

SERFF Tracking Number: ARKS-125960530 State: Arkansas
Filing Company: 78910 - Arkansas Mutual Insurance Company State Tracking Number: #1125 \$150
Company Tracking Number: TBD
TOI: 11.1 Medical Malpractice - Claims Made Only Sub-TOI: 11.1023 Physicians & Surgeons
Product Name: n/a
Project Name/Number: /

Filing at a Glance

Company: 78910 - Arkansas Mutual Insurance Company

Product Name: n/a

SERFF Tr Num: ARKS-125960530 State: Arkansas

TOI: 11.1 Medical Malpractice - Claims Made
Only

SERFF Status: Closed

State Tr Num: #1125 \$150

Sub-TOI: 11.1023 Physicians & Surgeons

Co Tr Num: TBD

State Status: Fees verified and
received

Filing Type: Rate/Rule

Co Status:

Reviewer(s): Betty Montesi, Edith
Roberts

Author:

Disposition Date: 12/22/2008

Date Submitted: 12/22/2008

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: 12/22/2008

State Status Changed: 12/22/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

Company and Contact

Filing Contact Information

NA NA,

NA@NA.com

NA

(123) 555-4567 [Phone]

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TOI: 11.1 Medical Malpractice - Claims Made Only Sub-TOI: 11.1023 Physicians & Surgeons
Product Name: n/a
Project Name/Number: /

NA, AR 00000

Filing Company Information

78910 - Arkansas Mutual Insurance Company CoCode: 78910 State of Domicile: Arkansas
11300 North Rodney Parham Rd Group Code: Company Type: Property &
Casualty
Suite 220
Little Rock, AR 72212 Group Name: State ID Number:
(501) 716-9193 ext. [Phone] FEIN Number: 26-2859106

SERFF Tracking Number: ARKS-125960530 State: Arkansas
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Filing Fees

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

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Product Name: n/a
Project Name/Number: /

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed	Edith Roberts	12/22/2008	12/22/2008

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Product Name: n/a
Project Name/Number: /

Disposition

Disposition Date: 12/22/2008

Effective Date (New):

Effective Date (Renewal):

Status: Filed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: ARKS-125960530 State: Arkansas
 Filing Company: 78910 - Arkansas Mutual Insurance Company State Tracking Number: #1125 \$150
 Company Tracking Number: TBD
 TOI: 11.1 Medical Malpractice - Claims Made Only Sub-TOI: 11.1023 Physicians & Surgeons
 Product Name: n/a
 Project Name/Number: /

Item Type	Item Name	Item Status	Public Access
Supporting Document	Form MMPCS	Filed	Yes
Supporting Document	Form PROMAL	Filed	Yes
Supporting Document	Form PRONOT	Filed	Yes
Supporting Document	NAIC loss cost data entry document	Filed	Yes
Supporting Document	NAIC Loss Cost Filing Document for OTHER than Workers' Comp	Filed	Yes
Supporting Document	Uniform Transmittal Document-Property & Casualty	Filed	Yes
Supporting Document	ARKS-125960530		Yes

SERFF Tracking Number: ARKS-125960530 State: Arkansas
Filing Company: 78910 - Arkansas Mutual Insurance Company State Tracking Number: #1125 \$150
Company Tracking Number: TBD
TOI: 11.1 Medical Malpractice - Claims Made Only Sub-TOI: 11.1023 Physicians & Surgeons
Product Name: n/a
Project Name/Number: /

Rate Information

Rate data does NOT apply to filing.

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 Filing Company: 78910 - Arkansas Mutual Insurance Company State Tracking Number: #1125 \$150
 Company Tracking Number: TBD
 TOI: 11.1 Medical Malpractice - Claims Made Only Sub-TOI: 11.1023 Physicians & Surgeons
 Product Name: n/a
 Project Name/Number: /

Supporting Document Schedules

Unsatisfied -Name: Form MMPCS	Review Status: Filed	12/22/2008
Comments:		
Unsatisfied -Name: Form PROMAL	Review Status: Filed	12/22/2008
Comments:		
Unsatisfied -Name: Form PRONOT	Review Status: Filed	12/22/2008
Comments:		
Unsatisfied -Name: NAIC loss cost data entry document	Review Status: Filed	12/22/2008
Comments:		
Unsatisfied -Name: NAIC Loss Cost Filing Document for OTHER than Workers' Comp	Review Status: Filed	12/22/2008
Comments:		
Unsatisfied -Name: Uniform Transmittal Document- Property & Casualty	Review Status: Filed	12/22/2008
Comments:		
Satisfied -Name: ARKS-125960530	Review Status:	12/22/2008
Comments:		
Attachments:		
ARKS-125960530.pdf		
ARKS-125960530-1.pdf		

SERFF Tracking Number: ARKS-125960530 *State:* Arkansas
Filing Company: 78910 - Arkansas Mutual Insurance Company *State Tracking Number:* #1125 \$150
Company Tracking Number: TBD
TOI: 11.1 Medical Malpractice - Claims Made Only *Sub-TOI:* 11.1023 Physicians & Surgeons
Product Name: n/a
Project Name/Number: /
ARKS-125960530-2.pdf
ARKS-125960530-3.pdf

Edith Roberts

Dec 19 2008

From: Pam Greene [pam.greene@arkansasmutual.com]
Sent: Monday, July 14, 2008 10:20 AM
To: Edith Roberts
Cc: Bill Lacy; Kimberly Johnson; Brenda Haggard; Lars Powell; Corey Little
Subject: RE: Filing Submission - Rate/Rules/Forms - AR Mutual Ins. Co.
Attachments: AMIC FINAL Policy 7.14.08 rate file.docx; AMIC FINAL Rates-Rules doc 7.14.08.docx

PROPERTY AND CASUALTY
INSURANCE DEPT.
Rates/Rules

Good morning to you, Edith.

I have made the requested changes, making our filing compliant with the 60 days to exercise optional ERP, and taking out the restrictive language on Page 12 of the rules.

Please find attached the two corrected documents.

If submitting these corrected documents electronically is not sufficient, and if for some reason we should deliver hard copies, just let me know, and I'll be happy to drop them off.

Thanks for your "speedy" turn around!

Pam Greene

From: Edith Roberts [mailto:Edith.Roberts@arkansas.gov]
Sent: Monday, July 14, 2008 8:27 AM
To: pam.greene@arkansasmutual.com
Cc: Bill Lacy; Kimberly Johnson; Brenda Haggard
Subject: Filing Submission - Rate/Rules/Forms - AR Mutual Ins. Co.

Good Morning, Pam!

I just left you a voice mail and if you have time, can you give me a call? There are just two minor changes that need to be done and I thought maybe if we talk it would expedite things.

I will be out of town and out of the office from July 18 until Aug 4. I just wanted you to know so we can get this finalized before I leave.

Please look at these three different sections of the filings:

- Page 9 of the Form Filing, Form # AM08 001, 07/08/2008, second paragraph, last sentence.
- Page 5 of Rule Section, RUL001, first paragraph
- Page 12 of Rule Section, RUL001, "NOTE:..." at bottom of page.

These three items all have the same problem. They state that the insured must have paid "all premiums earned during the policy period and must be exercised (the request for the Extended Reporting Period) by the insured...no later than thirty (30) days after such termination.

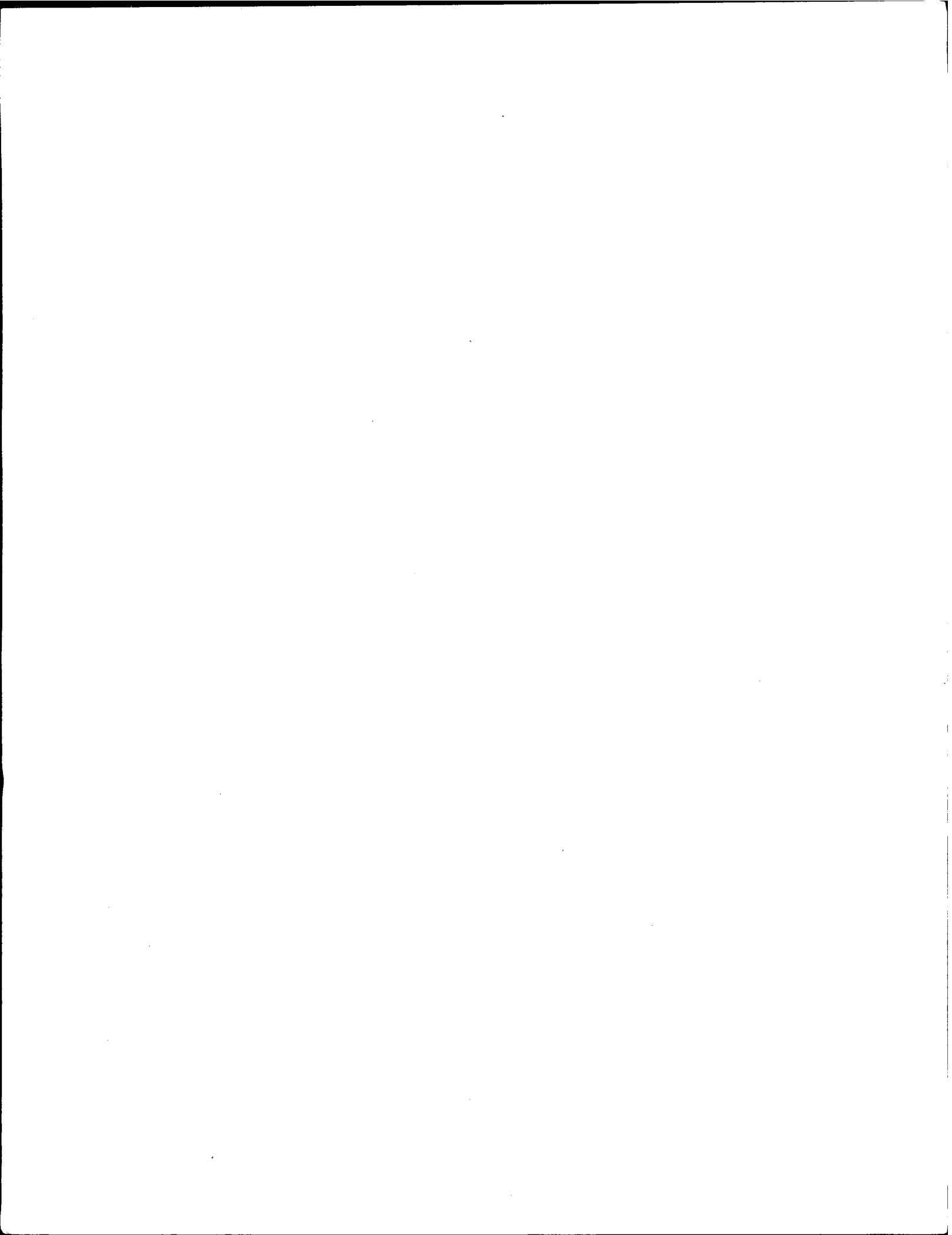
AR Code Anno. 23-79-306 (1-6) addresses the basic and optional Extended Reporting Periods. These ERPs may not be refused either for cancellation/termination for non-payment of premium, or premiums or deductibles owed. You have the right to pursue collection, but may not refuse these mandatory coverages. Also, if payment is received to purchase the optional extended reporting period, that payment must be applied to place the optional extended reporting period coverage into effect, rather than first applied to any monies owed on the terminating policy. The ERPs may only be refused in a situation of termination back to date of inception for non-payment as in a flat cancellation making coverage void from inception.

Also, you must allow 60 days, rather than 30 to request the optional ERP.

These are the only changes that need to be made. If you will remove this language and change the "30" day reference to "60" days in the paragraph on Pages 9 and 5, and remove the "Note:..." in it's entirety on page 12, everything else is ready to go!

Please give me a call or an email acknowledgment, so I will know you have received this!

Thanks,
Edith.



Edith Roberts

From: Edith Roberts
Sent: Friday, June 27, 2008 9:46 AM
To: 'lars.powell@arkansasmutual.com'
Cc: 'Ahome@ddh-ar.com'; Bill Lacy; Brenda Haggard; Jay Morgan; Mel Anderson
Subject: Arkansas Mutual Insurance Company

Dear Mr. Powell:

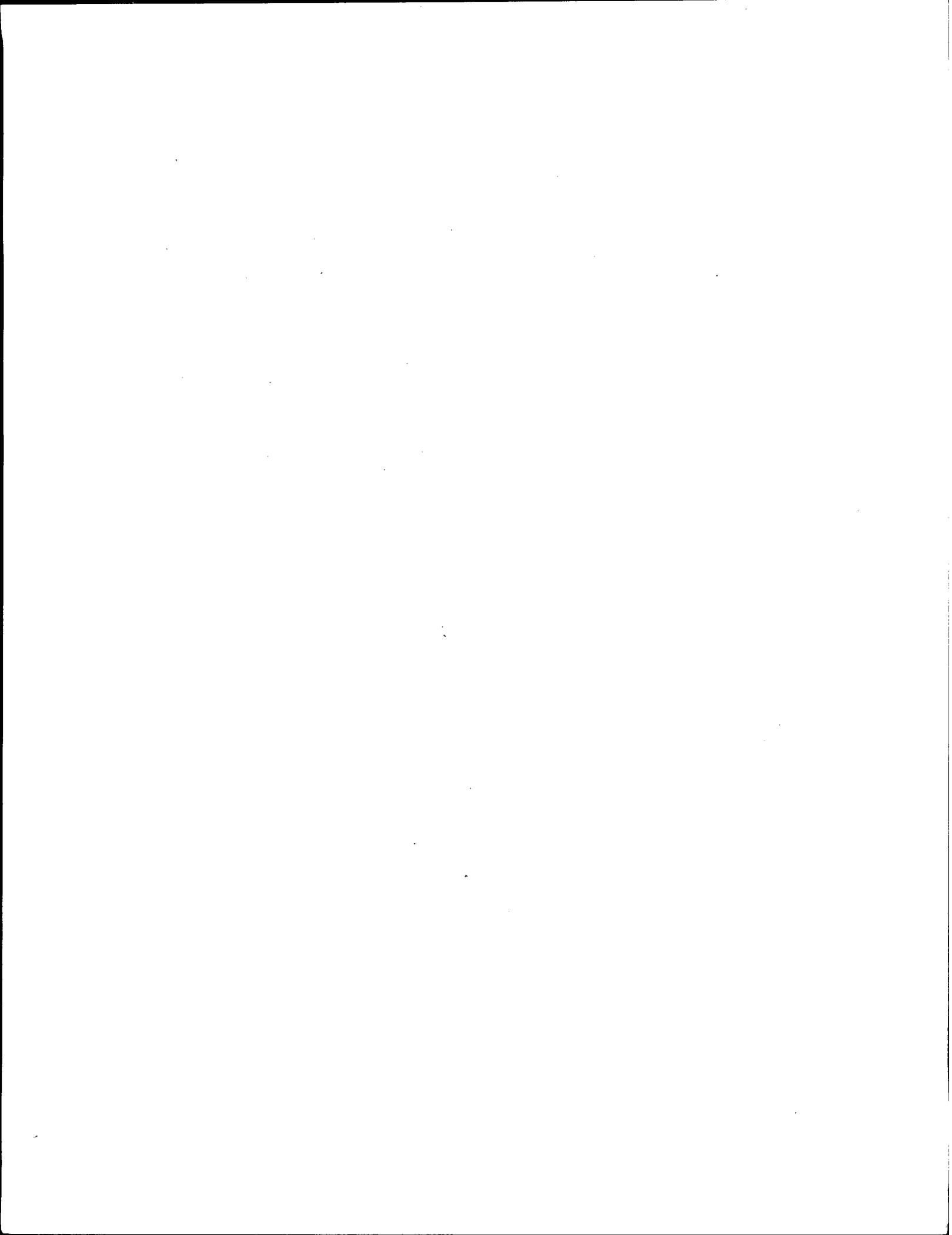
With reference to the admission of Arkansas Mutual Insurance Company, we will need a copy of your complete rate and rule filing, other than just the specific class and base rates. Also, we will need to review and approve your form filing prior to use. The rates must be "Filed" 30 days prior to the intended effective date.

The underwriting rules contained in the manual you submitted during admission, do contain some instructions that are in conflict with code concerning the Extended Reporting Period requirements and this is usually addressed when you make the form/rate/rule submissions. But since the underwriting rule violations are part of the admission packet, that does concern us.

We are meeting this afternoon with Ms. Haggard, and I will follow-up as to how it is decided it will best to correct the matter concerning the Underwriting portion of the admission process. However, please be aware that until you can write business, you will need to submit the formal rate/rule and form filing as well.

Should you have any questions, please feel free to contact me at any of the listings below.

