERICAN DENTAL ASSOCIATION MEMBER CREDIT

A credit of 5% will be applied to each dentist who is a member of the American Dental Association.

22. GROUP DISCOUNTS

A single group practice policy issued to two or more dentists is eligible for a premium discounts based upon the total number of dentists and oral surgeons within the group. This discount is based on the size of the group to reflect the lower acquisition costs, reduces administrative expenses (including billing and collection) and the potential savings due to lower losses. (Group Practice appears to reduce losses due to internal risk management and other control and quality factors inherent in the group.) The following discounts are applicable:

Group Size	Premium Credit
2 - 5 Dentists	5%
6 - 10 Dentists	10%
11 - 25 Dentists	15%
> 25 Dentists	Refer to Home Office

II. COVERAGE OPTIONS:

A Dentist Liability Package Policy

The Dentist Liability Package Policy will include all coverages I, II, III, IV, V and VI. The charge of the additional coverage may be purchased for an additional 11%. The annual Professional Liability Premium will be multiplied by 1.11.

B Employment Practices Liability - increased limits

Coverage V, Employment Practices Liability limits may be increased to \$25,000 each claim / \$25,000 aggregate for an additional premium charge of \$130. Additional increased limits are available - see below.

The applicable flat rate in the following table shall be applied to each Named Insured policy based on the number of employees: The rates shown are the total amounts charged for the limits shown. The limits shown are on a per occurrence / aggregate basis.

Number of Employees**	Limits of Liability*			
	\$100,000 / \$100,000	\$250,000 / \$250,000	\$500,000 / \$500,000	\$750,000 / \$750,000
1-3	\$268	\$360	\$451	\$494
4	\$358	\$480	\$601	\$659
5	\$447	\$600	\$752	\$823
6	\$537	\$720	\$902	\$988
7	\$626	\$839	\$1,052	\$1,153
8	\$716	\$959	\$1,203	\$1,317
9	\$805	\$1,079	\$1,353	\$1,482

*A mandatory deductible of \$2,500 applies to the above coverage

**10 or more employees - please refer to Company

C ERISA Fiduciary Liability Coverage

Coverage is available as follows:

Limit of Liability	Premium
\$100,000 / \$100,000	\$130

D Organization / Entity Coverage

Coverage can be provided for Dental Practitioner Group Partnerships, Corporations or Professional Associations for liability arising from the practice of dentistry by member dental providers and allied practitioners.

There is no additional charge to have coverage sharing in the limits of liability with the Named Insured. A charge of 10% of the total premium (all Named Insureds) will be added if a separate limit of liability is purchased.

E Billing Errors & Omissions Coverage

Coverage is available as follows:

Limits of Liability	Premium
\$25,000	\$100

**NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA.
DENTAL PROFESSIONAL LIABILITY
RATING RULES
ARKANSAS**

I. COVERAGES AVAILABLE:

Option I. Dental Professional Liability (Monoline Professional Liability) Coverage Type
Mandatory minimum coverage Claims - Made or Occurrence

The following coverages will be included in the Professional Liability Coverage at no additional charge:

<u>Coverage</u>	<u>Limit of Liability</u>
Medical Payments Coverage	\$10,000
Administrative Hearing	\$50,000

Option II. Dental Professional Package:

The following coverages are available:

<u>Coverage:</u>	<u>Coverage Type</u>
I. Dentists Professional Liability	Claims - Made or Occurrence
II. Dentists General Liability	Occurrence
a. Premises, Products / Completed Operations	
b. Medical Payments - \$10,000 / \$10,000	
III. Non-owned & Hired Auto Liability	Occurrence
IV. Employee Benefits Administration Liability	Occurrence
V. Employment Practices Liability - \$5,000 / \$5,000	Claims - Made
VI. Medical Waste Legal Reimbursement - \$50,000 / \$50,000	Claims - Made or Occurrence

The following limits of liability are available on a per occurrence / aggregate basis as listed below:

