

SERFF Tracking Number: CNAC-125501467 State: Arkansas
Filing Company: American Casualty Company of Reading - PA State Tracking Number: #222623 \$100
Company Tracking Number: 08-R2201
TOI: 11.0 Medical Malpractice - Claims Sub-TOI: 11.0001 Acupuncture
Made/Occurrence
Product Name: Healthcare Providers Service Organization - Acupuncturists
Project Name/Number: Acupuncturists - new class /20082201

Filing at a Glance

Company: American Casualty Company of Reading - PA

Product Name: Healthcare Providers Service SERFF Tr Num: CNAC-125501467 State: Arkansas

Organization - Acupuncturists

TOI: 11.0 Medical Malpractice - Claims

SERFF Status: Closed

State Tr Num: #222623 \$100

Made/Occurrence

Sub-TOI: 11.0001 Acupuncture

Co Tr Num: 08-R2201

State Status: Fees verified and received

Filing Type: Rate/Rule

Co Status:

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

Author: John Lockhart

Disposition Date: 03/14/2008

Date Submitted: 02/21/2008

Disposition Status: Filed

Effective Date Requested (New): 04/01/2008

Effective Date (New):

Effective Date Requested (Renewal): 04/01/2008

Effective Date (Renewal):

State Filing Description:

General Information

Project Name: Acupuncturists - new class

Status of Filing in Domicile: Pending

Project Number: 20082201

Domicile Status Comments:

Reference Organization:

Reference Number:

Reference Title:

Advisory Org. Circular:

Filing Status Changed: 03/14/2008

State Status Changed: 03/14/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

Healthcare Providers Services Organization Risk Purchasing Group Program - New Class - Acupuncturists Rates

On behalf of American Casualty Company of Reading, PA we hereby submit for your review and approval the captioned rates and rules for use with our Healthcare Providers Services Organization Program currently on file with your

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department.

Enclosed for your review are:

Actuarial Memorandum,
 Revised Manual pages; and
 State Exception pages.

Company and Contact

Filing Contact Information

John Lockhart, Regulatory Filings Technician john.lockhart@cna.com
 40 Wall Street (877) 269-3277 [Phone]
 New York, NY 10005 (212) 440-2877[FAX]

Filing Company Information

American Casualty Company of Reading - PA CoCode: 20427 State of Domicile: Pennsylvania
 40 Wall Street Group Code: 218 Company Type:
 8th Floor
 New York, NY 10005 Group Name: State ID Number:
 (212) 440-3478 ext. [Phone] FEIN Number: 23-0342560

Filing Fees

Fee Required? Yes
 Fee Amount: \$100.00
 Retaliatory? No
 Fee Explanation:
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
American Casualty Company of Reading - PA	\$0.00	02/21/2008	

CHECK NUMBER	CHECK AMOUNT	CHECK DATE
0000222623	\$100.00	02/14/2008

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed	Edith Roberts	03/14/2008	03/14/2008

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Disposition

Disposition Date: 03/14/2008

Effective Date (New):

Effective Date (Renewal):

Status: Filed

Comment:

Rate data does NOT apply to filing.

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Filed	Yes
Supporting Document	NAIC Loss Cost Filing Forms (all P&C lines)	Filed	Yes
Supporting Document	NAIC loss cost data entry document	Filed	Yes
Supporting Document	Form PROMAL	Filed	Yes
Supporting Document	Form PRONOT	Filed	Yes
Supporting Document	Actuarial Memorandum	Filed	Yes
Rate	Countrywide Manual pages	Filed	Yes
Rate	AR State Pages	Filed	Yes

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Rate Information

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Rate/Rule Schedule

Review Status:	Exhibit Name:	Rule # or Page #:	Rate Action	Previous State Filing Number:	Attachments
Filed	Countrywide Manual pages	1-17	Replacement	AR-PC-06-022504	Manual (01-08).pdf
Filed	AR State Pages	1-2	Replacement	AR-PC-06-022504	AR State Pages - 08-2201.pdf