Sincerely,
Edith Roberts
edith.roberts@arkansas.gov
Property & Casualty Compliance
Arkansas Insurance Department
3rd and Cross Streets
Little Rock, AR 72201
fax 501-371-2748
office 501-371-2808



Edith Roberts

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Sent: Friday, June 27, 2008 9:46 AM
To: 'lars.powell@arkansasmutual.com'
Cc: 'Ahome@ddh-ar.com'; Bill Lacy; Brenda Haggard; Jay Morgan; Mel Anderson
Subject: Arkansas Mutual Insurance Company

Dear Mr. Powell:

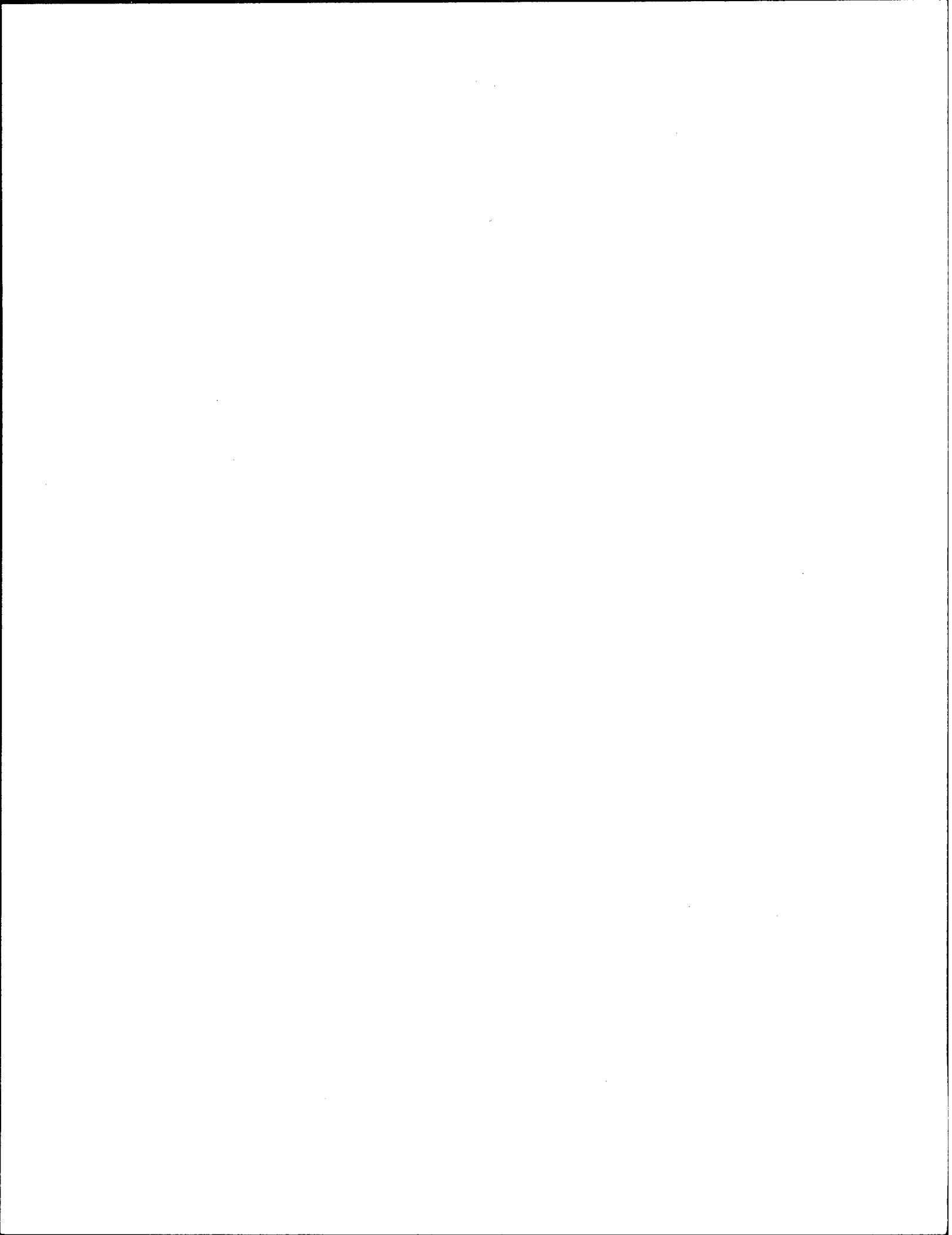
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edith.roberts@arkansas.gov
Property & Casualty Compliance
Arkansas Insurance Department
3rd and Cross Streets
Little Rock, AR 72201
fax 501-371-2748
office 501-371-2808



ER



CK 1125
150.00
(2 filing acks)

July 10, 2008

Honorable Julie Benafield Bowman
Commissioner of Insurance
Arkansas Insurance Department
1200 West Third Street
Little Rock, AR 72201-19040

RECEIVED
1 JUL 10 2008
PROPERTY AND CASUALTY DIVISION
ARKANSAS INSURANCE DEPARTMENT

Attention: Edith Roberts, Senior Rate and Forms Analyst
Re: Initial Filing – Arkansas Mutual Insurance Company

*Rate/Rule
portion*

Dear Ms. Roberts,

We respectfully submit the initial Physicians and Surgeons Medical Professional Liability rates/rules/form filing for Arkansas Mutual Insurance Company. Since we are nearing the completion of activities required to commence operations, pending issuance of our Certificate of Authority, we request an effective date of August 1, 2008.

In accordance with Rule 23, enclosed are an original and one copy each of the following documents, together with a third copy of this letter for approval stamping and return:

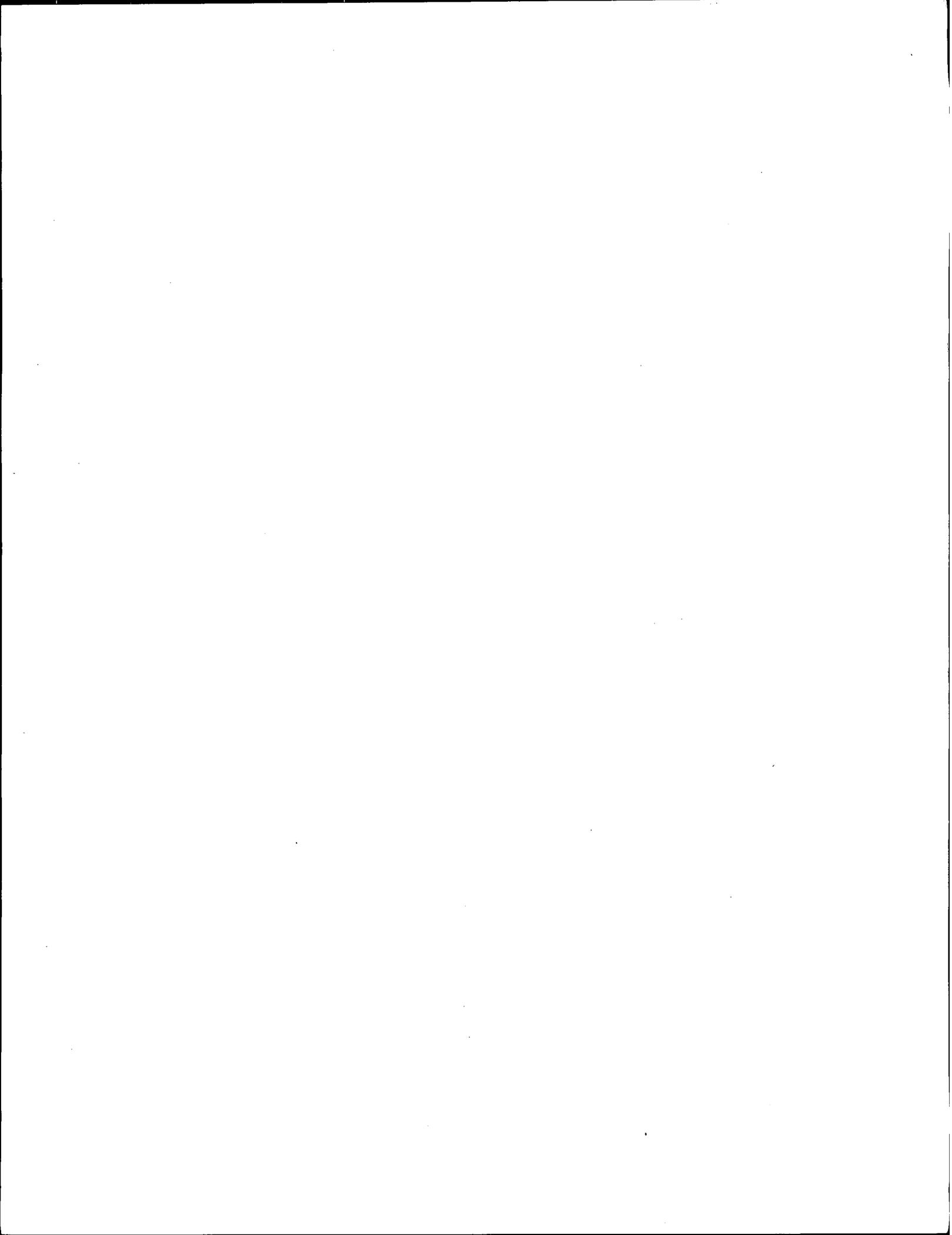
- Property & Casualty Transmittal Document (PC TD-1)
- Form Filing Schedule
- Rate/Rule Filing Schedule (PC RRFS-1)
- Comparison Survey (MMPCS) (submitted via email)
- Supporting documents

Please review the enclosed documents and acknowledge this filing by stamping and returning the enclosed copy of this letter. A postage-paid return envelope is provided. If you have any questions or require further information, please don't hesitate to call. Contact me at 501.716.9190 or by email at corey.little@arkansasmutual.com.

Sincerely,

M. Corey Little
Chief Executive Officer

Encls.



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 #	TBD
2.	This filing corresponds to form filing number (Company tracking number of form filing, if applicable)	
	<input type="checkbox"/> Rate Increase <input type="checkbox"/> Rate Decrease <input checked="" type="checkbox"/> Rate Neutral (0%)	

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

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)
Arkansas Mutual	Initial Filing						

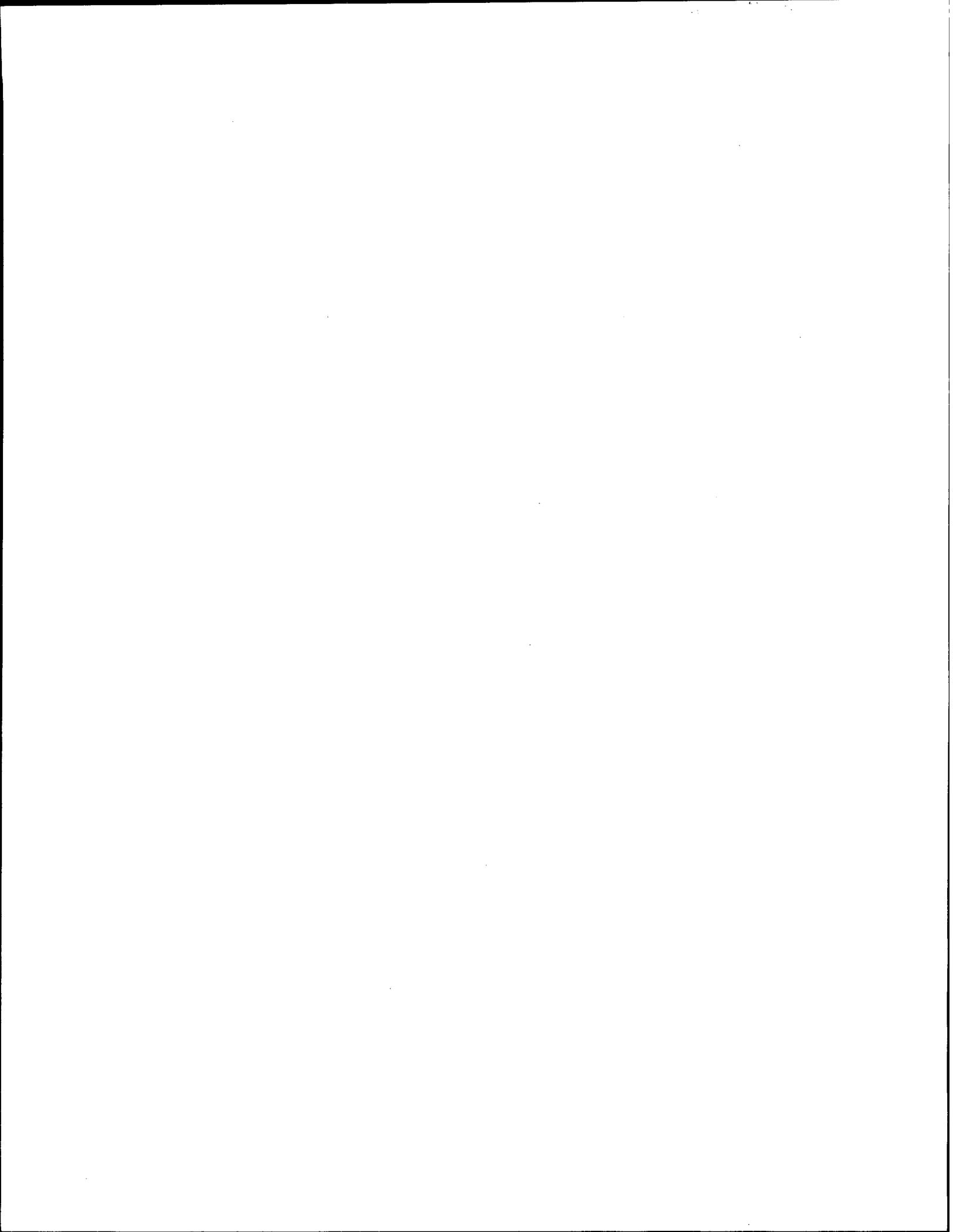
4b. Rate Change by Company (As Accepted) For State Use Only							
Company Name	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change	Minimum % Change

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		
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	
7.	Effective Date of last rate revision	
8.	Filing Method of Last filing (Prior Approval, File & Use, Flex Band, etc.)	N/A

9.	Rule # or Page # Submitted for Review	Replacement or withdrawn?	Previous state filing number, if required by state
01	RUL001	<input checked="" 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	

6



NAIC LOSS COST DATA ENTRY DOCUMENT

1. This filing transmittal is part of Company Tracking # NEW - TBD (to be determined)

2. If filing is an adoption of an advisory organization loss cost filing, give name of Advisory Organization and Reference/ Item Filing Number N/A

3. A. ARKANSAS MUTUAL INSURANCE COMPANY B. TBD
 Company Name Company NAIC Number

4. A. Medical Malpractice - Claims Made B. Physicians & Surgeons
 Product Coding Matrix Line of Business (i.e., Type of Insurance) Product Coding Matrix Line of Insurance (i.e., Sub-type of Insurance)

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
Physician & Surgeon Medical Malpractice	0%	0%					
TOTAL OVERALL EFFECT		0%					

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
Initial filing							

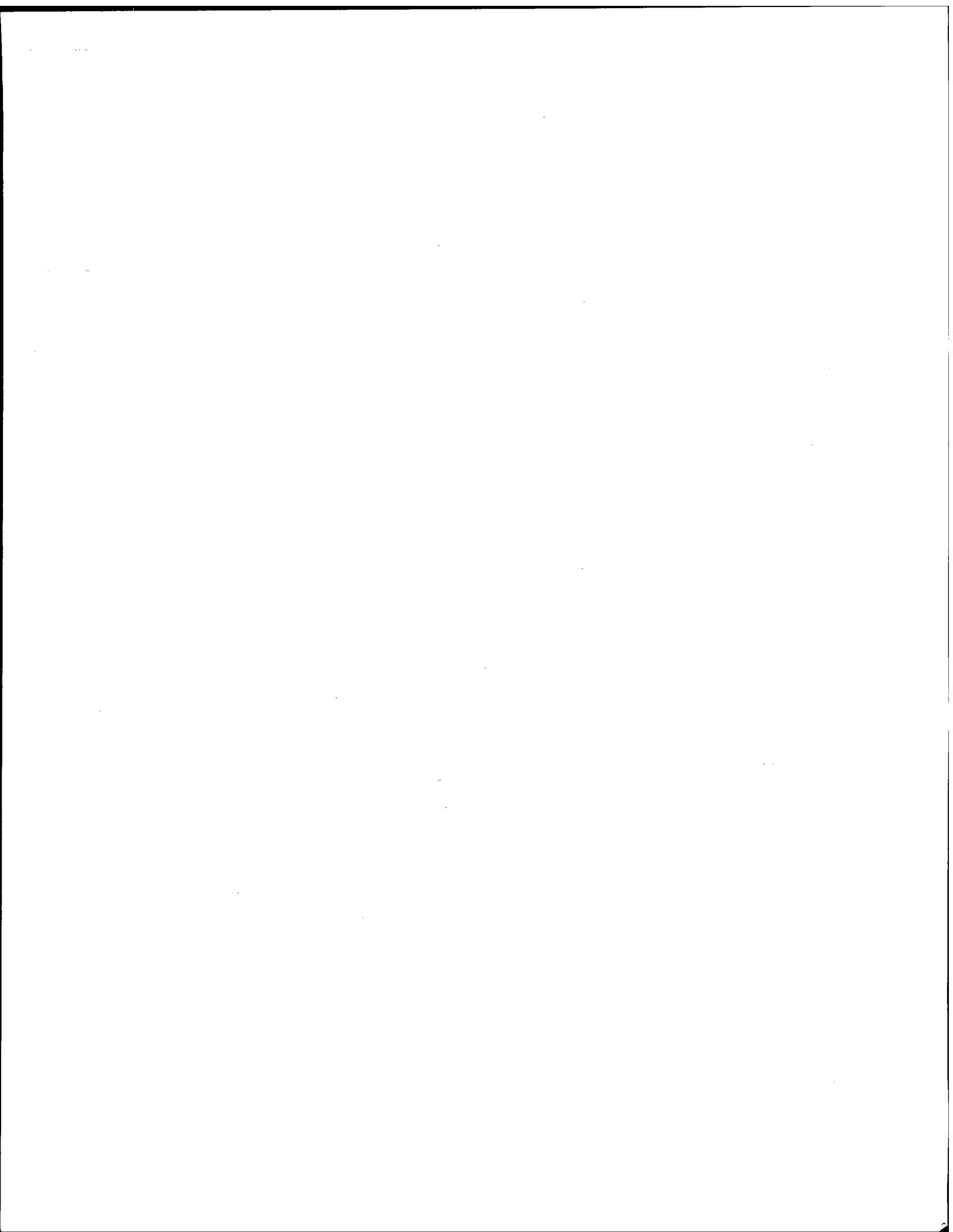
7. Expense Constants Selected Provisions

A. Total Production Expense	
B. General Expense	
C. Taxes, License & Fees	
D. Underwriting Profit & Contingencies	
E. Other (explain)	
F. TOTAL	

8. N Apply Lost Cost Factors to Future filings? (Y or N)

9. N/A Estimated Maximum Rate Increase for any Insured (%). Territory (if applicable): _____

10. N/A Estimated Maximum Rate Decrease for any Insured (%). Territory (if applicable): _____



Σ
SIGMA Actuarial Consulting Group, Inc.
5301 Virginia Way, Suite 230 • Brentwood, TN 37027
Telephone: 615-376-5110 • Fax: 615-376-5117

July 9, 2008

Re: Arkansas Mutual Insurance Company Proposed Physicians and Surgeons Rates effective August 1, 2008

The following pages contain the proposed rates for Arkansas Mutual Insurance Company (AMIC) for Arkansas effective August 1, 2008. The proposed rates are based on the rates for State Volunteer Mutual Insurance Company (SVMIC) effective May 15, 2007. Given the dominant market share of SVMIC, these rates were deemed the most appropriate. Note that the class plan is assumed equal to the plan shown in the May 15, 2005 SVMIC filing. The class plan shown in the May 15, 2007 seems incorrect (for example, it shows a class of 6B for Cardiac Surgery when no rate is shown for that class).

We have reviewed the three year business plan and proposed expense structure for AMIC. The company's long-term expense structure is comparable to the expenses underlying the rates of SVMIC. We have relied on information provided by AMIC. It is our understanding we have been provided with all information which would materially affect our opinion of the proposed rates, and that all information furnished to us has been accurate and complete.