	Coverage I Professional Liability only	Coverage II, III & IV GL, Hired & NO, Employee Benefits	Coverage V Employment Practices	Coverage VI Medical Waste Legal
A.	\$100,000 / \$300,000	\$100,000 / \$300,000	\$5,000 / \$5,000	\$50,000 / \$50,000
B.	\$200,000 / \$600,000	\$200,000 / \$600,000	\$5,000 / \$5,000	\$50,000 / \$50,000
C.	\$500,000 / \$1,500,000	\$500,000 / \$1,500,000	\$5,000 / \$5,000	\$50,000 / \$50,000
D.	\$1,000,000 / \$3,000,000	\$1,000,000 / \$3,000,000	\$5,000 / \$5,000	\$50,000 / \$50,000
E.	\$2,000,000 / \$6,000,000	\$2,000,000 / \$4,000,000	\$5,000 / \$5,000	\$50,000 / \$50,000
F.	\$3,000,000 / \$3,000,000	\$2,000,000 / \$4,000,000	\$5,000 / \$5,000	\$50,000 / \$50,000
G.	\$3,000,000 / \$6,000,000	\$2,000,000 / \$4,000,000	\$5,000 / \$5,000	\$50,000 / \$50,000
H.	\$4,000,000 / \$6,000,000	\$2,000,000 / \$4,000,000	\$5,000 / \$5,000	\$50,000 / \$50,000
I.	\$5,000,000 / \$5,000,000	\$2,000,000 / \$4,000,000	\$5,000 / \$5,000	\$50,000 / \$50,000
J.	\$5,000,000 / \$6,000,000	\$2,000,000 / \$4,000,000	\$5,000 / \$5,000	\$50,000 / \$50,000

Coverages II - VI must be purchased as a package. They are not available on a stand alone basis. Only coverage I Dental Professional Liability is available on a monoline basis.

Coverage II Dentists General Liability, Coverage III Non-owned & Hired Auto Liability and Coverage IV Employee Benefits Administration Liability limits must be equal to the limits of liability listed in the table above for the option selected by the insured.

Coverage VI, Medical Waste Legal Reimbursement limits may not be increased under this program.

II. GENERAL RULES

1 PREMIUM BASE

Both occurrence and claims made rates apply on a per Dentist basis for Professional Liability

2 POLICY TERM

Policies will be written for a term of one year and renewed annually thereafter, subject to underwriting review.

3 PREMIUM COMPUTATION

A. Compute the premium at inception using the rates in effect at the time of policy issuance.

B. Pro-rate the premium when policy is issued for other than one year.

C. Premiums are calculated as specified for the respective coverage. Rounding to the nearest whole dollar amount (i.e. .50 and great rounds up; .49 and below rounds down) is done after the computation of the final premium.

D. Individual Risk Premium Modifications will be added together and applied as one modification to the premium. All other factors will be multiplied against the base premium.

4 ADDITIONAL PREMIUM CHARGES

A. Prorate all changes requiring additional premium.

B. Apply the rates and rules in effect on the effective date of the change.

C. Waive additional premium of \$20.00 or less. The waiver only applies to cash exchange due on an endorsement effective date.

5 RETURN PREMIUM CHARGES

A. Deletion of a mandatory coverage is not permitted unless the entire policy is canceled.

B. Compute return premium at the rate used to calculate the policy premium.

C. Compute return premium pro rata when any coverage or exposure is deleted or an amount of insurance is reduced.

D. Waive return premium of \$20.00 or less. Grant any return premium if requested by the Insured. This waiver only applies to cash exchanges due on the endorsement effective date.

6 POLICY CANCELLATION

A. Compute return premium pro rata when:

- 1 A policy is canceled at the Company's request.
- 2 The Insured no longer has a financial or an insurable interest in the subject of insurance.
- 3 A policy is canceled and rewritten in the same Company or Company Group.
- 4 A policy is canceled due to death, disability or retirement.

