

SERFF Tracking Number: PHAR-125863567 State: Arkansas
Filing Company: Pharmacists Mutual Insurance Company State Tracking Number: EFT \$50
Company Tracking Number: AR-UMP-10-090-F
TOI: 17.2 Other Liability - Occurrence Only Sub-TOI: 17.2021 Personal Umbrella & Excess
Product Name: Personal Umbrella Excess Liability
Project Name/Number: AR-UMP-01-09-F/AR-UMP-01-09-F

Filing at a Glance

Company: Pharmacists Mutual Insurance Company

Product Name: Personal Umbrella Excess SERFF Tr Num: PHAR-125863567 State: Arkansas

Liability

TOI: 17.2 Other Liability - Occurrence Only SERFF Status: Closed State Tr Num: EFT \$50

Sub-TOI: 17.2021 Personal Umbrella & Excess Co Tr Num: AR-UMP-10-090-F State Status: Fees verified and received

Filing Type: Form

Co Status:

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

Authors: Heidi Allen, Janine MacVey

Disposition Date: 10/28/2008

Date Submitted: 10/17/2008

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: AR-UMP-01-09-F

Status of Filing in Domicile: Authorized

Project Number: AR-UMP-01-09-F

Domicile Status Comments:

Reference Organization: AAIS

Reference Number:

Reference Title:

Advisory Org. Circular:

Filing Status Changed: 10/28/2008

State Status Changed: 10/28/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

Pharmacists Mutual Insurance Company (PMIC) is filing a revision to their Pharmacists or Pharmacy Technician Professional Liability Coverage on the Personal Umbrella Excess Liability Policy.

We are in the process of revising pharmacy professional liability coverage language in all programs offering this coverage. The changes incorporated into our Pharmacist or Pharmacy Technician Professional Liability Coverage

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endorsement, PM 5312 01/09, is that the term personal injury has been changed to include both personal and advertising injury along with a revision to the overall definition of personal and advertising injury.

We would like for this revision to become effective for all policies effective on or after January 1, 2009.

Company and Contact

Filing Contact Information

Janine MacVey, Rate Analyst janine.macvey@phmic.com
 PO Box 370 (515) 395-7207 [Phone]
 Algona, IA 50511 (515) 295-9306[FAX]

Filing Company Information

Pharmacists Mutual Insurance Company CoCode: 13714 State of Domicile: Iowa
 808 Highway 18 West Group Code: 775 Company Type: Mutual
 P.O. Box 370
 Algona, IA 50511 Group Name: State ID Number:
 (800) 247-5930 ext. [Phone] FEIN Number: 42-0223390

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? No
 Fee Explanation: Form filing fee.
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Pharmacists Mutual Insurance Company	\$50.00	10/17/2008	23262398

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Edith Roberts	10/28/2008	10/28/2008

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Disposition

Disposition Date: 10/28/2008

Effective Date (New):

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: PHAR-125863567 State: Arkansas
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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Form	Pharmacist or Pharmacy Technician Professional Liability Coverage	Approved	Yes

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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Pharmacist or Pharmacy Technician Professional Liability Coverage	PM 5312	01/09	Endorsement/Amendment/Conditions Replaced	Replaced Form #: PHAR-125730722 Previous Filing #:		PM5312 0109.pdf

This endorsement changes the policy.

- Please Read This Carefully -

PHARMACIST OR PHARMACY TECHNICIAN PROFESSIONAL LIABILITY COVERAGE

With respect to the coverage provided by this endorsement, the Personal Umbrella Liability Coverage is amended as follows. All other provisions of the policy apply.

DEFINITIONS

Definition 12. "Personal Injury" is deleted and replaced with the following, but only with respect to the coverage provided by this endorsement:

12. "Personal and advertising injury" means injury, including "bodily injury" that is a consequence thereof, arising out of one or more of the following offenses:
- a. oral or written publication, including electronic publication, of material that:
 - 1) slanders or libels a person or organization;
 - 2) disparages a person's or an organization's goods, products, or services; or
 - 3) violates a person's right of privacy;
 - b. false arrest, detention, or imprisonment;
 - c. malicious prosecution;
 - d. misappropriation of advertising ideas of another in "your" "advertisement"; or
 - e. infringement of the copyright, slogan, or trade-dress of another in "your" "advertisement".

PRINCIPAL COVERAGE

The "terms" of Principal Coverage are deleted and replaced by the following, but only with respect to the coverage provided by this endorsement.

"We" pay, up to "our" "limit", all sums for which an "insured" is liable by law because of "bodily injury", "property damage", or "personal and advertising injury" to which this Personal Umbrella Liability Coverage applies.

Subject to the Personal Umbrella Liability Coverage Exclusions, this insurance applies only to

1. "bodily injury" and "property damage" that is caused by an "occurrence"; and
2. "personal and advertising injury" arising from an offense committed during the policy period, but only to the extent that the "personal and advertising injury" is covered by "underlying insurance" at the time of the offense and is not otherwise excluded by the Personal Umbrella Liability Coverage.

No other obligation or liability to pay sums or perform acts or services is covered unless explicitly provided for under Defense Coverage.

EXCLUSIONS

Exclusion 14 is deleted and replaced by the following, but only with respect to the coverage provided by this endorsement:

14. "bodily injury", "property damage", or "personal and advertising injury" that arises out of the rendering of or the failing to render a professional service.

However, this exclusion does not apply to "your" rendering or failing to render pharmacy services or pharmacy technician services to the extent that such coverage is provided by "underlying insurance" at the time of the "occurrence" or offense.

Coverage provided by the Personal Umbrella Liability Coverage that arises out of the rendering or failing to render a professional service shall not be any broader than that provided by "underlying insurance".

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Rate Information

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Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty

Review Status:

Approved 10/28/2008

Comments:

Attachment:

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

3. Group Name	Group NAIC #

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

5. Company Tracking Number	
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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

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 style="width: 100px;" type="text"/> Renewal: <input style="width: 100px;" 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.)

1.	This filing transmittal is part of Company Tracking #	
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2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)	
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3.	Form Name /Description/Synopsis	Form # Include edition date	Replacement Or withdrawn?	If replacement, give form # it replaces	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		
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.)

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 % 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)

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

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

6.	Overall percentage of last rate revision	
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7.	Effective Date of last rate revision	
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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	