

SERFF Tracking Number: MDPC-125832247 State: Arkansas  
Filing Company: The Medical Protective Company State Tracking Number: EFT \$50  
Company Tracking Number: 08-BOTOX-01  
TOI: 11.0 Medical Malpractice - Claims Sub-TOI: 11.0000 Med Mal Sub-TOI Combinations  
Made/Occurrence  
Product Name: Dentists  
Project Name/Number: DDS Botox Form Filing/08-Botox-01

## Filing at a Glance

Company: The Medical Protective Company

Product Name: Dentists

TOI: 11.0 Medical Malpractice - Claims

Made/Occurrence

Sub-TOI: 11.0000 Med Mal Sub-TOI

Combinations

Filing Type: Form

SERFF Tr Num: MDPC-125832247 State: Arkansas

SERFF Status: Closed

State Tr Num: EFT \$50

Co Tr Num: 08-BOTOX-01

State Status: Fees verified and received

Co Status:

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

Author: Melissa Coker

Disposition Date: 10/29/2008

Date Submitted: 09/26/2008

Disposition Status: Approved

Effective Date Requested (New): 01/01/2009

Effective Date (New):

Effective Date Requested (Renewal): 01/01/2009

Effective Date (Renewal):

State Filing Description:

## General Information

Project Name: DDS Botox Form Filing

Project Number: 08-Botox-01

Reference Organization: n/a

Reference Title: n/a

Filing Status Changed: 10/29/2008

State Status Changed: 10/29/2008

Corresponding Filing Tracking Number: 08-Botox-02

Filing Description:

FORM FILING:

Add New Form - E590, 8/08 edt: Botulinum Toxin and Dermal Fillers Exclusion

Add New Form - E591, 8/08 edt: Botulinum Toxin and Dermal Fillers Exclusion

Status of Filing in Domicile: Pending

Domicile Status Comments: The filing is pending in the state of IN.

Reference Number: n/a

Advisory Org. Circular: n/a

Deemer Date:

SERFF Tracking Number: MDPC-125832247 State: Arkansas  
 Filing Company: The Medical Protective Company State Tracking Number: EFT \$50  
 Company Tracking Number: 08-BOTOX-01  
 TOI: 11.0 Medical Malpractice - Claims Sub-TOI: 11.0000 Med Mal Sub-TOI Combinations  
 Made/Occurrence  
 Product Name: Dentists  
 Project Name/Number: DDS Botox Form Filing/08-Botox-01

The reason for the filing is to introduce two new endorsement forms specific to our Dental Program which have no substantive rate impact. We ask this filing be effective as of January 1, 2009.

## Company and Contact

### Filing Contact Information

Melissa Coker, Paralegal melissa.coker@medpro.com  
 5814 Reed Road (260) 486-0838 [Phone]  
 Fort Wayne, IN 46835 (260) 486-0733[FAX]

### Filing Company Information

The Medical Protective Company	CoCode: 11843	State of Domicile: Indiana
5814 Reed Road	Group Code:	Company Type:
Fort Wayne, IN 46835	Group Name:	State ID Number:
(260) 486-0838 ext. [Phone]	FEIN Number: 35-0506406	
	-----	

## Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	No
Fee Explanation:	50.00 for forms
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
The Medical Protective Company	\$50.00	09/26/2008	22758715

SERFF Tracking Number: MDPC-125832247

State: Arkansas

Filing Company: The Medical Protective Company

State Tracking Number: EFT \$50

Company Tracking Number: 08-BOTOX-01

TOI: 11.0 Medical Malpractice - Claims  
Made/Occurrence

Sub-TOI: 11.0000 Med Mal Sub-TOI Combinations

Product Name: Dentists

Project Name/Number: DDS Botox Form Filing/08-Botox-01

## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Edith Roberts	10/29/2008	10/29/2008





SERFF Tracking Number: MDPC-125832247 State: Arkansas  
 Filing Company: The Medical Protective Company State Tracking Number: EFT \$50  
 Company Tracking Number: 08-BOTOX-01  
 TOI: 11.0 Medical Malpractice - Claims Sub-TOI: 11.0000 Med Mal Sub-TOI Combinations  
 Made/Occurrence  
 Product Name: Dentists  
 Project Name/Number: DDS Botox Form Filing/08-Botox-01

## Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Botulinum Toxin and Dermal Fillers Exclusion	E 590	ed:08/08	Endorsement/Amendment/Conditions		22.40	E 590 .pdf
Approved	Botulinum Toxin and Dermal Fillers Exclusion	E 591	ed: 08/08	Endorsement/Amendment/Conditions		8.40	E 591.pdf

**THE**  
**MEDICAL PROTECTIVE COMPANY**  
**FORT WAYNE, INDIANA**

*Botulinum Toxin and Dermal Fillers Exclusion*

The following exclusion is added to the paragraph A:

any damages arising from the administration of all types of botulinum toxins or dermal fillers.