B. If cancellation is for any other reason than stated in A. above; compute the return premium at .90 of the pro rata unearned premium for the one-year period.

C. Retain the Policy Writing Minimum Earned Premium when the Insured requests cancellation except when a policy is canceled as of the inception date. In the event of a cancellation, the minimum premium will be considered to be the annual premium charge with cancellation premium subject to the policy writing minimum earned premium. The policy writing minimum earned premium shall be \$250.00 per annual or lesser period, unless otherwise specified for the respective coverage.

7 LOCATION OF PRACTICE

The rates as shown in this manual contemplate the exposure as being derived from professional practice within the state and territory. An exception will be allowed for dentists who have a multi-state or multi-territory exposure. We will charge the rate of the state or territory in which the dentist has a majority of his / her practice.

8 MAXIMUM CREDITS ALLOWABLE

The maximum amount of credits to be applied may not exceed 60% for each scheduled dentist. The maximum does not include: Waiver of consent, deductible factors, decreased limit factors, claims made step factors and new dentist discount.

9 TERMINATION OF COVERAGE (CLAIMS MADE COVERAGE ONLY)

Within thirty (30) days after the termination of coverage, as defined below, the Company will advise the Named Insured in writing of the automatic Extended Reporting Period coverage and the availability of, the premium for, and the importance of purchasing additional Extended Reporting Period coverage.

The Named Insured shall have the greater of sixty (60) days from the effective date of termination of coverage, or thirty (30) days from the date of mailing or delivery of such notice, to submit to the Company written acceptance of the Extended Reporting Period Coverage.

Termination of Coverage, whether made by the Company or the Named Insured at any time, means either (1) cancellation or non-renewal of a policy, or (2) decrease in limits, reduction of coverage, increased deductible or self insured retention, new exclusion or any other change in coverage less favorable to the Insured.

10 EXTENDED REPORTING PERIOD COVERAGE (CLAIMS MADE COVERAGE ONLY)

The availability of Extended Reporting Period coverage shall be governed by the following rules, subject to underwriting approval.

A. The available limits of liability shall not exceed those afforded under the current policy.

B. In the event of termination of coverage, as defined above, the Insured may purchase this coverage by giving the Company written notice, within sixty (60) days of such termination of coverage, or thirty (30) days from the date of mailing or delivery of such notice, of its intent to purchase, and by paying the appropriate premium.

C. Extended Reporting Period premiums shall be calculated upon the rates and premiums in effect during the policy period immediately preceding the election to purchase such coverage.

D. The Extended Reporting Period coverage shall not increase or reinstate the limits of liability of the terminated policy.

E. There will be no charge for Extended Reporting Period coverage if the Insured:

- 1 Dies, or

- 2 Becomes totally and permanently disabled
Disability shall mean the total and permanent disability from the practice of clinical dentistry for a period of six consecutive months without expectation of recovery. The disability or death must result from sickness or accidental bodily injury and be confirmed in writing by an independent attending physician.
- 3 Fully retires at age 50 or more and has been insured under an AIG Company for at least 5 years. If not insured for 5 years, a credit of one fifth of the otherwise applicable Extended Reporting Period Endorsement premium will be applied to each full annual period the insured has consecutively been insured with the Company.

- F. The Extended Reporting Period shall be Unlimited.
- G. All Insureds previously covered through Fireman's Fund Insurance will be grandfathered into the current program.
- H. Extended Reporting Coverage is available for ERISA Fiduciary Coverage. A factor of .75 will apply to the rate.
- I. Extended Reporting Coverage is available for Employment Practices Liability increased limits. A factor of .75 will apply to the rate.

III. COVERAGE RULES

1 NEW DENTIST DISCOUNT

A discount will be applied to premium for New Dentists in years 1 through 3 of practice that meet the following criteria:

Year 1: A newly graduated dentist shall be defined as a dentist who has completed training in dentistry from a domestic accredited university or dental college within the previous twelve months or the experienced military dentist who within 6 months of honorable discharge or a foreign graduate with a 2 year program from an accredited U.S. dental school, and will be joining a dental group or opening a private practice, and for whom this is the first professional liability insurance coverage provided other than that for Dental Examinations.