Additionally, it is our understanding that AMIC will offer a waiver of the tail liability to any doctor that dies, becomes disabled or retires during the policy period similar to the waiver offered by SVMIC. Also, AMIC will offer premium discounts, such as group discounts, similar to SVMIC. In the latest filing for SVMIC, the estimated impact of discount programs was -10.4%.

The rates shown are for limits that AMIC intends to offer: \$1 million/\$3 million, \$2 million/\$4 million, \$3 million/\$5 million, \$4 million/\$6 million, and \$5 million/\$7 million. Rates are shown for first through fifth year claim-made policies as well as extended reporting endorsements.

As AMIC is a new company, there can be no guarantee that the rates developed will be adequate and not excessive. AMIC will be writing risks from the same pool of applicants as SVMIC and the experience should be similar.

If you require any additional information in support of the proposed rates, feel free to contact me at Jeff@SIGMAactuary.com or (615) 376-5110 x 211.

Regards,

Jeffrey R. Adcock

Jeffrey R. Adcock, FCAS, MAAA
Consulting Actuary
SIGMA Actuarial Consulting Group, Inc.



Arkansas Mutual



Insurance Company

Medical Professional Liability Insurance

11300 N. Rodney Parham Road, Suite 220
Little Rock, AR 72212

ARKANSAS MUTUAL INSURANCE COMPANY

**PROFESSIONAL LIABILITY INSURANCE PROGRAM
-PHYSICIANS & SURGEONS**

UNDERWRITING RULES

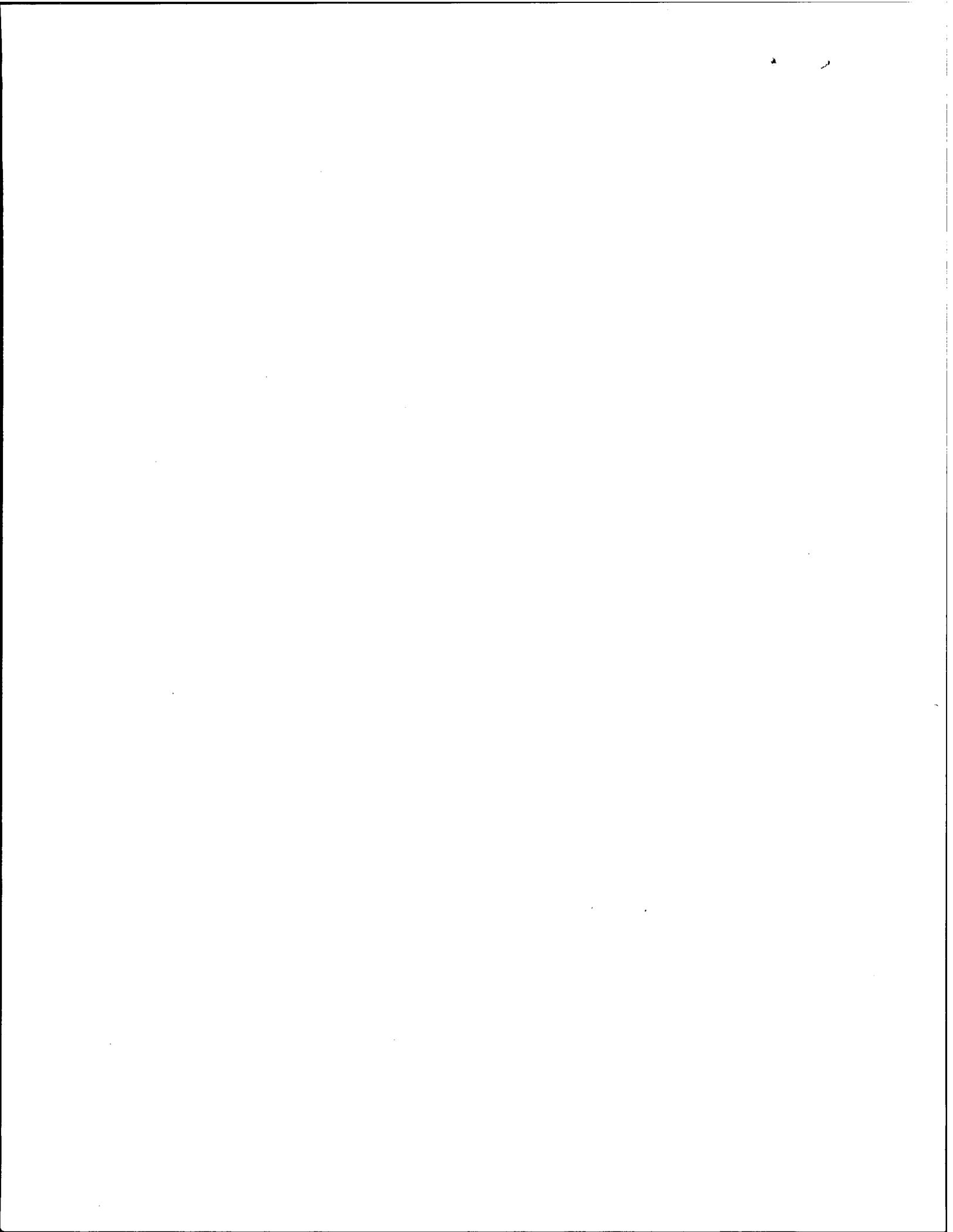
July 10, 2008

- replacement
copy -

1990
1991

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1. INTRODUCTION

It is the mission of Arkansas Mutual Insurance Company (AMIC) to be an inclusive admitted insurance carrier with respect to medical practices and specialties. The Company will seek to approve and admit virtually all types of medical specialties, however, there will be rating differentiation and underwriting requirements may differ among specialties. AMIC will focus on admitting and insuring physicians and physician practices. AMIC does not intend to provide coverage to institutions such as hospitals, long-term care or other facilities.

The following assumptions are made concerning the material in these rules:

- The term "Company" refers to Arkansas Mutual Insurance Company.
- Only those classifications for which specific rates are provided in the classifications/rates sections are eligible for coverage.

These rules were prepared for filing with the Arkansas Insurance Department and are not intended and shall not be construed to create any rights of any applicant for insurance with AMIC or for any AMIC policyholder. To the extent that any provision contained in this document may conflict with any policy of insurance or endorsement(s) issued by AMIC, the policy and/or endorsement language shall control.

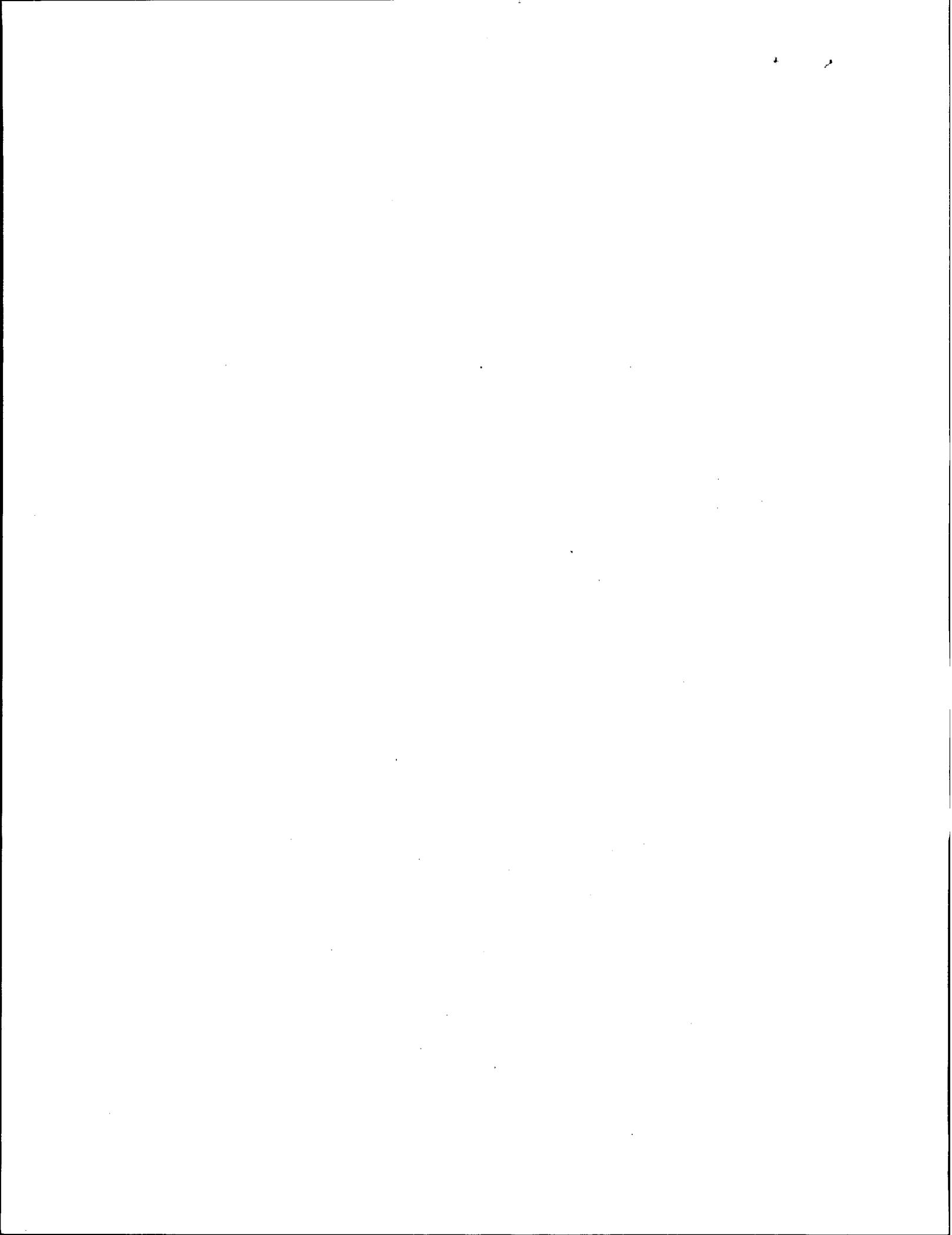
2. GENERAL RULES

2.1. Cancellations and Non-renewals

A. By the Company

The Company may cancel or non-renew a policy for any of the following reasons. All cancellations and non-renewals shall comply with applicable Arkansas law. Following ACA 23-66-206 (9)(A), after a policy has been in force for more than 60 days, cancellation may only be for one of the following reasons:

1. non-payment of premium;
2. fraud or material misrepresentation made by or with the knowledge of the "named insured" in obtaining the policy, continuing the policy, or in presenting a claim under the policy;
3. the occurrence of a material change in the risk that substantially increases any hazard insured against after policy issuance;



4. a material violation of a material provision of the policy;
5. the suspension, surrender or revocation of the "named insured's" license to practice medicine; or
6. such other underwriting reasons as shall have been adopted by the Company and approved, when required, by the appropriate regulatory agency.

Notice of Cancellation (for reasons other than non-payment of premium) shall be sent to the named insured (and broker, where applicable) no less than 30 days prior to cancellation date.

Notice of Non-Renewal (for reasons other than non-payment of premium) shall be sent to the named insured (and broker, where applicable) not less than 60 days prior to renewal.

A Notice of Cancellation due to non-payment of premium will be sent to the named insured (and broker, where applicable) not less than 10 days prior to the cancellation effective date.

All notices of non-renewal and cancellation must contain the standard or reason upon which the termination is premised.

If the Company cancels, earned premium shall be computed pro rata. Premium adjustment may be made either at the time cancellation or non-renewal is affected or as soon as practicable after cancellation or non-renewal, but payment or tender of unearned premium is not a condition of either.

If the policy has been in effect over 60 days, or if a renewal policy, the Company shall provide the following loss information to the insured within 30 days of the insured's request and within 15 days after notice of cancellation or non-renewal is issued:

- A. a description of closed claims including the date and description of occurrence, amount of payments, if any;
- B. a description of open claims including the date and description of occurrence, amount of payments, if any, and an estimate of reserves, if any; and
- C. information regarding notices of occurrence including the date and an estimate of reserves, if any.

An automatic 60-day extended reporting period (ERP) is provided at no additional charge to the insured upon cancellation or termination of the policy by either the insured or the Company.

In the event of termination of this insurance, either by non-renewal or cancellation of the policy, at termination of the automatic 60-day ERP, the named insured shall have the option, upon the payment of an additional premium (to be computed in accordance with the Company's rules, rates, rating plan and premiums applicable on the most recent

policy effective date), to have issued an endorsement providing an indefinite reporting period in which medical incidents otherwise covered by the policy may be reported. The request to purchase this optional ERP must be exercised by the insured by written notice to the Company no later than 60 days after termination of the automatic 60-day ERP. For details, please refer to the **Extended Reporting Period (ERP) "Tail" Option** section of this document.

A permanent reporting endorsement shall be issued automatically and without payment or any additional premium when the termination of the insurance results from:

- the death of the named insured;
- the retirement of the named insured from the practice of medicine;
or
- the permanent and total disability of the named insured to carry on the professional activity or endeavor in which he/she was engaged.

B. By the Named Insured

The named insured may cancel a policy for any reason. The Company must receive from the named insured a written notice specifying the exact date of cancellation. The written notice of **cancellation by the Insured requires the signature (no exceptions, except death)** of the named insured. The mailing of such notice shall be sufficient proof of notice. Delivery of such written notice by the named insured shall be equivalent to mailing. A letter confirming the cancellation will be sent to the named insured.

The effective date and hour of cancellation stated in the notice shall become the end of the policy period. Earned premium shall be computed in accordance with the customary short-rate table and procedure. Premium adjustment may be made either at the time cancellation is effected or as soon as practicable after cancellation becomes effective, but payment or tender of unearned premium is not a condition of cancellation.

C. Flat Cancellation

If a properly executed cancellation request is received by the Company within 30 days of the effective date of coverage, a policy may be cancelled with no earned premium.

D. Pro-Rata Cancellation and Coverage Reduction

Return of unearned premiums, if any, will be computed on a pro-rata basis when:

- a policy is cancelled at the Company's option.
- a policy is cancelled **and** rewritten by the Company.
- a policy is cancelled due to verified retirement, total and permanent disability or

death of the insured.

- a policy is cancelled for non-payment of premium.
- the insured relocates to another state in which the Company is not licensed.
- a policy is cancelled for maternity/paternity leave.

E. Short Rate Cancellation

Return of unearned premiums, if any, will be computed at 90% of the pro rata unearned premium for the term of coverage when a policy is cancelled for any reason other than those qualifying for flat or pro-rata cancellation.

2.2. Changes in Exposures

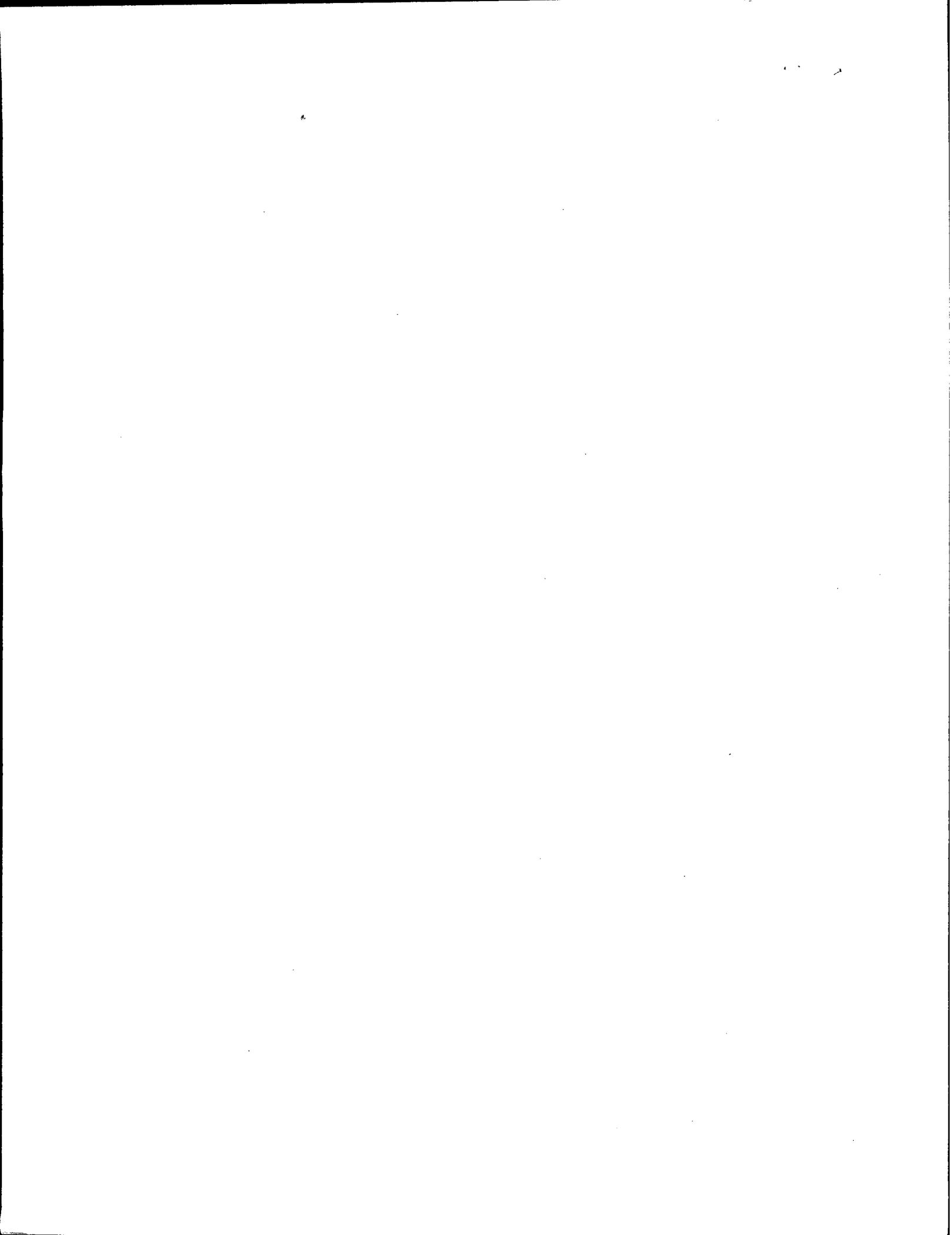
A policy may be subject to an audit for a change in exposure. The Company reserves the right to adjust the premium retroactively to the beginning of the policy term based on the actual exposure(s).

The premium computed for each policy term covers exposure(s) anticipated or known to exist at the inception of the term. Should the insured acquire additional exposure(s), or should known exposure(s) cease to exist during the policy term, the premium may be adjusted, at the Company's option, in accordance with the rules and rates in effect at inception of the policy term.