**THE  
MEDICAL PROTECTIVE COMPANY  
FORT WAYNE, INDIANA**

***Botulinum Toxin and Dermal Fillers Exclusion***

The following exclusion is added to Paragraph A:

**Damages arising from:**

The administration of botulinum toxin type A and dermal fillers unless used for “dental health related treatment”.

The following definition is added:

“Dental health related treatment” is defined as diagnosing, treating, operating or prescribing for any disease, pain, injury, deformity, or physical condition of the oral and maxillofacial area related to restoring and maintaining dental health.



SERFF Tracking Number: MDPC-125832247

State: Arkansas

Filing Company: The Medical Protective Company

State Tracking Number: EFT \$50

Company Tracking Number: 08-BOTOX-01

TOI: 11.0 Medical Malpractice - Claims  
Made/Occurrence

Sub-TOI: 11.0000 Med Mal Sub-TOI Combinations

Product Name: Dentists

Project Name/Number: DDS Botox Form Filing/08-Botox-01

## Supporting Document Schedules

<b>Satisfied -Name:</b>	Uniform Transmittal Document- Property & Casualty	<b>Review Status:</b>	Approved	10/29/2008
-------------------------	--	-----------------------	----------	------------

**Comments:**

attached

**Attachment:**

industry\_rates\_PCtransDoc\_intelligent[1].pdf

<b>Satisfied -Name:</b>	memo	<b>Review Status:</b>	Approved	10/29/2008
-------------------------	------	-----------------------	----------	------------

**Comments:**

attached

**Attachment:**

memo.pdf

## Property & Casualty Transmittal Document

<b>1. Reserved for Insurance Dept. Use Only</b>	<b>2. Insurance Department Use only</b> a. Date the filing is received: b. Analyst: c. Disposition: d. Date of disposition of the filing: e. Effective date of filing: <table style="width: 100%; border: none;"> <tr> <td style="width: 60%; border: none;">New Business</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;">Renewal Business</td> <td style="border: none;"></td> </tr> </table> f. State Filing #: g. SERFF Filing #: h. Subject Codes	New Business		Renewal Business	
New Business					
Renewal Business					

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

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #

<b>5. Company Tracking Number</b>	
-----------------------------------	--

**Contact Info of Filer(s) or Corporate Officer(s)** [include toll-free number]

6.	Name and address	Title	Telephone #s	FAX #	e-mail

7. Signature of authorized filer	
8. Please print name of authorized filer	

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

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

## Property & Casualty Transmittal Document—

20. This filing transmittal is part of Company Tracking #

21. Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]

22. Filing Fees (Filer must provide check # and fee amount if applicable)  
[If a state requires you to show how you calculated your filing fees, place that calculation below]

Check #:  
Amount:

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

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

PC TD-1 pg 2 of 2

## FORM FILING SCHEDULE

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

<b>1.</b>	<b>This filing transmittal is part of Company Tracking #</b>	
-----------	--	--

<b>2.</b>	<b>This filing corresponds to rate/rule filing number</b> (Company tracking number of rate/rule filing, if applicable)	
-----------	---	--

<b>3.</b>	<b>Form Name /Description/Synopsis</b>	<b>Form # Include edition date</b>	<b>Replacement Or withdrawn?</b>	<b>If replacement, give form # it replaces</b>	<b>Previous state filing number, if required by state</b>
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		
04			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		

PC FFS-1

## RATE/RULE FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes rate-related items such as Rate; Rule; Rate & Rule; Reference; Loss Cost; Loss Cost & Rule or Rate, etc.)

**(Do not refer to the body of the filing for the component/exhibit listing, unless allowed by state.)**

<b>1.</b>	<b>This filing transmittal is part of Company Tracking #</b>	
-----------	--	--

<b>2.</b>	<b>This filing corresponds to form filing number</b> (Company tracking number of form filing, if applicable)	
-----------	---	--

Rate Increase     
  Rate Decrease     
  Rate Neutral (0%)

<b>3.</b>	<b>Filing Method (Prior Approval, File &amp; Use, Flex Band, etc.)</b>	
-----------	--	--

<b>4a.</b>	<b>Rate Change by Company (As Proposed)</b>						
------------	---	--	--	--	--	--	--

Company Name	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change (where required)	Minimum % Change (where required)

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

Company Name	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change	Minimum % Change

<b>5. Overall Rate Information (Complete for Multiple Company Filings only)</b>			
---	--	--	--

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

<b>6.</b>	Overall percentage of last rate revision	
-----------	--	--

<b>7.</b>	Effective Date of last rate revision	
-----------	--------------------------------------	--

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

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	

The Medical Protective Company  
Individual Stand-Alone Program

Dentists

Form Number	Form Name	Form Description	Occurrence	Standard Claims Made	Mandatory or Optional?
E 590 (08/08)	Botulinum Toxin and Dermal Fillers Exclusion	Excludes damages arising from the administration of botox or dermal fillers	X	X	Mandatory, unless 591 is on policy
E 591 (08/08)	Botulinum Toxin and Dermal Fillers Exclusion	Excludes damages arising from the administration of botox or dermal fillers unless used for 'health related treatment' ('health related treatment' is defined in the form)	X	X	Optional