Years 2 or 3: The Dentist is in his or her second or third year of post graduate practice as defined above.

2 PART TIME DENTIST

This discount shall apply to any dentist who works twenty (20) hours or less per week or less than an aggregate of 1,050 hours during the term of an annual policy.

The part time discount is not applied to the Extended Reporting Period Endorsement unless the part time practice did not exceed an average of 1,050 hours per year over the previous five consecutive policy years.

3 FACULTY DENTIST

A faculty discount shall be applied to those dentists who are faculty members of an accredited dental school. The amount of the discount will be based on the hours spent teaching at the facility as defined below:

- Full Time - 32 hours or more per week
- Half Time - 16 to 31 hours per week
- Part Time - 15 hours or less per week

4 WAIVER OF CONSENT

A premium discount shall be applied when the insured has waived the consent provision of the Coverage Agreements. This modification can not be added to a policy mid-term.

5 RISK MANAGEMENT EDUCATION

A premium discount shall be applied to those dentist who participate in an approved risk management program. Approved Risk management programs include but are not limited to completed risk management workshops, seminars, self-study, state dental society courses, accredited national organization courses, and courses completed from a previous employer.

6 CLAIM EXPERIENCE

Claim Free Credit:

A premium discount will be applied to those dentists who have been without a chargeable loss based on the claim history of an individual dentist over the preceding five-year period. A chargeable loss is determined by adding all loss payments, outstanding reserves and loss adjustment expenses.

All insureds previously covered through Fireman's Fund Insurance will be grandfathered into the current program.

Claim Experience Debit:

Based on the claim history of an individual dentist over the preceding five year period, a debit, based on a chargeable loss, shall be applied to the dentist's rate. A chargeable loss is determined by adding all loss payments, outstanding reserves and loss adjustment expenses.

Debits will be adjusted each year, dependent upon annual review of claims experience.

7 INDIVIDUAL RISK PREMIUM MODIFICATIONS

Individual risk premium modification (IRPM) factors may be applied to reflect account characteristics not otherwise addressed. IRPM's are based on operational controls and procedure mix; practice characteristics; loss control procedures; and claim peculiarities. The total IRPM shall not exceed + or - 25%.

8 POLICY CHANGE ENDORSEMENT

The "Policy Change Endorsement" will be used to correct errors or mistakes on the Declarations page.

9 ADDITIONAL INSUREDS

The "Additional Insured Endorsement" will be used to add additional insureds to the policy.

10 BOARD EXAMINATION COVERAGE

Coverage can be restricted and provided only for students taking Board Examinations through an accredited institution, or for individuals (not students) who sit for Board Examinations and are candidates for certification and / or licensing as a dentist. This coverage can also be utilized for dentists interviewing prior to employment.

Coverage is to be written on a separate policy as follows:

- A. On an occurrence basis only;
- B. Limits of Liability shall be \$1,000,000 each claim and \$3,000,000 aggregate; and
- C. The policy period will not exceed one year from the effective date.

11 MEDICAL WASTE DEFENSE EXPENSES REIMBURSEMENT COVERAGE

Optional coverage for Medical Waste Defense Expenses Reimbursement Coverage is available with limits of \$50,000 applicable to defense costs only.

12 LOCUM TENENS

Coverage for a substitute dentist (120 day maximum per policy year). Prior approval required. Locum Tenens dentists are subject to all applicable underwriting guidelines.

13 MILITARY SERVICE

This rule shall apply to an Insured who is called into active military service.

The policy coverage for the affected individual will continue for those Dental Incidents arising before military service began, with all other policy coverages suspended for the duration of the dentist's military service including payment of premium.