2.3. Declinations

Applicants who fall into one or more of the following categories may not be eligible for insurance:

- revocation, suspension or other disciplinary action by the state Board of Medical Licensure;
- denial or withdrawal of hospital privileges;
- suspension or restriction of hospital privileges;
- misrepresentation, refusal or failure to cooperate with AMIC in matters relating to underwriting or claims;
- adverse claims experience;
- practicing outside the scope of his/her training or competence;
- unprofessional, dishonorable or unethical conduct;
- practicing medicine under the influence of drugs or alcohol;
- conviction of a felony, or any offense under state or federal drug laws, or conviction of any offense involving moral turpitude;
- rendering patients unconscious in his/her office;



- physicians working in a “birthing center” or similar facility, unless acceptable emergency equipment, services and back-up are present on site;
- using acupuncture as anesthesia;
- misrepresentation by applicant that affects the insurability of the risk;
- such other valid underwriting reason(s) adopted by the Company.

2.4. Effective Date

A policy’s effective date may not be earlier than, or 90 days later than, the date of receipt of the completed application by the Company, unless approved by the Director of Underwriting. A written affidavit signed by the applicant (with signature notarized) must be received by the Company stating that there have been no claims, incidents, reports or untoward events from the requested effective date to the date of receipt of application by the Company.

2.5. Premium Computation

All premiums will be computed based on the annual rates in effect at policy inception. Premiums for mid-term policy changes will be computed as a pro-rata portion of the full annual premium for the period of coverage.

2.6. Premium Payment

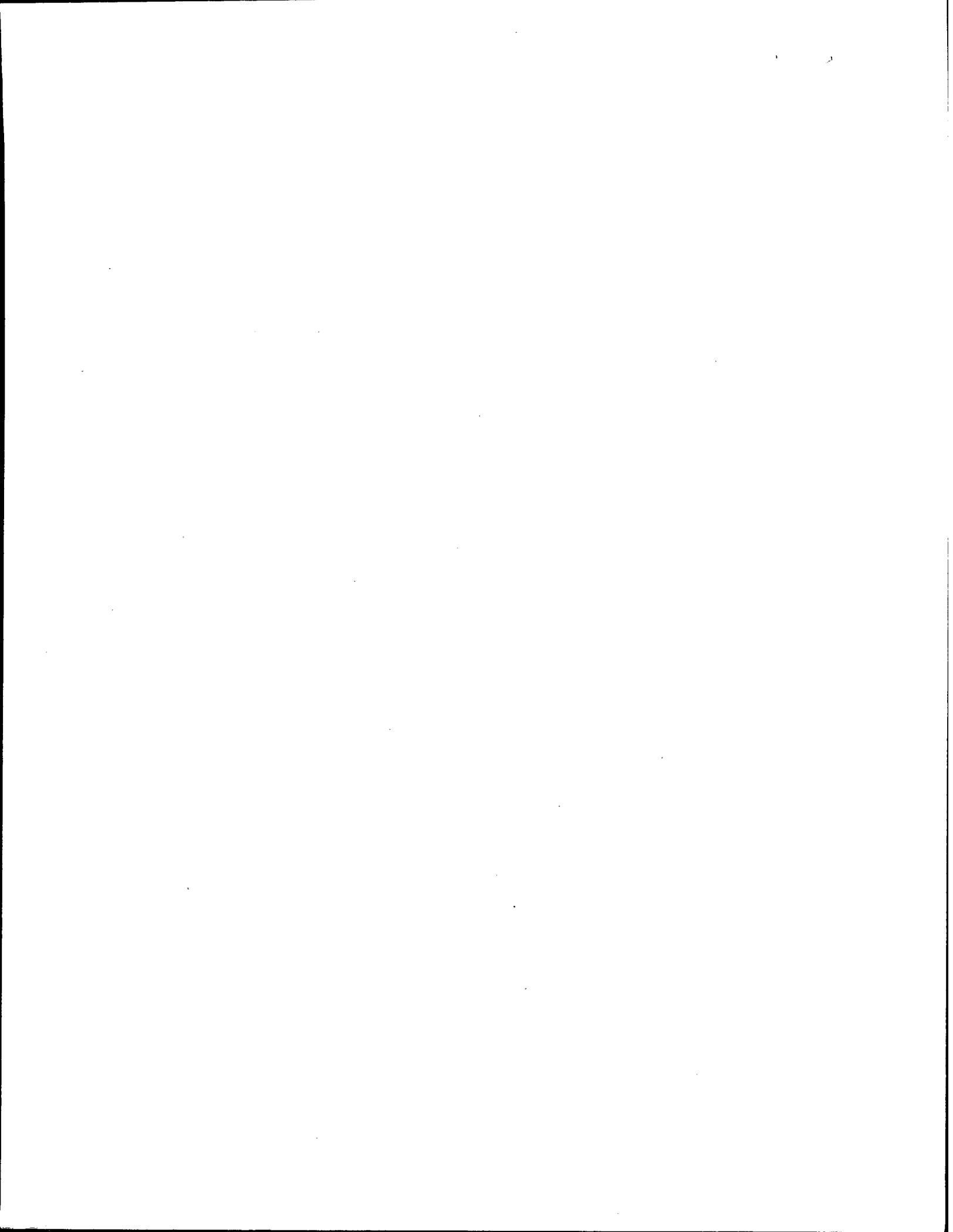
The full annual amount is due at policy inception; subject to a 30 day grace period. The Company may recommend external premium financing sources.

An additional or return premium resulting from mid-term policy changes will be handled directly by the Company with the named insured as follows:

- An additional premium will be due and payable to the Company within twenty-one (21) days after billing.
- A return premium due to the insured will be paid to the insured, except when the policy has been financed and/or an assignment form is in the underwriting file. In case of assignment, any premium refund will be paid to the assignee. The return premium will be sent no more than thirty (30) days after the endorsement.

2.7. Minimum Premium

A \$1,000.00 premium will be the minimum accepted for any policy issued.



2.8. Certificates of Insurance

Requests for certificates should be addressed to:

AMIC
Policyholder Services
11300 N. Rodney Parham Road, Suite 220
Little Rock, AR 72212

2.9. Privacy Provisions

No individual physician information or data will be released to any party, except where required or allowed by Arkansas statute or regulation, without the express written consent of the physician.

3. PROFESSIONAL LIABILITY RULES

3.1. Applications

3.1.1. New Business

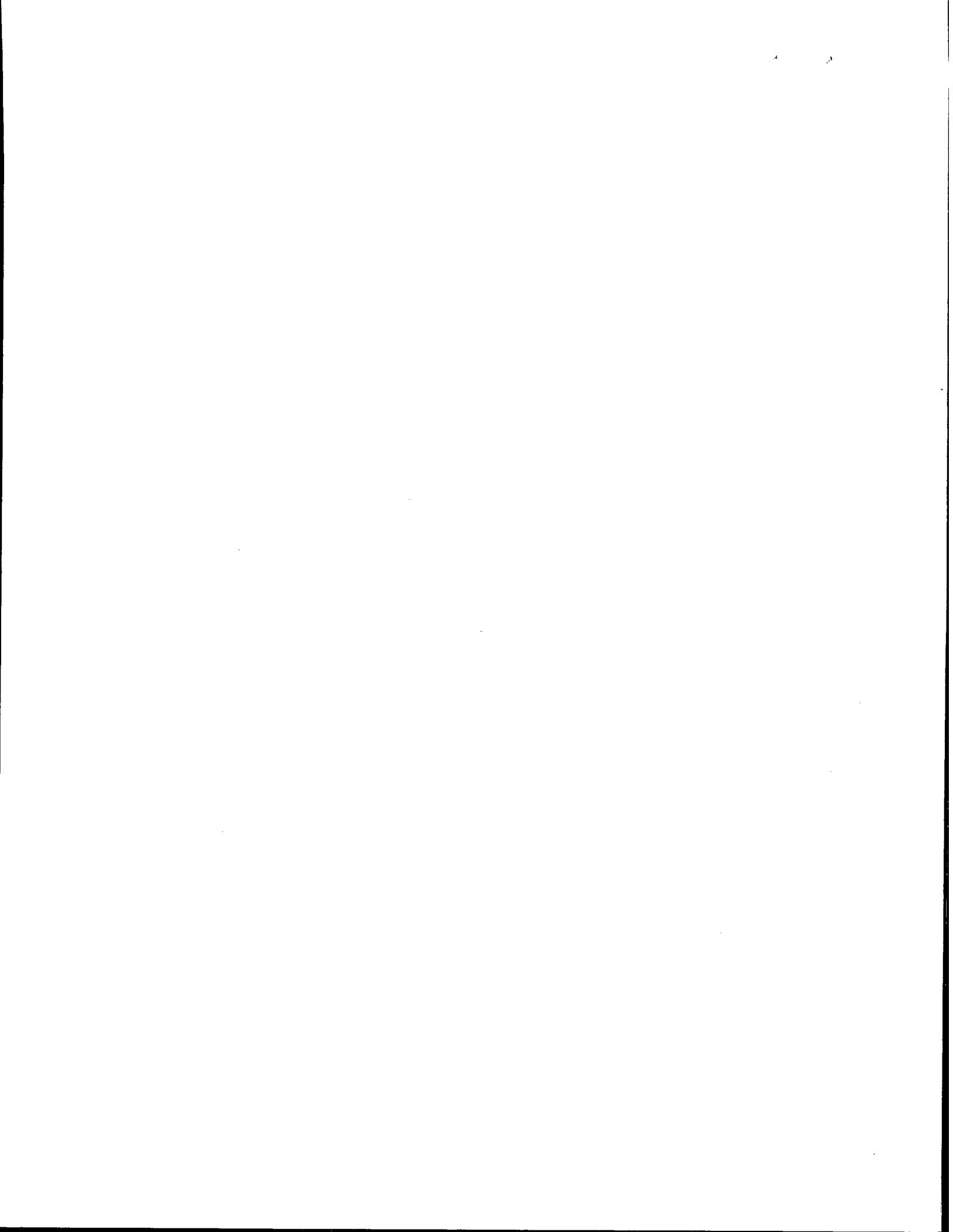
Completed applications are required for each individual or business entity for which the following coverage is requested:

- Individual
- Allied Health Organization

Note: When the applicant is a sole practitioner corporation, a separate organization application is **not** required. However, if the sole practitioner corporation employs another physician, nurse practitioner, Certified Registered Nurse Anesthetist (CRNA) or physician assistant, the corporation must submit a separate organization application.

3.1.2. Renewals

Once a risk is has been insured by the Company, claims experience will be reviewed prior to renewal.



Reasons for Non-Renewal of a Policy:

- If the insured fails to cooperate in the investigation of a claim so as to prejudice the company's ability to investigate, adjust and/or settle such claim, the company may elect to refuse renewal of the policy of insurance at the next anniversary date after the date of notice of such claim.
- The company may refuse renewal of a policy of insurance if there are material changes in the insured exposure such that the insured would be declined due to reasons listed in Section 2.3.

3.1.3. Claims-Made Coverage

A claims-made policy provides coverage for claims that occur during the policy period, which begins on or after the retroactive date and ends on the expiration date of the policy, and that are reported to the Company during the policy period.

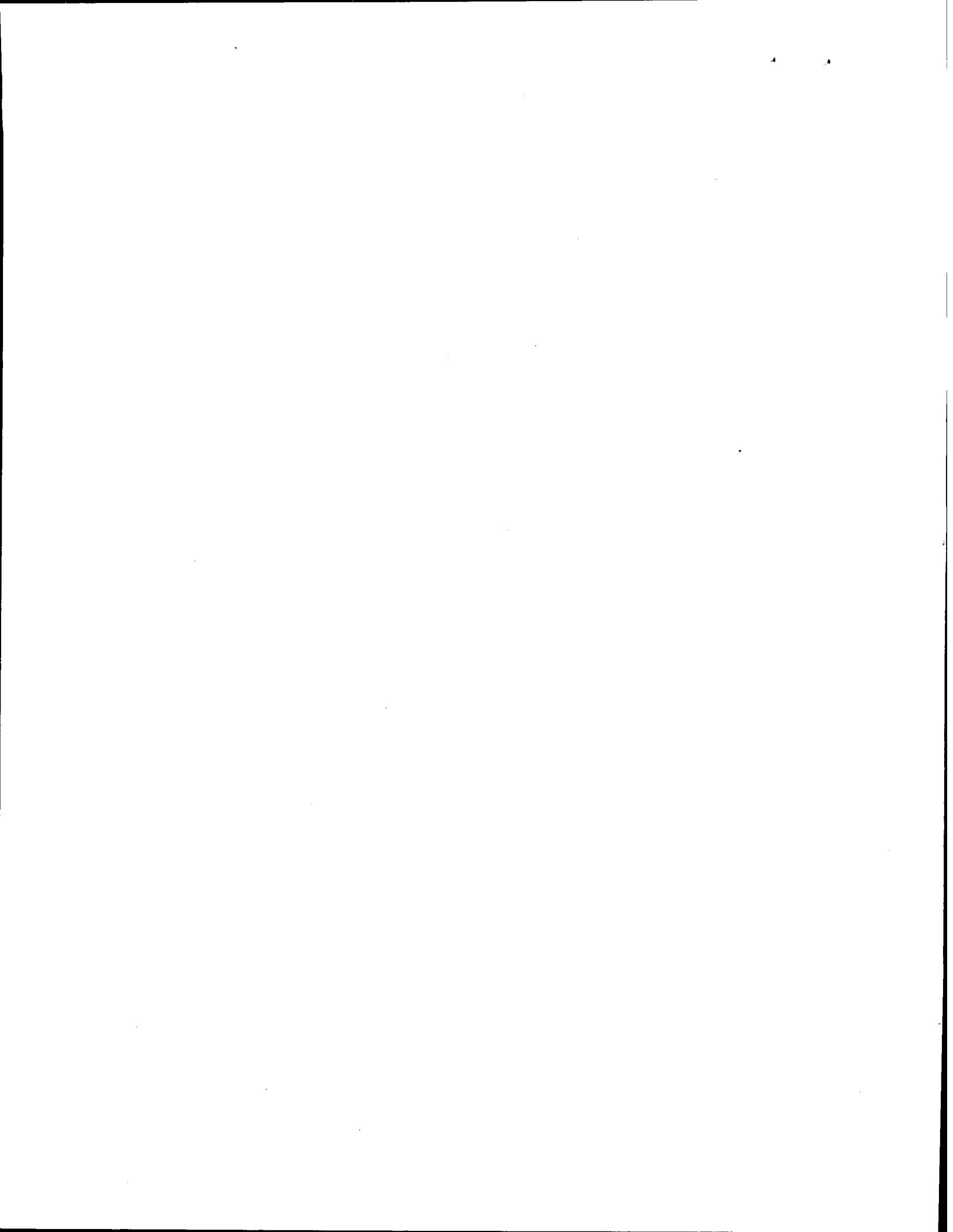
The policy limit of liability in effect at the time the claim is reported will respond. When a Claims-made policy is terminated or non-renewed, after expiration of the automatic 60 day extended reporting period, an Extended Reporting Period (ERP) "Tail" endorsement may be purchased to ensure coverage for claims made after the termination date. (Refer to the **Extended Reporting Period (ERP) "Tail" Option** section for rates.)

3.1.4. Professional Associations, Corporations and Partnerships

A. Reasons for Ineligibility

A professional organization becomes ineligible if any of the following conditions exist:

- Less than 50% of the members are insured by the Company.
- Evidence exists within the past five (5) years indicating a failure to provide complete and accurate information on any application for professional liability insurance, where such information is considered material and reasonably relevant to an underwriting decision.
- The professional organization employs, or engages an individual professional to perform services on its behalf, who does not meet the criteria for coverage, unless such exposure(s) is (are) specifically excluded from coverage.
- The Company's minimum risk management/loss control standards for the



operations conducted have not been met.

- The organization has failed, after formal notification from the Company, to correct any management practices deemed unacceptable.

B. Limits

When coverage is requested for both a professional organization and its individual members, the organization cannot secure limits higher than the lowest policy limits maintained by its individual members. Prior acts limits cannot exceed the previous policy limits (whether AMIC's or previous carrier's limits).

Policy limits may not be increased during the policy period, unless approved by the Director of Underwriting. Requirement by a hospital, surgery center, or healthcare organization are the only reasons to increase limits during a policy period.

The interest of the solo practitioner and his/her professional corporation may be insured on a combined basis sharing the same limits of coverage. When the solo practitioner employs another physician, Certified Registered Nurse Anesthetist (CRNA) or physician's assistant, the corporation must have separate limits of liability.

3.1.5. Eligible Specialties

All medical specialties are eligible for insurance coverage except the following:

- Podiatry/Chiropractic
- Optometry
- Dentistry

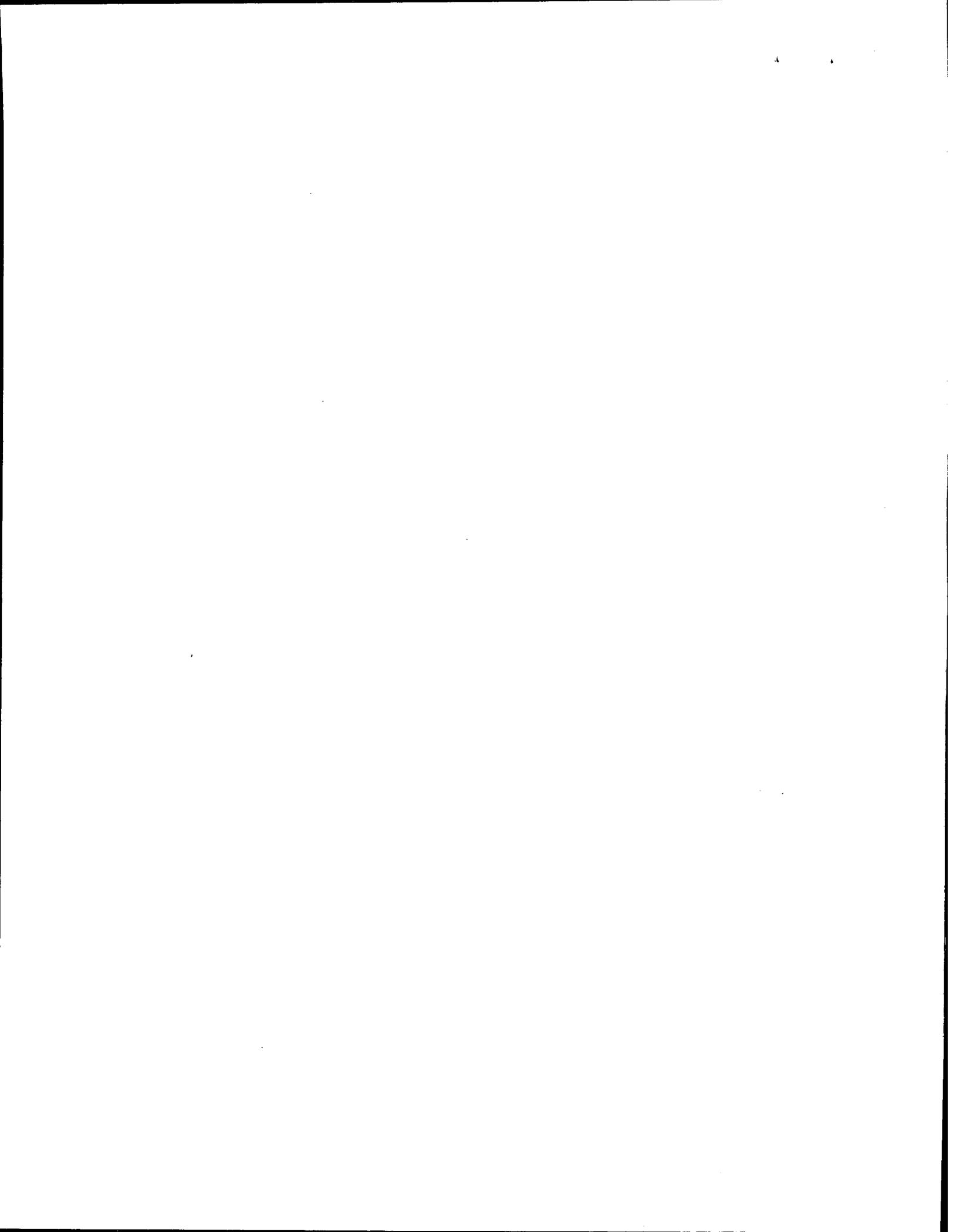
Supplemental information must be furnished for the following specialties:

- Emergency Room
- OB/GYN

3.1.6. Policy Term

Policies may be written for a specific term of up to one (1) year. Policies will be subject to the rules, rates and forms in effect at the time of renewal.