**COMPANY PAGES FOR
HEALTHCARE PROVIDERS SERVICE ORGANIZATION
AMERICAN CASUALTY COMPANY OF READING, PENNSYLVANIA**

I. APPLICATION OF MANUAL RULES

- A. The rules contained in these pages shall govern the writing of Professional Liability policies for Healthcare Provider specialties described in Section XV below.
- B. The rules, rates, rating plans and forms filed on behalf of the Company, and not in conflict herewith, shall govern in all cases not specifically provided for herein.

II. POLICY TERM

Policies may be written for a term of one year, and renewed annually thereafter.

III. PREMIUM COMPUTATION

- A. Compute the premium at policy inception using the rates and rating plans in effect at that time. At each renewal, compute the premium using the rules, rates and rating plans then in effect.
- B. Prorate the premium when a policy is issued for other than a whole year.
- C. Premiums are calculated as specified for the respective coverage. Premium rounding will be done at each step of the computation process in accordance with the Whole Dollar Rule, as opposed to rounding the final premium.

IV. FACTORS OR MULTIPLIERS

Wherever applicable, factors or multipliers are to be applied consecutively and not added together.

V. WHOLE DOLLAR RULE

In the event the rating procedure does not result in a whole dollar:

- A. any amount involving \$.50 or over shall be rounded to the next highest whole dollar amount;
- B. any amount involving \$.49 or less shall be rounded down to the next lower whole dollar amount.

VI. ADDITIONAL PREMIUM CHARGES

- A. Prorate all changes requiring additional premium.
- B. Apply the rates and rules that were in effect at the inception date of this policy period. After computing the additional premium, charge the amount applicable from the effective date of the change.

VII. RETURN PREMIUM

- A. Compute return premium at the rates used to calculate the policy premium at the inception of this policy period.
- B. Compute return premium pro rata and round in accordance with the Whole Dollar Rule when any coverage or exposure is deleted or an amount of insurance is reduced.

**COMPANY PAGES FOR
HEALTHCARE PROVIDERS SERVICE ORGANIZATION
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VIII. DECREASED LIMITS OF LIABILITY

When lower limits are offered, they will be provided on the following basis:

Limits of Liability	Decreased Limit Factor
\$100,000 / \$300,000	.64
\$100,000 / \$500,000	.65
\$200,000 / \$600,000	.69
\$250,000 / \$750,000	.71
\$200,000 / \$1,000,000	.71
\$500,000 / \$500,000	.76
\$500,000 / \$1,000,000	.79
\$500,000 / \$2,500,000	.83
\$1,000,000 / \$1,000,000	.94
\$1,000,000 / \$2,000,000	.95
\$1,000,000 / \$3,000,000	.96
\$1,000,000 / \$5,000,000	.98

Rates are derived using the standard \$1,000,000 / \$6,000,000 base rates.

IX. INCREASED LIMITS OF LIABILITY

When higher limits are offered, they will be provided on the following basis:

Limits of Liability	Increased Limit Factor	Minimum Premium
\$1,000,000 / \$7,000,000	1.02	\$25
\$1,000,000 / \$8,000,000	1.03	\$30
\$2,000,000 / \$4,000,000	1.15	\$40
\$2,000,000 / \$5,000,000	1.17	\$50
\$2,000,000 / \$6,000,000	1.18	\$65
\$2,000,000 / \$7,000,000	1.19	\$75
\$2,000,000 / \$8,000,000	1.20	\$80

Rates are derived using the standard \$1,000,000 / \$6,000,000 base rates.

X. POLICY CANCELLATIONS

Return premium will be computed pro-rata in accordance with the Whole Dollar Rule using the rules, rates and rating plans in effect at the inception of this policy period.