At the time private practice is resumed, the coverage and premium payment will begin with the policy's expiration date adjusted in order to reflect the duration of the individual's intervening military service. The claims made step factor that was applicable at the time of suspension will be the one in effect at the time of coverage resumption.

The Insured must provide the Company with a copy of the affected individual's military papers showing the date in which active duty is to begin. The "Military Suspension Endorsement" will be used to suspend policy coverage.

14 DISABILITY OR LEAVE OF ABSENCE

In contemplation of a reduction in exposure, and for a period of at least 45 days and no greater than 180 days, insured dentists shall be eligible for a "disability and / or leave of absence" premium reduction for the disability or absence period. "Disability or leave of absence" is defined as an injury, disease, medical condition or continuing education sabbatical that prevents an insured dentist from engaging in the practice of dentistry, other than in an emergency situation. This will apply retroactively to the first day of disability or leave of absence.

SERFF Tracking Number: AGNY-125698205 State: Arkansas
 Filing Company: National Union Fire Insurance Company of State Tracking Number: EFT \$125
 Pittsburgh, Pa.
 Company Tracking Number: AIC-08-EO-10
 TOI: 11.0 Medical Malpractice - Claims Sub-TOI: 11.0006 Dentists - General Practice
 Made/Occurrence
 Product Name: Dentists Liability Program 018300000750
 Project Name/Number: Dentists Liability Program/AIC-08-EO-10

Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty **Review Status:** Withdrawn 10/22/2008

Comments:

Attachment:

PCTD Transmittal.pdf

Bypassed -Name: NAIC Loss Cost Filing Forms (all
P&C lines) **Review Status:** Withdrawn 10/22/2008

Bypass Reason: N/A

Comments:

Satisfied -Name: NAIC loss cost data entry document **Review Status:** Withdrawn 10/22/2008

Comments:

Attachment:

AR_NAIC Loss Cost Data.pdf

Bypassed -Name: Form PROMAL **Review Status:** Withdrawn 10/22/2008

Bypass Reason: N/A - There is no rate increase.

Comments:

Bypassed -Name: Form PRONOT **Review Status:** Withdrawn 10/22/2008

Bypass Reason: N/A - There is no rate increase.

Comments:

Review Status:

SERFF Tracking Number: AGNY-125698205 State: Arkansas
Filing Company: National Union Fire Insurance Company of State Tracking Number: EFT \$125
Pittsburgh, Pa.
Company Tracking Number: AIC-08-EO-10
TOI: 11.0 Medical Malpractice - Claims Sub-TOI: 11.0006 Dentists - General Practice
Made/Occurrence
Product Name: Dentists Liability Program 018300000750
Project Name/Number: Dentists Liability Program/AIC-08-EO-10
Satisfied -Name: Filing Memo Withdrawn 10/22/2008

Comments:

Attachment:

Arkansas Filing Memo.pdf

Property & Casualty Transmittal Document

1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only a. Date the filing is received: b. Analyst: c. Disposition: d. Date of disposition of the filing: e. Effective date of filing: <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">New Business</td> <td></td> </tr> <tr> <td>Renewal Business</td> <td></td> </tr> </table> f. State Filing #: g. SERFF Filing #: h. Subject Codes	New Business		Renewal Business	
New Business					
Renewal Business					

3. Group Name	Group NAIC #
American International Group, Inc	012

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
National Union Fire Insurance Company of Pittsburgh, Pa.	PA	19445	25-0687550	PA

5. Company Tracking Number	AIC-08-EO-10
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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
	Jameka Y. Harris 175 Water Street, 17 th Fl. New York, NY 10038	Filings Analyst	(212) 458-7056	(212) 458 7077	Jameka.harris@aig.com
7.	Signature of authorized filer				
8.	Please print name of authorized filer		Jameka Y. Harris		