The Company will not offer coverage for a period of time less than one (1) year, except when an individual is joining an employer that is insured by the Company.



3.1.7. Use of Risk Management

In order to serve applicants and policyholders and improve loss results, the following risk management requirements may apply:

- A. All group practice applications with ten (10) or more physicians or five (5) or more surgeons may receive a risk management assessment by the Claims Committee or its agent prior to acceptance.
- B. Applicants with fewer than ten (10) physicians may also be subject to a risk assessment at the discretion of the underwriter.

The underwriter may also request a risk assessment when one or more of the following conditions exist:

- A. Loss frequency exceeds median expectancy
- B. Any claim with loss severity in the past ten (10) years
- C. Negative background information from more than five (5) years ago
- D. High rated specialties with more than five (5) physicians
- E. Underwriter discretion

3.2. Coverage Options

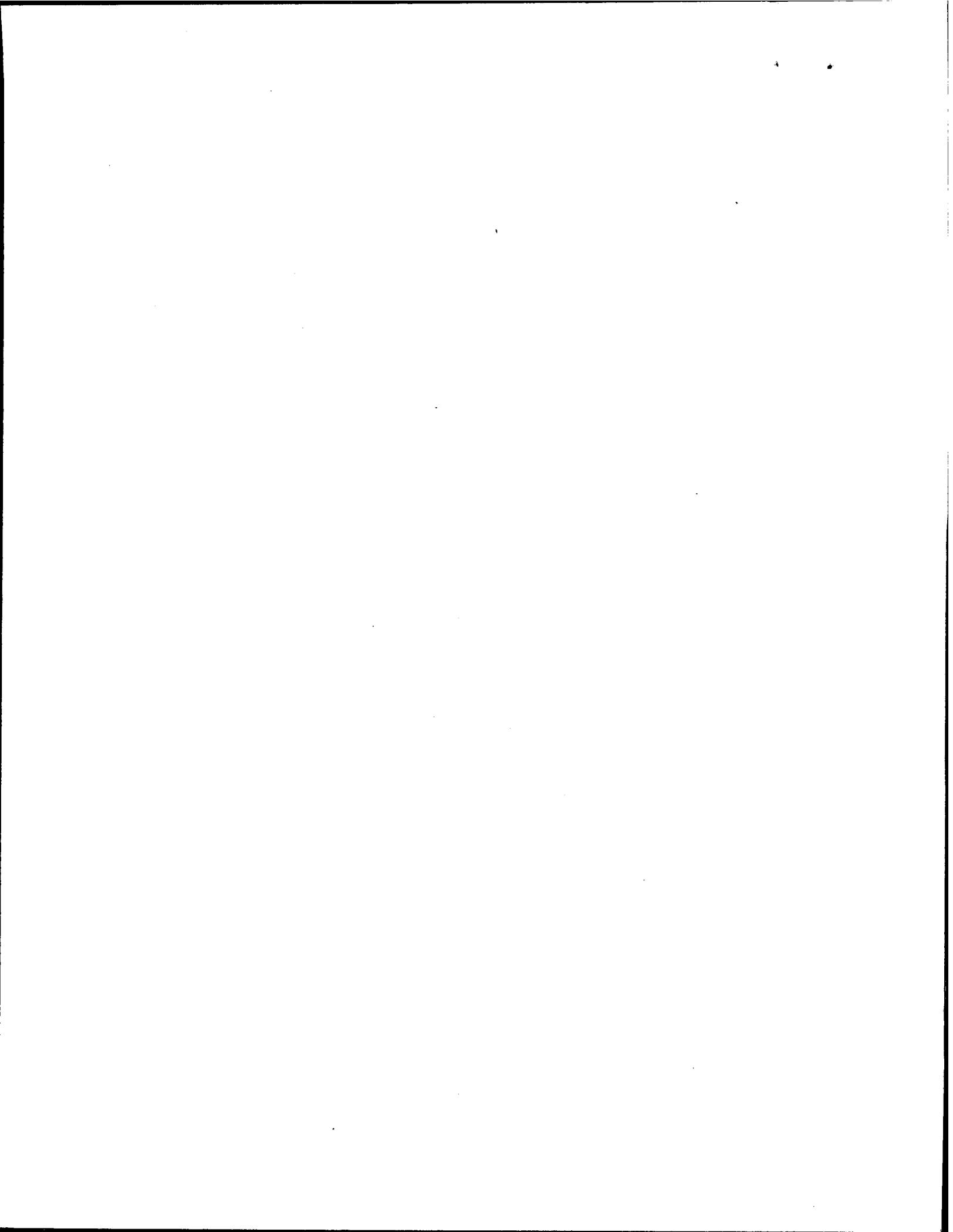
3.2.1. Exclusion of Exposures

Coverage may be reduced in scope by excluding or limiting various exposures either not considered in the manual rates or necessary to make those risks acceptable for coverage, including:

- Exclusion of designated persons or organizations ineligible for coverage.
- Exclusion of designated employment or activities of an insured as an independent contractor.
- Exclusion of designated geographic areas not considered in manual rates.

3.2.2. Extended Reporting Period (Tail) Option

An automatic 60-day extended reporting period is provided at no additional charge to the insured upon cancellation or termination of the policy by either the insured or the insurer.



Upon expiration of the 60-day automatic extended reporting period, an Extended Reporting Period (ERP) option will be made available by the Company. The ERP provides continued reporting rights for claims that occurred on or after the retroactive date and prior to the termination date of the policy, and the insured shall have 60 days to request, in writing, the purchase of optional ERP.

The limit of liability in the policy aggregate for the extended reporting period shall be no less than the greater of the amount of coverage remaining in the expiring policy aggregate or fifty percent (50%) of the aggregate at policy inception.

The limit of liability in effect at the time the policy is terminated will be the limit provided for the extended reporting period. The limit provided at time of activation of the ERP will be the only limit for the ERP unless the ERP is purchased on the payment plan. In case the payment plan is utilized, the extended reporting period will be for a one year period coincident with each of the first two annual installments. Upon payment of the final installment, the extended reporting period becomes unlimited.

The ERP payment plan will consist of three (3) annual premium installments based on the following schedule:

- 55% of the current ERP premium charge when ERP is purchased;
- 25% of the then current ERP premium on 1st anniversary of purchase;
- 20% of the then current ERP premium on 2nd anniversary of purchase.

ERP will be provided at no additional charge upon termination of a claims-made policy under the following conditions:

- death;
- disability, where a named insured is permanently and continuously disabled and prevented from performing any and every duty pertaining to a healthcare professional and is under the regular care and attendance of a legally qualified physician other than himself/herself, a member of the named insured's immediate family or another named insured in the policy.
- retirement, provided that the insured has been continuously insured by AMIC for the previous five (5) years, is age 55 or older, and has completely and permanently withdrawn from rendering medical care, diagnostic and/or medical opinions, primary or secondary, in a physician-patient health care relationship.

3.2.3. New Physician Discounts

A new physician discount is available for physicians and surgeons.

A first year discount of 50% is applicable for a one year period and will be applied

to the physician's first policy with AMIC that has an effective date within the first 12 months following completion of an approved residency program. For the second policy year following an approved residency program, a second year discount of 25% will apply.

The Company may require risk management training in conjunction with the new physician discount.

3.2.4. Part-Time Practice

Part-time practice discounts will be applied to all specialties except for Emergency Room, and to all insureds, other than moonlighting residents, interns or fellows.

Resulting premium rates for part-time practice follow:

Less than 50 hours per month	premium = 33% of standard
50 to 80 hours per month	premium = 66% of standard
More than 80 hours per month	premium = 100% of standard

- Eligibility Rules:
 - Residents or insureds receiving 1st or 2nd year credit do not qualify for part-time practice discounts.
 - Professional liability coverage will be limited by endorsement to such part-time practice.

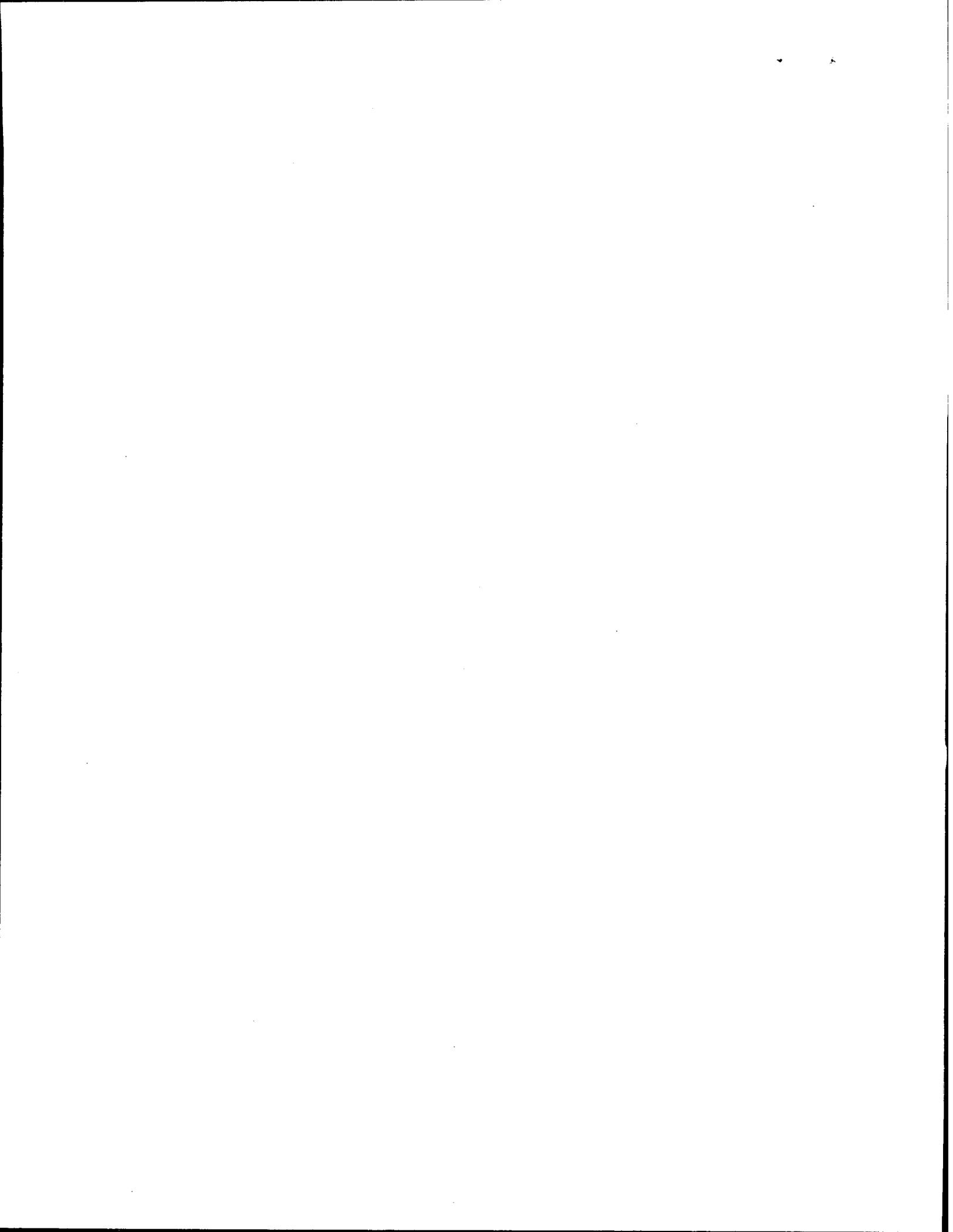
3.2.5. Prior Acts

Prior Acts coverage is available to risks with a retroactive date that precedes the policy effective date. This coverage can be purchased to cover claims occurring after the retroactive date and reported to the Company after the effective date and prior to the expiration/termination date of the policy. A completed Professional Liability Insurance application, a copy of the previous carrier's most recent declarations page and supplemental information regarding prior acts must be received by the Company for Prior Acts coverage to be considered.

- Coverage is not available as stand-alone coverage.
- Coverage is not available if an insured has not been continuously insured during the prior acts period.

3.2.6. Shared Limits

Solo Practitioner Corporations



The interest of the solo practitioner and his/her professional corporation must be insured on a combined basis sharing the same limits of coverage, except when the solo practitioner employs another physician, Certified Registered Nurse Anaesthetist (CRNA), nurse practitioner, or physician's assistant. All physicians must carry separate limits of liability.

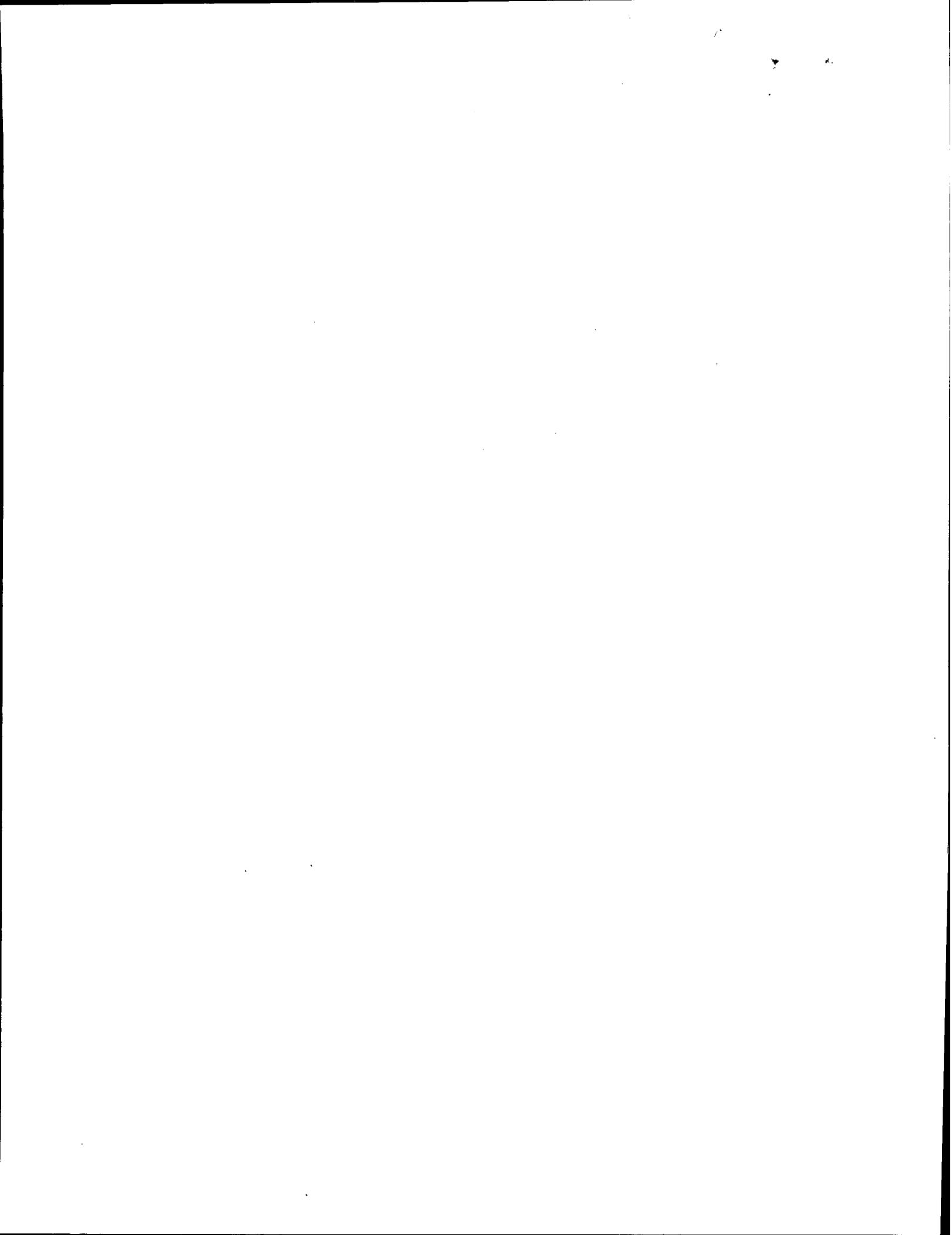
3.2.7. Corporate Limits

Corporate limits will only be provided in an amount not to exceed the lowest limits carried by a covered doctor. Sub-limits may be applied if the Company excludes from coverage any practicing physician within the group.

The premium for corporate coverage will be 5% of the sum of the members' individual premium, subject to the following condition:

If one or more contracted or employed physicians in a corporate group are insured by a company other than AMIC, the insured corporate group has two options:

- A. Exclude the physician(s) from coverage under the corporate policy, or
- B. Pay 25% of the otherwise chargeable premium to provide coverage for the vicarious liability of the separately insured physician(s).



**Arkansas Mutual Insurance Company
Arkansas Physicians and Surgeons Rates
Claims-Made Rates First Year**

AMIC Class	Limits				
	<u>\$1M/\$3M</u>	<u>\$2M/\$4M</u>	<u>\$3M/\$5M</u>	<u>\$4M/\$6M</u>	<u>\$5M/\$7M</u>
1A	2,361	2,892	3,238	3,344	3,477
1B	2,582	3,163	3,541	3,657	3,802
1C	3,024	3,704	4,147	4,283	4,453
1D	3,280	4,018	4,498	4,645	4,830
1E	4,024	4,929	5,518	5,699	5,925
1F	4,198	5,143	5,757	5,945	6,182
1G	3,612	4,425	4,953	5,115	5,319
1H	4,574	5,603	6,272	6,478	6,735
1J	5,035	6,168	6,904	7,131	7,414
1K	5,061	6,200	6,940	7,168	7,452
1L	5,417	6,636	7,428	7,672	7,977
1M	2,582	3,163	3,541	3,657	3,802
2A	5,061	6,200	6,940	7,168	7,452
2B	6,226	7,627	8,537	8,818	9,168
2C	6,566	8,043	9,004	9,299	9,668
2D	6,662	8,161	9,135	9,435	9,810
2E	7,699	9,431	10,557	10,904	11,337
2F	5,061	6,200	6,940	7,168	7,452
3A	8,588	10,821	12,272	12,719	13,277
3B	9,214	11,610	13,167	13,646	14,245
3C	9,665	12,178	13,811	14,314	14,942
3D	8,588	10,821	12,272	12,719	13,277
4A	14,111	17,780	20,165	20,898	21,816
4B	10,234	12,895	14,624	15,157	15,822
4C	12,588	15,861	17,988	18,643	19,461
5A	14,111	17,780	20,165	20,898	21,816
6A	17,383	21,903	24,840	25,744	26,874
7A	18,700	23,562	26,722	27,695	28,910

**Arkansas Mutual Insurance Company
Arkansas Physicians and Surgeons Rates
Claims-Made Rates Second Year**

AMIC Class	Limits				
	<u>\$1M/\$3M</u>	<u>\$2M/\$4M</u>	<u>\$3M/\$5M</u>	<u>\$4M/\$6M</u>	<u>\$5M/\$7M</u>
1A	4,207	5,154	5,769	5,958	6,195
1B	4,700	5,758	6,445	6,656	6,921
1C	5,683	6,962	7,793	8,049	8,368
1D	6,254	7,661	8,576	8,857	9,209
1E	7,911	9,691	10,848	11,204	11,649
1F	8,299	10,166	11,380	11,753	12,220
1G	6,993	8,566	9,589	9,904	10,297
1H	9,135	11,190	12,526	12,937	13,451
1J	10,161	12,447	13,933	14,391	14,962
1K	10,220	12,520	14,014	14,474	15,049
1L	10,962	13,428	15,032	15,525	16,142
1M	4,700	5,758	6,445	6,656	6,921
2A	10,220	12,520	14,014	14,474	15,049
2B	12,603	15,439	17,282	17,849	18,558
2C	13,311	16,306	18,253	18,852	19,600
2D	13,523	16,566	18,543	19,152	19,913
2E	15,624	19,139	21,424	22,127	23,006
2F	10,220	12,520	14,014	14,474	15,049
3A	17,393	21,915	24,855	25,759	26,890
3B	18,686	23,544	26,702	27,674	28,889
3C	19,582	24,673	27,983	29,001	30,274
3D	17,393	21,915	24,855	25,759	26,890
4A	28,592	36,026	40,858	42,345	44,203
4B	20,748	26,142	29,649	30,728	32,076
4C	25,511	32,144	36,455	37,782	39,440
5A	28,592	36,026	40,858	42,345	44,203
6A	35,246	44,410	50,367	52,199	54,490
7A	37,926	47,787	54,196	56,168	58,634

**Arkansas Mutual Insurance Company
Arkansas Physicians and Surgeons Rates
Claims-Made Rates Third Year**

AMIC Class	Limits				
	<u>\$1M/\$3M</u>	<u>\$2M/\$4M</u>	<u>\$3M/\$5M</u>	<u>\$4M/\$6M</u>	<u>\$5M/\$7M</u>
1A	4,588	5,620	6,291	6,498	6,756
1B	5,137	6,293	7,044	7,275	7,564
1C	6,233	7,635	8,547	8,827	9,178
1D	6,868	8,413	9,418	9,727	10,113
1E	8,713	10,673	11,948	12,340	12,830
1F	9,145	11,203	12,540	12,952	13,466
1G	7,691	9,421	10,546	10,892	11,325
1H	10,077	12,344	13,818	14,272	14,838
1J	11,220	13,745	15,385	15,890	16,521
1K	11,285	13,824	15,475	15,982	16,617
1L	12,107	14,831	16,602	17,147	17,828
1M	5,137	6,293	7,044	7,275	7,564
2A	11,285	13,824	15,475	15,982	16,617
2B	13,920	17,052	19,088	19,714	20,497
2C	14,704	18,012	20,163	20,825	21,652
2D	14,940	18,302	20,486	21,159	21,999
2E	17,261	21,145	23,669	24,446	25,417
2F	11,285	13,824	15,475	15,982	16,617
3A	19,211	24,206	27,453	28,451	29,700
3B	20,642	26,009	29,497	30,571	31,913
3C	21,629	27,253	30,908	32,033	33,438
3D	19,211	24,206	27,453	28,451	29,700
4A	31,582	39,793	45,131	46,773	48,826
4B	22,919	28,878	32,751	33,943	35,433
4C	28,180	35,507	40,269	41,735	43,566
5A	31,582	39,793	45,131	46,773	48,826
6A	38,935	49,058	55,638	57,663	60,194
7A	41,897	52,790	59,871	62,049	64,773

**Arkansas Mutual Insurance Company
Arkansas Physicians and Surgeons Rates
Claims-Made Rates Fourth Year**

AMIC Class	Limits				
	<u>\$1M/\$3M</u>	<u>\$2M/\$4M</u>	<u>\$3M/\$5M</u>	<u>\$4M/\$6M</u>	<u>\$5M/\$7M</u>
1A	4,728	5,792	6,483	6,696	6,962
1B	5,298	6,490	7,265	7,503	7,801
1C	6,435	7,883	8,824	9,114	9,476
1D	7,094	8,690	9,728	10,047	10,446
1E	9,009	11,036	12,354	12,759	13,266
1F	9,457	11,585	12,968	13,393	13,925
1G	7,948	9,736	10,899	11,256	11,703
1H	10,424	12,769	14,294	14,763	15,349
1J	11,610	14,222	15,920	16,443	17,096
1K	11,678	14,306	16,013	16,539	17,196
1L	12,529	15,348	17,180	17,744	18,449
1M	5,298	6,490	7,265	7,503	7,801
2A	11,678	14,306	16,013	16,539	17,196
2B	14,405	17,646	19,753	20,401	21,211
2C	15,217	18,641	20,866	21,551	22,407
2D	15,462	18,941	21,202	21,898	22,768
2E	17,864	21,883	24,496	25,300	26,305
2F	11,678	14,306	16,013	16,539	17,196
3A	19,881	25,050	28,410	29,444	30,736
3B	21,363	26,917	30,528	31,639	33,027
3C	22,384	28,204	31,987	33,151	34,606
3D	19,881	25,050	28,410	29,444	30,736
4A	32,684	41,182	46,705	48,405	50,529
4B	23,719	29,886	33,894	35,128	36,670
4C	29,163	36,745	41,674	43,190	45,086
5A	32,684	41,182	46,705	48,405	50,529
6A	40,294	50,770	57,580	59,675	62,295
7A	43,360	54,634	61,961	64,216	67,035

**Arkansas Mutual Insurance Company
Arkansas Physicians and Surgeons Rates
Claims-Made Rates Fifth Year**

AMIC Class	Limits				
	<u>\$1M/\$3M</u>	<u>\$2M/\$4M</u>	<u>\$3M/\$5M</u>	<u>\$4M/\$6M</u>	<u>\$5M/\$7M</u>
1A	4,869	5,965	6,677	6,896	7,170
1B	5,460	6,689	7,487	7,733	8,040
1C	6,637	8,130	9,101	9,400	9,773
1D	7,321	8,968	10,039	10,368	10,780
1E	9,305	11,399	12,759	13,178	13,702
1F	9,769	11,967	13,396	13,835	14,385
1G	8,205	10,051	11,251	11,620	12,082
1H	10,771	13,194	14,770	15,254	15,860
1J	12,000	14,700	16,455	16,995	17,670
1K	12,070	14,786	16,551	17,094	17,773
1L	12,951	15,865	17,759	18,342	19,070
1M	5,460	6,689	7,487	7,733	8,040
2A	12,070	14,786	16,551	17,094	17,773
2B	14,891	18,241	20,419	21,089	21,927
2C	15,730	19,269	21,570	22,278	23,162
2D	15,985	19,582	21,919	22,639	23,538
2E	18,466	22,621	25,322	26,152	27,191
2F	12,070	14,786	16,551	17,094	17,773
3A	20,551	25,894	29,367	30,436	31,772
3B	22,084	27,826	31,558	32,706	34,142
3C	23,138	29,154	33,064	34,267	35,771
3D	20,551	25,894	29,367	30,436	31,772
4A	33,786	42,570	48,280	50,037	52,233
4B	24,519	30,894	35,038	36,313	37,906
4C	30,146	37,984	43,079	44,646	46,606
5A	33,786	42,570	48,280	50,037	52,233
6A	41,654	52,484	59,524	61,690	64,397
7A	44,823	56,477	64,052	66,383	69,296

**Arkansas Mutual Insurance Company
Arkansas Physicians and Surgeons Rates
ERP - One Year under Claims-Made Coverage**

<u>AMIC Class</u>	<u>Limits</u>				
	<u>\$1M/\$3M</u>	<u>\$2M/\$4M</u>	<u>\$3M/\$5M</u>	<u>\$4M/\$6M</u>	<u>\$5M/\$7M</u>
1A	\$4,173	\$4,803	\$5,087	\$5,276	\$5,370
1B	4,661	5,384	5,710	5,927	6,035
1C	5,635	6,543	6,952	7,224	7,360
1D	6,200	7,215	7,672	7,976	8,129
1E	7,840	9,167	9,764	10,162	10,361
1F	8,224	9,624	10,254	10,674	10,884
1G	6,931	8,085	8,605	8,951	9,124
1H	9,052	10,609	11,310	11,777	12,011
1J	10,067	11,818	12,605	13,130	13,393
1K	10,126	11,887	12,679	13,208	13,472
1L	10,861	12,754	13,606	14,174	14,458
1M	4,661	5,384	5,710	5,927	6,035
2A	10,126	11,887	12,679	13,208	13,472
2B	12,487	14,664	15,644	16,297	16,623
2C	13,187	15,490	16,526	17,217	17,563
2D	13,398	15,741	16,795	17,498	17,849
2E	15,479	18,185	19,402	20,214	20,620
2F	10,126	11,887	12,679	13,208	13,472
3A	17,232	20,238	21,591	22,493	22,944
3B	18,513	21,747	23,202	24,173	24,658
3C	19,400	22,786	24,310	25,325	25,833
3D	17,232	20,238	21,591	22,493	22,944
4A	28,327	33,271	35,496	36,979	37,720
4B	20,556	24,145	25,761	26,838	27,376
4C	25,275	29,687	31,673	32,996	33,658
5A	28,327	33,271	35,496	36,979	37,720
6A	34,920	41,019	43,763	45,593	46,508
7A	37,575	44,139	47,093	49,063	50,047

Arkansas Mutual Insurance Company
Arkansas Physicians and Surgeons Rates
ERP - One and One Half Years under Claims-Made Coverage

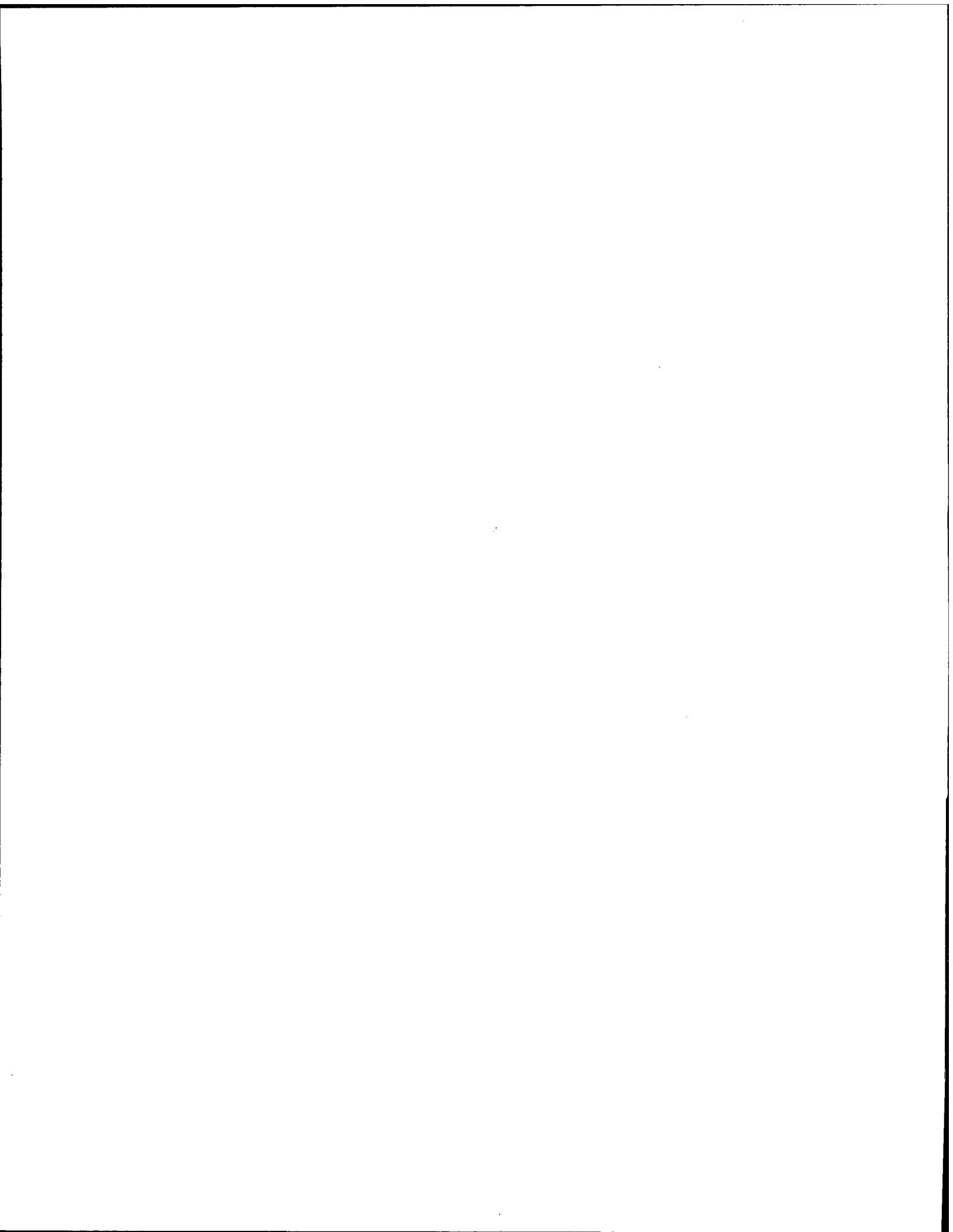
AMIC Class	\$1M/\$3M	\$2M/\$4M	Limits \$3M/\$5M	\$4M/\$6M	\$5M/\$7M
1A	\$5,156	\$5,973	\$6,341	\$6,586	\$6,709
1B	5,790	6,727	7,149	7,430	7,571
1C	7,052	8,229	8,759	9,112	9,289
1D	7,784	9,100	9,693	10,088	10,285
1E	9,910	11,631	12,405	12,921	13,179
1F	10,408	12,223	13,040	13,585	13,857
1G	8,732	10,229	10,902	11,351	11,576
1H	11,482	13,501	14,410	15,015	15,318
1J	12,799	15,068	16,089	16,770	17,110
1K	12,874	15,158	16,185	16,870	17,213
1L	13,815	16,270	17,374	18,110	18,479
1M	5,790	6,727	7,149	7,430	7,571
2A	12,874	15,158	16,185	16,870	17,213
2B	15,884	18,707	19,978	20,824	21,248
2C	16,781	19,766	21,110	22,006	22,453
2D	17,054	20,091	21,458	22,369	22,825
2E	19,701	23,209	24,788	25,840	26,366
2F	12,874	15,158	16,185	16,870	17,213
3A	21,923	25,821	27,574	28,744	29,328
3B	23,560	27,753	29,640	30,897	31,526
3C	24,684	29,073	31,049	32,365	33,024
3D	21,923	25,821	27,574	28,744	29,328
4A	36,042	42,452	45,336	47,259	48,220
4B	26,158	30,811	32,906	34,302	35,000
4C	32,160	37,881	40,455	42,171	43,029
5A	36,042	42,452	45,336	47,259	48,220
6A	44,437	52,345	55,903	58,275	59,461
7A	47,819	56,330	60,159	62,713	63,989

**Arkansas Mutual Insurance Company
Arkansas Physicians and Surgeons Rates
ERP - Two Years under Claims-Made Coverage**

AMIC Class	<u>\$1M/\$3M</u>	<u>\$2M/\$4M</u>	Limits <u>\$3M/\$5M</u>	<u>\$4M/\$6M</u>	<u>\$5M/\$7M</u>
1A	\$5,624	\$6,530	\$6,938	\$7,210	\$7,346
1B	6,327	7,366	7,834	8,146	8,302
1C	7,726	9,032	9,619	10,011	10,206
1D	8,538	9,998	10,654	11,092	11,311
1E	10,896	12,803	13,662	14,234	14,520
1F	11,448	13,460	14,366	14,970	15,272
1G	9,589	11,249	11,996	12,493	12,742
1H	12,638	14,877	15,885	16,556	16,892
1J	14,098	16,614	17,747	18,501	18,879
1K	14,182	16,714	17,853	18,613	18,993
1L	15,221	17,942	19,167	19,984	20,392
1M	6,327	7,366	7,834	8,146	8,302
2A	14,182	16,714	17,853	18,613	18,993
2B	17,501	20,631	22,040	22,979	23,448
2C	18,491	21,801	23,291	24,284	24,781
2D	18,793	22,161	23,677	24,687	25,192
2E	21,710	25,600	27,350	28,517	29,101
2F	14,182	16,714	17,853	18,613	18,993
3A	24,155	28,477	30,421	31,718	32,366
3B	25,961	30,610	32,702	34,097	34,795
3C	27,198	32,065	34,255	35,715	36,445
3D	24,155	28,477	30,421	31,718	32,366
4A	39,713	46,820	50,018	52,151	53,217
4B	28,823	33,983	36,305	37,853	38,628
4C	35,436	41,779	44,633	46,536	47,488
5A	39,713	46,820	50,018	52,151	53,217
6A	48,966	57,734	61,679	64,309	65,625
7A	52,693	62,130	66,377	69,208	70,623