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

9. Type of Insurance (TOI)	11.0006
10. Sub-Type of Insurance (Sub-TOI)	11.0 Medical Malpractice
11. State Specific Product code(s)(if applicable)[See State Specific Requirements]	
12. Company Program Title (Marketing title)	Dentist Liability Program
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input checked="" 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: On Approval Renewal: On Approval
15. Reference Filing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
16. Reference Organization (if applicable)	
17. Reference Organization # & Title	
18. Company's Date of Filing	July 9, 2008
19. Status of filing in domicile	<input type="checkbox"/> Not Filed <input checked="" type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

Property & Casualty Transmittal Document—

20.	This filing transmittal is part of Company Tracking #	AIC-08-EO-10
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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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National Union Fire Insurance Company of Pittsburgh, Pa. has on file with your Department its Dentist Professional Liability Program (the "Program"). The rates and rules included in this filing are submitted to replace the rates and rules previously submitted for this Program.

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 #: N/A payment will be issued by EFT via SERFF.
Amount:

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

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

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 #	
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2.	This filing corresponds to form filing number (Company tracking number of form filing, if applicable)	
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Rate Increase
 Rate Decrease
 Rate Neutral (0%)

3.	Filing Method (Prior Approval, File & Use, Flex Band, etc.)	
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4a.	Rate Change by Company (As Proposed)
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Company Name	Overall % 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)
National Union Fire Insurance Company of Pittsburgh, Pa.	0.0%	\$0	4	\$7,019	0.0%	0.0%

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

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

6.	Overall percentage of last rate revision	31.1%
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7.	Effective Date of last rate revision	12/11/06
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8.	Filing Method of Last filing (Prior Approval, File & Use, Flex Band, etc.)	
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9.	Rule # or Page # Submitted for Review	Replacement or Withdrawn?	Previous state filing number, if required by state
01		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
02		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
03		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	

1.	This filing transmittal is part of Company Tracking #	AIC-08-EO-10
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2.	If filing is an adoption of an advisory organization loss cost filing, give name of Advisory Organization and Reference/ Item Filing Number	
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Company Name		Company NAIC Number	
3.	A. National Union Fire Insurance Company of Pitts., Pa.	B.	19445

Product Coding Matrix Line of Business (i.e., Type of Insurance)		Product Coding Matrix Line of Insurance (i.e., Sub-type of Insurance)	
4.	A. Medical Malpractice	B.	Dentists Professional Liability

5.			FOR LOSS COSTS ONLY				
(A) COVERAGE (See Instructions)	(B) Indicated % Rate Level Change	(C) Requested % Rate Level Change	(D) Expected Loss Ratio	(E) Loss Cost Modification Factor	(F) Selected Loss Cost Multiplier	(G) Expense Constant (If Applicable)	(H) Co. Current Loss Cost Multiplier
Dentists	n/a	0.00%					
TOTAL OVERALL EFFECT							

6.		5 Year History	Rate Change History					
Year	Policy Count	% of Change	Effective Date	State Earned Premium (000)	Incurred Losses (000)	State Loss Ratio	Countrywide Loss Ratio	
2004	1	original	07/01/04	1	0.0	0.000	0.156	
2005	3			4	0.0	0.000	0.364	
2006	3	31.10%	12/11/06	4	0.0	0.000	1.145	
2007	7			6	0.0	0.000	0.679	

7.	
Expense Constants	Selected Provisions
A. Total Production Expense	22.7%
B. General Expense	2.1%
C. Taxes, License & Fees	4.8%
D. Underwriting Profit & Contingencies	-2.2%
E. Other (explain)	
F. TOTAL	27.4%

8. _____ Apply Loss Cost Factors to Future filings? (Y or N)
9. 0 Estimated Maximum Rate Increase for any Insured (%). Territory (if applicable): _____
10. 0 Estimated Maximum Rate Decrease for any Insured (%). Territory (if applicable): _____

Dentists Filing Memorandum - Arkansas

We are pleased to inform you of the recent agreement with Affinity Insurance Services, Inc., a Division of AON, to include their Dentist Advantage business with our existing, filed Dentists Professional Liability program offered on behalf of the National Society of Dental Practitioners, Inc., a risk purchasing group (Filing #s: AIC-04-EO-13 and AIC-05-EO-06).. The Dentist Advantage program was previously underwritten by Fireman's Fund Insurance Companies (filing made for American Insurance Company, a subsidiary of Fireman's Fund) and was approved for their use in 2007.