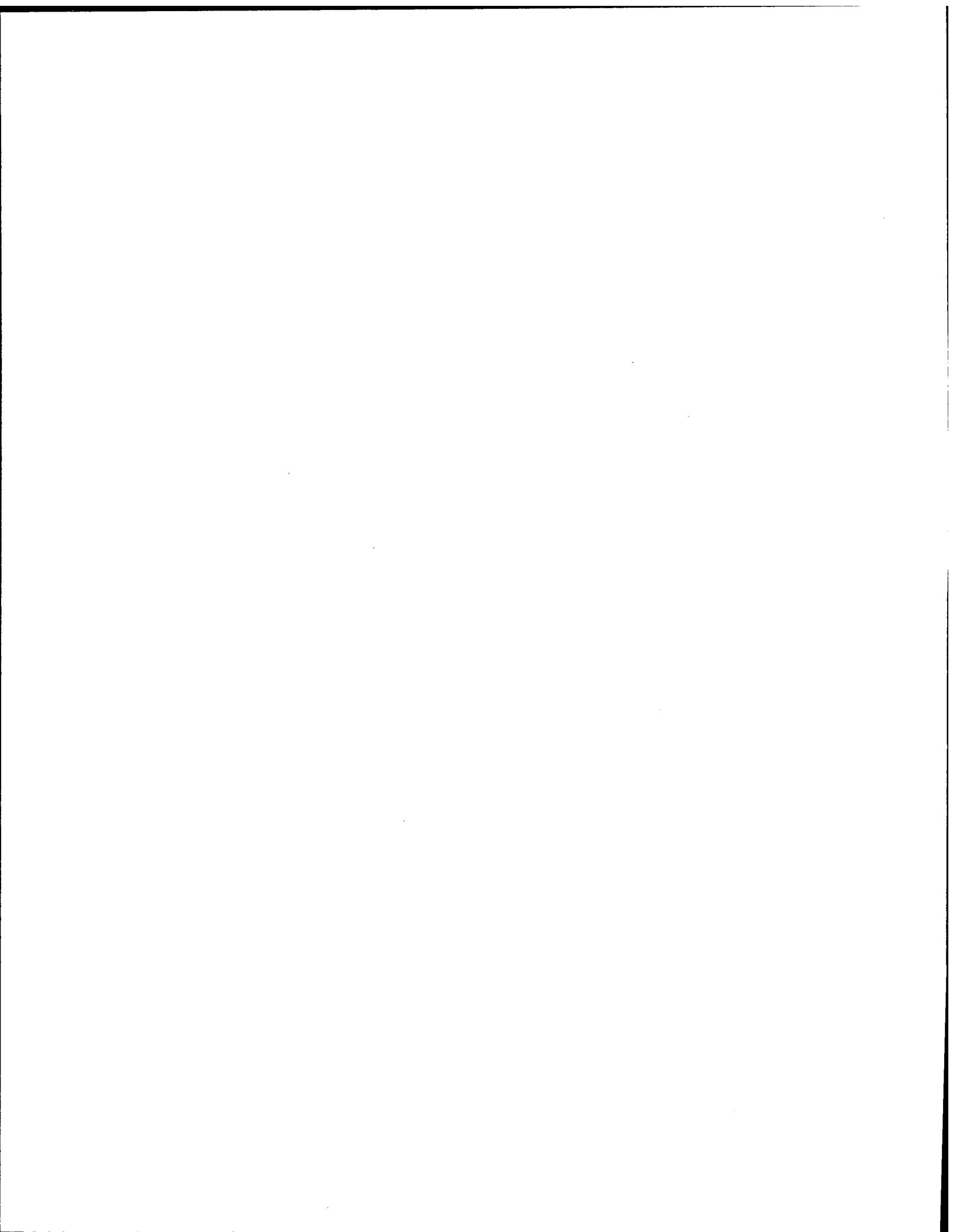
Arkansas Mutual Insurance Company
Arkansas Physicians and Surgeons Rates
ERP - Two and One Half Years under Claims-Made Coverage

AMIC Class	<u>\$1M/\$3M</u>	<u>\$2M/\$4M</u>	Limits <u>\$3M/\$5M</u>	<u>\$4M/\$6M</u>	<u>\$5M/\$7M</u>
1A	\$5,967	\$6,939	\$7,376	\$7,667	\$7,813
1B	6,720	7,834	8,336	8,670	8,837
1C	8,220	9,620	10,249	10,669	10,879
1D	9,091	10,655	11,359	11,829	12,063
1E	11,618	13,663	14,583	15,196	15,503
1F	12,210	14,367	15,338	15,985	16,309
1G	10,218	11,997	12,797	13,331	13,598
1H	13,486	15,886	16,966	17,686	18,046
1J	15,051	17,748	18,962	19,771	20,176
1K	15,141	17,855	19,076	19,890	20,298
1L	16,251	19,169	20,482	21,357	21,794
1M	6,720	7,834	8,336	8,670	8,837
2A	15,141	17,855	19,076	19,890	20,298
2B	18,686	22,042	23,552	24,558	25,061
2C	19,744	23,293	24,890	25,954	26,487
2D	20,069	23,679	25,303	26,386	26,928
2E	23,183	27,353	29,229	30,480	31,105
2F	15,141	17,855	19,076	19,890	20,298
3A	25,792	30,424	32,509	33,898	34,593
3B	27,722	32,705	34,948	36,443	37,190
3C	29,041	34,258	36,606	38,171	38,954
3D	25,792	30,424	32,509	33,898	34,593
4A	42,404	50,023	53,451	55,737	56,879
4B	30,777	36,309	38,798	40,457	41,287
4C	37,838	44,367	47,697	49,736	50,756
5A	42,404	50,023	53,451	55,737	56,879
6A	52,286	61,684	65,914	68,733	70,143
7A	56,267	66,382	70,934	73,969	75,487



**Arkansas Mutual Insurance Company
Arkansas Physicians and Surgeons Rates
ERP - Three Years under Claims-Made Coverage**

AMIC Class	<u>\$1M/\$3M</u>	<u>\$2M/\$4M</u>	Limits <u>\$3M/\$5M</u>	<u>\$4M/\$6M</u>	<u>\$5M/\$7M</u>
1A	\$6,185	\$7,197	\$7,653	\$7,957	\$8,108
1B	6,969	8,131	8,654	9,002	9,177
1C	8,534	9,992	10,649	11,086	11,305
1D	9,441	11,072	11,806	12,295	12,540
1E	12,075	14,207	15,167	15,806	16,126
1F	12,693	14,942	15,954	16,628	16,966
1G	10,616	12,470	13,305	13,861	14,139
1H	14,023	16,525	17,651	18,401	18,776
1J	15,654	18,466	19,732	20,575	20,997
1K	15,748	18,577	19,851	20,700	21,124
1L	16,904	19,946	21,314	22,227	22,683
1M	6,969	8,131	8,654	9,002	9,177
2A	15,748	18,577	19,851	20,700	21,124
2B	19,437	22,935	24,509	25,559	26,083
2C	20,538	24,238	25,902	27,012	27,567
2D	20,876	24,640	26,334	27,463	28,027
2E	24,116	28,463	30,419	31,723	32,375
2F	15,748	18,577	19,851	20,700	21,124
3A	26,828	31,658	33,831	35,280	36,004
3B	28,837	34,032	36,370	37,929	38,708
3C	30,208	35,647	38,095	39,727	40,542
3D	26,828	31,658	33,831	35,280	36,004
4A	44,109	52,051	55,625	58,008	59,199
4B	32,015	37,781	40,376	42,106	42,971
4C	39,359	46,448	49,367	51,764	52,827
5A	44,109	52,051	55,625	58,008	59,199
6A	54,389	64,187	68,596	71,535	73,005
7A	58,530	69,076	73,821	76,985	78,567



Arkansas Mutual Insurance Company
Arkansas Physicians and Surgeons Rates
ERP - Three and One Half Years under Claims-Made Coverage

AMIC Class	Limits				
	<u>\$1M/\$3M</u>	<u>\$2M/\$4M</u>	<u>\$3M/\$5M</u>	<u>\$4M/\$6M</u>	<u>\$5M/\$7M</u>
1A	\$6,365	\$7,412	\$7,883	\$8,197	\$8,354
1B	7,177	8,378	8,918	9,278	9,458
1C	8,794	10,302	10,981	11,433	11,659
1D	9,732	11,418	12,177	12,683	12,936
1E	12,456	14,660	15,651	16,313	16,643
1F	13,094	15,419	16,465	17,163	17,512
1G	10,947	12,864	13,727	14,302	14,589
1H	14,469	17,056	18,220	18,996	19,384
1J	16,156	19,063	20,371	21,243	21,679
1K	16,252	19,178	20,494	21,372	21,811
1L	17,446	20,591	22,006	22,949	23,421
1M	7,177	8,378	8,918	9,278	9,458
2A	16,252	19,178	20,494	21,372	21,811
2B	20,061	23,677	25,305	26,390	26,932
2C	21,198	25,023	26,744	27,891	28,465
2D	21,548	25,439	27,190	28,357	28,941
2E	24,891	29,385	31,407	32,756	33,430
2F	16,252	19,178	20,494	21,372	21,811
3A	27,689	32,682	34,929	36,427	37,176
3B	29,763	35,135	37,552	39,163	39,969
3C	31,178	36,801	39,332	41,019	41,862
3D	27,689	32,682	34,929	36,427	37,176
4A	45,525	53,737	57,432	59,895	61,127
4B	33,043	39,005	41,688	43,477	44,371
4C	40,623	47,952	51,249	53,448	54,547
5A	45,525	53,737	57,432	59,895	61,127
6A	56,136	66,266	70,824	73,863	75,383
7A	60,411	71,314	76,220	79,491	81,126

**Arkansas Mutual Insurance Company
Arkansas Physicians and Surgeons Rates
ERP - Four Years under Claims-Made Coverage**

AMIC Class	Limits				
	<u>\$1M/\$3M</u>	<u>\$2M/\$4M</u>	<u>\$3M/\$5M</u>	<u>\$4M/\$6M</u>	<u>\$5M/\$7M</u>
1A	\$6,505	\$7,579	\$8,062	\$8,384	\$8,545
1B	7,337	8,569	9,123	9,492	9,677
1C	8,995	10,542	11,238	11,702	11,934
1D	9,957	11,686	12,464	12,983	13,243
1E	12,750	15,010	16,027	16,705	17,044
1F	13,405	15,789	16,862	17,577	17,935
1G	11,203	13,169	14,053	14,643	14,938
1H	14,815	17,467	18,661	19,456	19,854
1J	16,545	19,525	20,867	21,761	22,208
1K	16,644	19,643	20,993	21,893	22,343
1L	17,867	21,091	22,542	23,509	23,993
1M	7,337	8,569	9,123	9,492	9,677
2A	16,644	19,643	20,993	21,893	22,343
2B	20,544	24,253	25,921	27,034	27,590
2C	21,709	25,631	27,396	28,573	29,161
2D	22,068	26,058	27,853	29,050	29,649
2E	25,492	30,100	32,174	33,556	34,247
2F	16,644	19,643	20,993	21,893	22,343
3A	28,357	33,477	35,781	37,317	38,085
3B	30,481	35,989	38,468	40,120	40,946
3C	31,930	37,696	40,291	42,021	42,886
3D	28,357	33,477	35,781	37,317	38,085
4A	46,623	55,043	58,832	61,358	62,621
4B	33,840	39,954	42,705	44,539	45,456
4C	41,603	49,118	52,499	54,753	55,881
5A	46,623	55,043	58,832	61,358	62,621
6A	57,490	67,878	72,552	75,668	77,226
7A	61,868	73,048	78,079	81,433	83,110

Arkansas Mutual Insurance Company
Arkansas Physicians and Surgeons Rates
ERP - Four and One Half Years or More under Claims-Made Coverage

AMIC Class	Limits				
	\$1M/\$3M	\$2M/\$4M	\$3M/\$5M	\$4M/\$6M	\$5M/\$7M
1A	\$6,577	\$7,664	\$8,153	\$8,479	\$8,642
1B	7,419	8,666	9,228	9,602	9,789
1C	9,099	10,665	11,369	11,839	12,074
1D	10,072	11,824	12,612	13,137	13,400
1E	12,901	15,190	16,220	16,906	17,249
1F	13,564	15,978	17,065	17,789	18,151
1G	11,334	13,325	14,221	14,818	15,117
1H	14,992	17,678	18,886	19,692	20,095
1J	16,743	19,762	21,120	22,026	22,479
1K	16,844	19,881	21,248	22,160	22,615
1L	18,082	21,347	22,816	23,796	24,286
1M	7,419	8,666	9,228	9,602	9,789
2A	16,844	19,881	21,248	22,160	22,615
2B	20,792	24,547	26,237	27,364	27,927
2C	21,971	25,943	27,730	28,921	29,517
2D	22,334	26,375	28,193	29,405	30,011
2E	25,800	30,466	32,566	33,966	34,666
2F	16,844	19,881	21,248	22,160	22,615
3A	28,698	33,883	36,216	37,772	38,549
3B	30,849	36,426	38,936	40,610	41,446
3C	32,314	38,154	40,781	42,533	43,409
3D	28,698	33,883	36,216	37,772	38,549
4A	47,185	55,711	59,459	62,107	63,386
4B	34,248	40,439	43,225	45,082	46,011
4C	42,104	49,714	53,138	55,421	56,563
5A	47,185	55,711	59,549	62,107	63,386
6A	58,183	68,702	73,436	76,592	78,169
7A	62,614	73,936	79,031	82,427	84,125

**Arkansas Mutual Insurance Company
Physicians and Surgeons Professional Liability - Arkansas
Class Codes**

<u>Class Code</u>	<u>Specialty Code</u>	<u>Description</u>
1A	75	Semi-retired/Consulting Only
1B	83	Addictionology
1B	80	Administrative Medicine - Including Social Security Reviews
1B	01	Aerospace Medicine
1B	06	Dermatology
1B	14	General Preventative Medicine
1B	85	Genetics
1B	29	Occupational Medicine
1B	35	Pharmacology
1B	36	Physiatry, Physical Medicine, Rehabilitation (excluding spinal injections)
1B	37	Psychiatry
1B	39	Psychosomatic Medicine
1B	A7	Sleep Disorders
1C	02	Allergy
1C	05	Cardiovascular Disease - EKG, Stress Test, Echocardiograms, Doppler Studies
1C	07	Diabetes
1C	42	Diagnostic Radiology - Reading Images, ultrasound, IVPs
1C	09	Endocrinology
1C	15	Geriatrics
1C	16	Gynecology (including cryosurgery)
1C	17	Hematology
1C	97	Hospitalist
1C	19	Infectious Disease
1C	20	Intensive Care Medicine
1C	21	Internal Medicine
1C	25	Nephrology
1C	27	Nuclear Medicine
1C	87	Oncology - Medical
1C	30	Ophthalmology
1C	32	Otorhinolaryngology - Including Otology, Rhinology, & Laryngology ENT
1C	40	Public Health Medicine
1C	41	Pulmonary Disease
1C	43	Rheumatology
1C	82	Urology - No Surgery
1D	10 & 13	FF/GP - "Walk in" Clinic, No Surgery, No OB, No Orthopedics Including spider veins, laser hair removal, dermabrasions, Hyperbaric (wound care), Colposcopy (without biopsy)
1D	24	Neonatology
1D	88	Orthopedics - No Surgery
1D	34	Pediatrics

Arkansas Mutual Insurance Company
Physicians and Surgeons Professional Liability - Arkansas
Class Codes

<u>Class Code</u>	<u>Specialty Code</u>	<u>Description</u>
1E	05	Cardiovascular Disease - Swan-Ganz catheter, transesophageal echocardiograms thallium/cardiac contrast stress test, mapping, external pacemakers till table evaluation
1E	30	Ophthalmology - Minor Surgery
1E	42	Radiology - Minor invasive including Myelography, Phlebography, Venogram, Cholangiography, breast mass localization, & aspiration of cysts, abscess drainage, pseudo cyst drainage
1F	A8	Aesthetic - No Surgery
1F	64	Ophthalmology - Major Surgery (including refractory & intraocular procedures)
1G	06	Dermatology
1G	26	Neurology
1G	A5	Pediatric Gastroenterology
1H	12	Gastroenterology (including endoscopy, e.g. colonoscopy, EGD)
1H	21	Internal Medicine - Minor invasive including Endoscopic procedures, Percutaneous Biopsy and Central Lines
1H	24	Neonatology - Minor invasive procedures (including IVP)
1H	41	Pulmonary Medicine - including Endocopy - Critical Care
1J	05	Cardiovascular Disease - Invasive including Angiography, Angioplasty Arteriography, Cardiac Caths & Percutaneous intra-aortic balloon procedures
1J	21	Internal Medicine including above invasive cardiology procedures
1J	65	Orthopedics - Set simple fractures, assist in surgery on own patients
1J	42	Radiology - Biliary drainage procedures, Biopsies of breast, thyroid and lymph nodes, Transhepatic Cholangiograms
1J	25	Nephrology - Minor - Procedures similar to Cardiology-Minor
1K	10&13	FF/GP - Minor Surgery including assisting in surgery, cast/splint simple non-displaced fractures, minor GYN procedures such as endometrial biopsy & laparoscopic tubals, prenatal care, D&C, Colposcopy (with biopsy conization), Flexible Sigmoidoscopy, Sacroiliac injections, Vasectomies
1K	92	Pediatric - Cardiology
1L	73	Urology - Surgery
1M	33	Pathology
2A	25	Neurology - Minor Surgery (including invasive procedures)
2A	27	Nuclear Medicine - Major invasive (including any of the above procedures)
2A	42	Radiology - Major Invasive including radiation oncology/therapy, Angiography, Angioplasty, Cardiac Caths, Percutaneous intra-aortic balloon procedures