Given that there is significantly greater volume in the Dentist Advantage program than with our existing Dentists business, we have utilized the knowledge gained from that business to enhance our existing product. In addition to creating an enhanced product, the changes listed below will consolidate both the Dentists Advantage business and our existing business into a single rating and underwriting approach which will eliminate the need to handle Insureds in your state in a bifurcated manner.

The changes referenced above are outlined below:

- Due to the greater volume and credibility of the Dentist Advantage business, we have elected to use the filed and approved base rate for the Dentist Advantage program.
- The coverage forms will have the following changes:
 - The Claims Made & Occurrence Dentists Professional Liability Insurance Form will remain intact with the exception of several minor enhancements which have been added to the coverage for no additional charge. The updated forms are included in this package. For your convenience both the final version of the form, as well as the black lined version which tracks the changes have been included.

Some highlights of the additional enhancements are as follows:

- Who is an Insured has been expanded to include a Dentist's spouse and Dental Hygienists.
 - Regulatory Review Coverage has been amended to a \$50,000 Limit.
 - Employment Practices Liability (\$5,000/\$5,000).
 - Exclusions were eliminated for the following: Sargenti Paste; Chloral Hydrate, Halcion, Triazolam; X-Rays for Therapeutic Treatment; Libel, Slander & HIPAA Violations.
 - Limits of Insurance were amended to include separate limits for each named dentist and named insured.
- In order to provide similar coverage for our Insureds to what has been offered through the Dentist Advantage program, this product will also offer General Liability Coverage using ISO coverage forms currently on file. This coverage

will be provided on an optional basis at the same additional pricing as the Dentist Advantage program. Coverage for Premises, Product/Completed Operations, Medical Payments (\$10,000/\$10,000), Non-owned & Hired Auto Liability, Employee Benefits Administration Liability and Medical Waste Legal Reimbursement (\$50,000/\$50,000) are all included in this additional charge. In addition to these basic coverages, we are also offering, on an optional basis, coverage for ERISA Fiduciary Liability Coverage (\$100,000/\$100,000) and Billing Errors & Omissions Coverage (\$25,000) for a nominal charge which is included in the updated Rating Rules.

- ❑ The Rating Rules and Rate Plan have been modified to include the previously mentioned changes associated with the additional General Liability Coverage Part as well as the changes listed below.

Some highlights of the changes include:

- In order to provide coverage for a broader range of Dentists we have adopted the filed and approved Class Descriptions & Class Plan Relativity Factors of the Dentists Advantage program.
 - We have added several Increased/Decreased Limit Factors to correspond with the Limit options included in the filed and approved Dentists Advantage program.
 - In order to provide more pricing options to our Insureds, we have included deductible options along with their corresponding credit factors. These deductible options were also a part of the filed and approved Dentists Advantage program.
 - We have added the approved Dentists Advantage Group Discount for policies issued to two or more dentists.
 - We have adopted the Fireman's Fund Claims Made Step Factors, which have a minimal impact to our Current Insured's.
- ❑ We are including an amended application which includes components of both our existing Application as well as the Dentist Advantage Application. Much of the content was developed with input from The Academy of General Dentistry Association.

Included in this submission are the following informational documents for your reference:

1. Enhanced Claims Made & Occurrence Dentists Professional Liability Insurance Form and Declarations Page along with the black lined version which indicates the changes from the current filed and approved form.
2. The additional non-ISO endorsements and coverage parts.
3. Updated Rating Rules.
4. Updated Rate Plan.
5. The amended Application.

We are pleased to notify you of these changes which will provide a significantly enhanced product to our Insureds.