**Arkansas Mutual Insurance Company
Physicians and Surgeons Professional Liability - Arkansas
Class Codes**

<u>Class Code</u>	<u>Specialty Code</u>	<u>Description</u>
2B	48	Colon & Rectal Surgery
2B	A3	Dermatology - Cosmetic Surgery
2B	16	Gynecology - Minor surgery (including abortions, D&C)
2C	03	Anesthesiology
2D	10&13	FF/GP - Obstetrics, No major surgery (uncomplicated OB, no C-Sections)
2D	34	Pediatrics - Minor surgery including circumcisions, assisting in surgery on patients of others
2D	86	Anesthesia - Pain Management Interventional - Percutaneous Discectomy (invading spinal column), cervical epidural injection, epidural pain management (procedure when dura - the tissue covering the spinal cord - is at risk of puncture)
2E	08	Emergency Medicine
2F	86	Anesthesia - Pain management only (limited to chronic pain management)
3A	57	Head & Neck Surgery including reconstructive surgery for trauma, but no elective cosmetic/aesthetic procedures
3A	67	Otorhinolaryngology - Major surgery including reconstructive surgery for trauma, but no elective cosmetic/aesthetic procedures
3B	A2	Oral/Maxillofacial Surgery - Cosmetic
3B	A1	Otorhinolaryngology - Cosmetic Surgery
3B	68	Plastic Surgery - including any cosmetic/aesthetic procedures
3C	55	Gynecology - Major Surgery (including hormone therapy)
3D	53	FF/GP - Major Surgery/Obstetrics including C-Sections, major surgery on own patients, breast biopsy, closed reductions of dislocations & displaced fractures, T&A
4A	65	Orthopedic Surgery - No Spine Surgery
4A	B1	Orthopedic Surgery - With Spine Surgery (No Instrumentation)
4A	B2	Orthopedic Surgery - With Spine Surgery (No Instrumentation)
4B	52	General Surgery
4B	A4	General Surgery - Cosmetic Surgery
4B	A6	Oncology Surgery
4C	71	Thoracic Surgery
5A	74	Vascular Surgery
6A	46	Cardiac Surgery

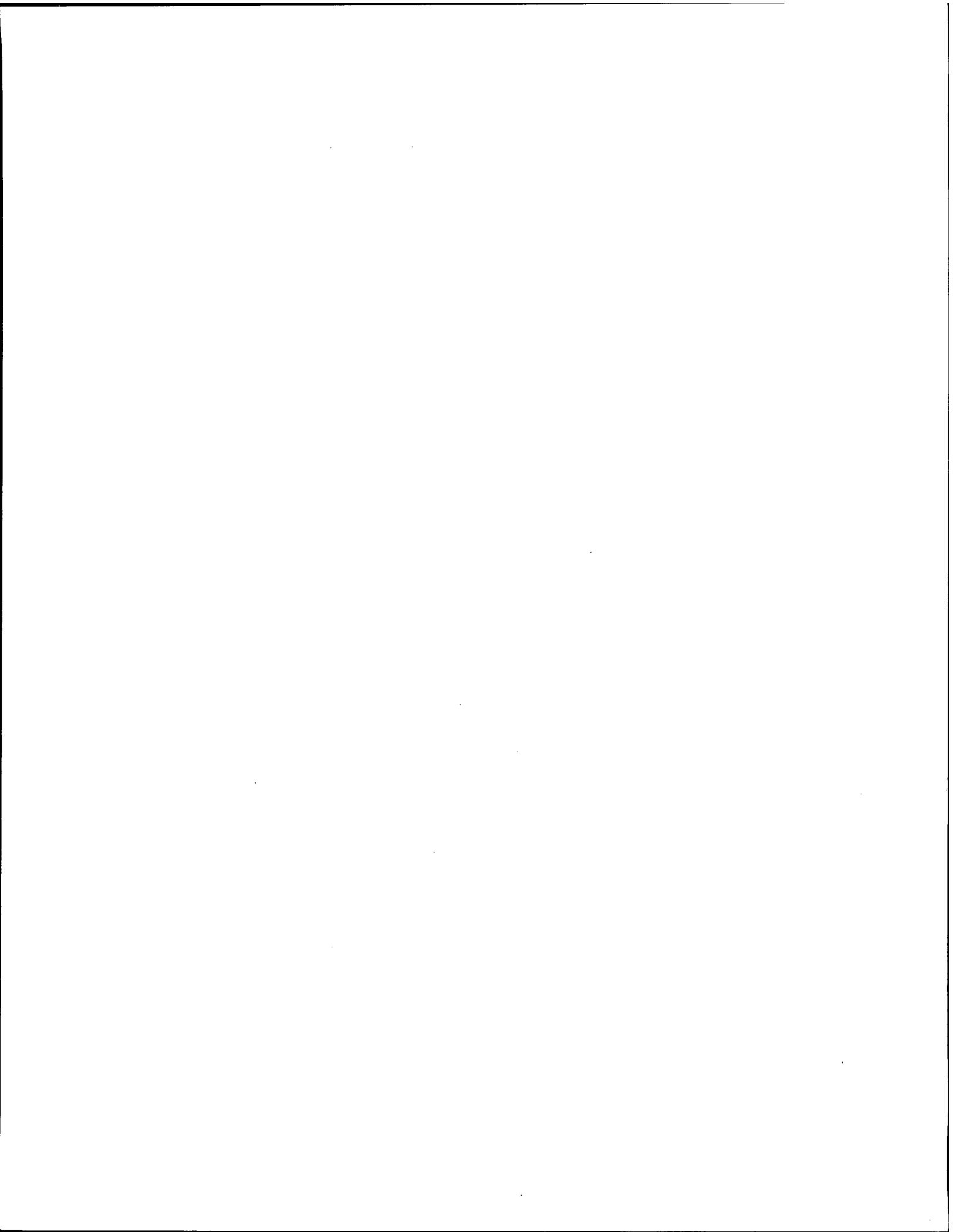
**Arkansas Mutual Insurance Company
Physicians and Surgeons Professional Liability - Arkansas
Class Codes**

<u>Class Code</u>	<u>Specialty Code</u>	<u>Description</u>
6A	61	Neurosurgery
7A	63	Obstetrics-Gynecology
7A	84	Surgery for Morbid Obesity
7A	72	Traumatic Surgery
7A	93	Perinatology
10	79	Medical Students

Additional notes regarding Radiology:

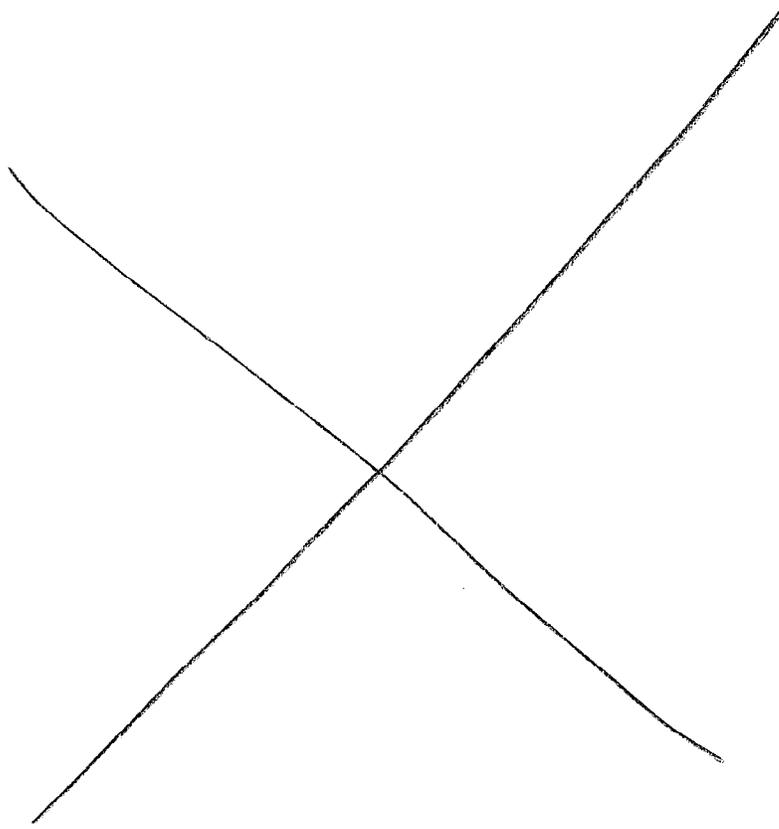
1E	42	Radiology - Also includes nephrostomies & related procedures to maintain catheters, cholecystostomies and anthrograms, hysterosalpingograms, IV conscious sedation, PICC lines, paracentesis, & thoracentesis drainages, retrograd ureterograms and pyelonephrostograms
2E	42	Radiology - Also includes biopsies of liver, lung, retroperitoneal & renal, CT guided facet injections & SI injections, basic arteriograms (aortograms, runoff, cerebral, etc.) No stents, Amniocentesis and fluid around heart.

See attachment for Additional Classification Assignment Criteria



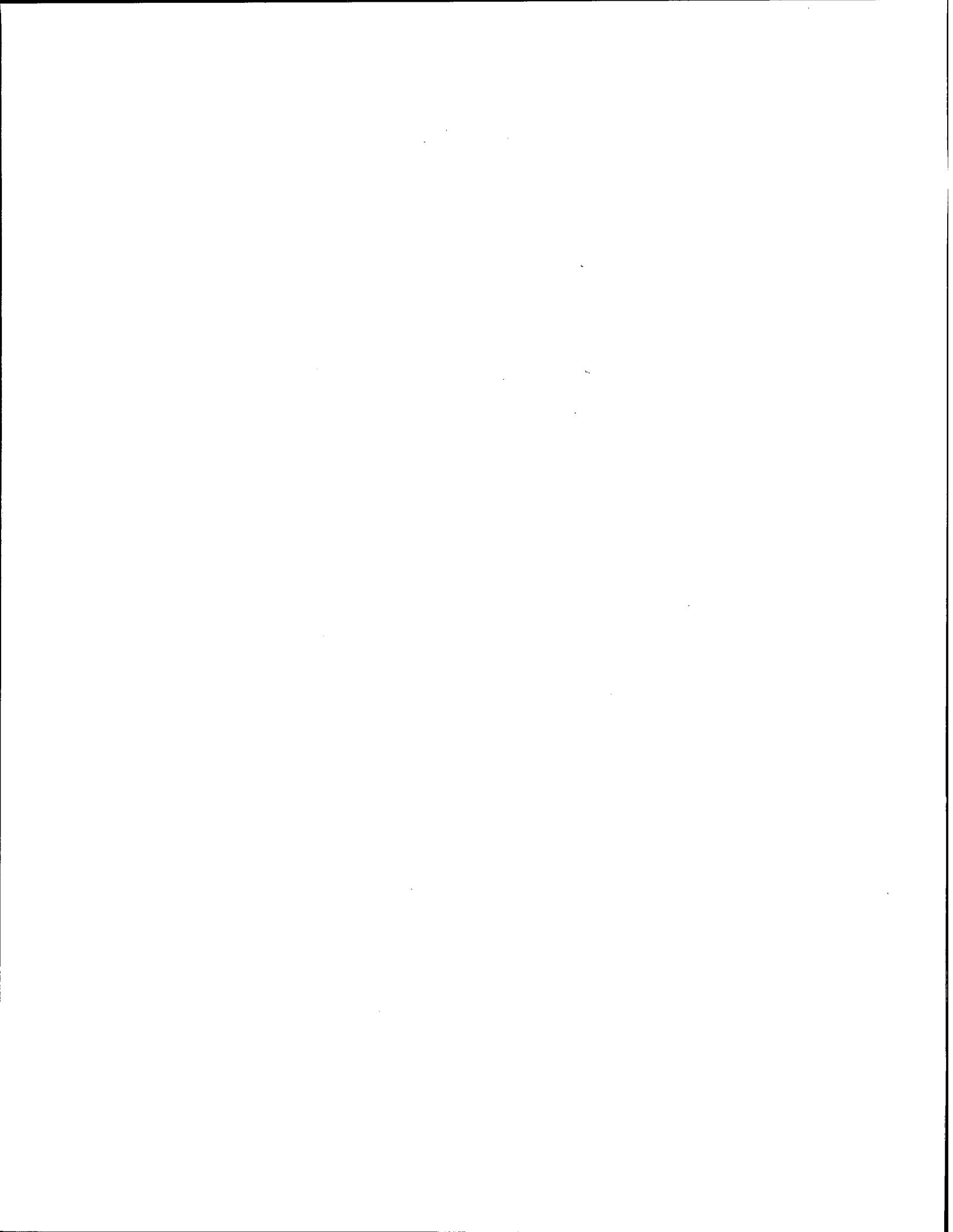
Additional Classification Assignment Criteria

- A. The term "no surgery" applies to general practitioners and specialists who do not perform obstetrical procedures or surgery (other than incision of boils and superficial abscesses, removal of superficial growths, or suturing of skin and superficial fascia), and who do not ordinarily assist in surgical procedures.
- B. The term "minor surgery" applies to general practitioners and specialists who perform the following procedures or assist in major surgery on their own patients: catheterization, endoscopy (other than colonoscopy, proctocolonoscopy, or sigmoidoscopy), vasectomies, hemorrhoidectomies, diagnostic D & C's and vacuum curettage abortions during the first trimester of pregnancy.
- C. The term "major surgery" applies to general practitioners and specialists who perform any surgery other than "minor surgery," and to those who assist at major surgery on other than their own patients.
- D. If two or more rating classifications apply, the rate for the highest rating classification is used.



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<u>Class Code</u>	<u>Specialty Code</u>	<u>Description</u>
1A	75	Semi-retired/Consulting Only
1B	83	Addictionology
1B	80	Administrative Medicine - Including Social Security Reviews
1B	01	Aerospace Medicine
1B	06	Dermatology
1B	14	General Preventative Medicine
1B	85	Genetics
1B	29	Occupational Medicine
1B	35	Pharmacology
1B	36	Physiatry, Physical Medicine, Rehabilitation (excluding spinal injections)
1B	37	Psychiatry
1B	39	Psychosomatic Medicine
1B	A7	Sleep Disorders
1C	02	Allergy
1C	05	Cardiovascular Disease - EKG, Stress Test, Echocardiograms, Doppler Studies
1C	07	Diabetes
1C	42	Diagnostic Radiology - Reading Images, ultrasound, IVPs
1C	09	Endocrinology
1C	15	Geriatrics
1C	16	Gynecology (including cryosurgery)
1C	17	Hematology
1C	97	Hospitalist
1C	19	Infectious Disease
1C	20	Intensive Care Medicine
1C	21	Internal Medicine
1C	25	Nephrology
1C	27	Nuclear Medicine
1C	87	Oncology - Medical
1C	30	Ophthalmology
1C	32	Otorhinolaryngology - Including Otology, Rhinology, & Laryngology ENT
1C	40	Public Health Medicine
1C	41	Pulmonary Disease
1C	43	Rheumatology
1C	82	Urology - No Surgery
1D	10 & 13	FF/GP - "Walk in" Clinic, No Surgery, No OB, No Orthopedics Including spider veins, laser hair removal, dermabrasions, Hyperbaric (wound care), Colposcopy (without biopsy)
1D	24	Neonatology
1D	88	Orthopedics - No Surgery
1D	34	Pediatrics



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1E	05	Cardiovascular Disease - Swan-Ganz catheter, transesophageal echocardiograms thallium/cardiac contrast stress test, mapping, external pacemakers till table evaluation
1E	30	Ophthalmology - Minor Surgery
1E	42	Radiology - Minor invasive including Myelography, Phlebography, Venogram, Cholangiography, breast mass localization, & aspiration of cysts, abscess drainage, pseudo cyst drainage
1F	A8	Aesthetic - No Surgery
1F	64	Ophthalmology - Major Surgery (including refractory & intraocular procedures)
1G	06	Dermatology
1G	26	Neurology
1G	A5	Pediatric Gastroenterology
1H	12	Gastroenterology (including endoscopy, e.g. colonoscopy, EGD)
1H	21	Internal Medicine - Minor invasive including Endoscopic procedures, Percutaneous Biopsy and Central Lines
1H	24	Neonatology - Minor invasive procedures (including IVP)
1H	41	Pulmonary Medicine - including Endocopy - Critical Care
1J	05	Cardiovascular Disease - Invasive including Angiography, Angioplasty Arteriography, Cardiac Caths & Percutaneous intra-aortic balloon procedures
1J	21	Internal Medicine including above invasive cardiology procedures
1J	65	Orthopedics - Set simple fractures, assist in surgery on own patients
1J	42	Radiology - Biliary drainage procedures, Biopsies of breast, thyroid and lymph nodes, Transhepatic Cholangiograms
1J	25	Nephrology - Minor - Procedures similar to Cardiology-Minor
1K	10&13	FF/GP - Minor Surgery including assisting in surgery, cast/splint simple non-displaced fractures, minor GYN procedures such as endometrial biopsy & laparoscopic tubals, prenatal care, D&C, Colposcopy (with biopsy conization), Flexible Sigmoidoscopy, Sacroiliac injections, Vasectomies
1K	92	Pediatric - Cardiology
1L	73	Urology - Surgery
1M	33	Pathology
2A	25	Neurology - Minor Surgery (including invasive procedures)
2A	27	Nuclear Medicine - Major invasive (including any of the above procedures)
2A	42	Radiology - Major Invasive including radiation oncology/therapy, Angiography, Angioplasty, Cardiac Caths, Percutaneous intra-aortic balloon procedures

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2B	48	Colon & Rectal Surgery
2B	A3	Dermatology - Cosmetic Surgery
2B	16	Gynecology - Minor surgery (including abortions, D&C)
2C	03	Anesthesiology
2D	10&13	FF/GP - Obstetrics, No major surgery (uncomplicated OB, no C-Sections)
2D	34	Pediatrics - Minor surgery including circumcisions, assisting in surgery on patients of others
2D	86	Anesthesia - Pain Management Interventional - Percutaneous Discectomy (invading spinal column), cervical epidural injection, epidural pain management (procedure when dura - the tissue covering the spinal cord - is at risk of puncture)
2E	08	Emergency Medicine
2F	86	Anesthesia - Pain management only (limited to chronic pain management)
3A	57	Head & Neck Surgery including reconstructive surgery for trauma, but no elective cosmetic/aesthetic procedures
3A	67	Otorhinolaryngology - Major surgery including reconstructive surgery for trauma, but no elective cosmetic/aesthetic procedures
3B	A2	Oral/Maxillofacial Surgery - Cosmetic
3B	A1	Otorhinolaryngology - Cosmetic Surgery
3B	68	Plastic Surgery - including any cosmetic/aesthetic procedures
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