XI. RESTRICTIONS OF COVERAGE OR INCREASED RATE

Subject to individual state regulations, policies may be issued with special restrictions or at increased premium if:

- A. the insured agrees in writing; and
- B. the policy would not be written otherwise.

XII. EXTENDED REPORTING PERIOD COVERAGE (Claims Made Only)

If this policy is cancelled or non-renewed and subject to the following provisions, an extension period, for the purpose of reporting a claim, will be provided automatically for 60 days, and may be extended beyond that as governed by the following rules:

- A. The limits of liability may not exceed those afforded under the terminating policy.

**COMPANY PAGES FOR
HEALTHCARE PROVIDERS SERVICE ORGANIZATION
AMERICAN CASUALTY COMPANY OF READING, PENNSYLVANIA**

- B. Extended Reporting Period Coverage will be available to the named insured shown on the certificate of insurance.
- C. Should the named insured terminate coverage under this policy, and desire Extended Reporting Period Coverage beyond the automatic 60 days, notice must be given to the Company, along with payment of the applicable premium, within 60 days.
- D. Upon termination of coverage under this policy by reason of death, the deceased's unearned premium for this coverage will be waived and Extended Reporting Period Coverage will be granted for no additional charge.
- E. Upon termination of coverage under this policy by reason of disability or retirement by the named insured, Extended Reporting Period Coverage will be granted for no additional charge provided that, during the policy period:
 - 1. total and permanent disability occurs; or
 - 2. the named insured retires during the policy period and:
 - a. is 55 years of age or older and has been insured by this Company for at least 5 years of claims-made coverage; or
 - b. has been insured by us for at least 10 years of claims-made coverage.
- F. The prior acts date of coverage with this Company will determine the years of prior exposure for Extended Reporting Period Coverage.
- G. Premium must be paid promptly when due.
- H. In the event the policy is canceled, any return premium due the named insured shall be credited toward the premium for Extended Reporting Period Coverage, if the named insured elects this coverage. If any premium is due for the period of time between the earlier of the policy's Prior Acts date or effective date and the termination date, any monies received by the Company from the named insured shall first be applied to the premium owing for the policy and then to the Extended Reporting Period Coverage.
- I. There is no right to any extended reported period coverage if this policy is cancelled for non payment of premium, non compliance with any of the terms and condition of this policy or for any misrepresentation or omission in the application for this policy.
- J. Extended Reporting Period Coverage will be granted with the following discounts, subject to the Extended Reporting Provisions of the Policy and the following schedule:

Consecutive Years of Coverage	Discount
10	Free
9	90%
8	80%
7	70%
6	60%
5	50%
4	40%
3	30%
2	20%
1	10%

- K. The factors in the following table shall be applied to the mature claims-made rate in effect at the beginning of the current policy period:

**COMPANY PAGES FOR
HEALTHCARE PROVIDERS SERVICE ORGANIZATION
AMERICAN CASUALTY COMPANY OF READING, PENNSYLVANIA**

Years of Prior Claims Made Coverage	Installment Factors Years			Prepaid Factors
	1	2	3	
1	.36	.34	.28	.92
2	.58	.55	.39	1.43
3	.67	.55	.59	1.70
4 or more	.84	.55	.59	1.87

XIII. PRIOR ACTS COVERAGE (Occurrence only)

The policy may be extended to provide prior acts coverage as follows:

- A. The prior acts period may not exceed the term immediately preceding coverage under this policy during which similar coverage was continuously provided under a claims made policy, nor shall limits of liability exceed those of the claims-made policy or the occurrence policy to which the prior acts endorsement shall be applied.
- B. The premium for Prior Acts Coverage is a one time only charge payable in advance or over the first three policy years in annual installments, but calculated in advance by applying the applicable factors from the table below to the current rate under this policy for limits of \$1,000,000/6,000,000 per occurrence.
- C. If the limit of liability under this coverage is other than \$1M/6M per occurrence, the premium developed under B above shall be adjusted by the appropriate increased or decreased limits factor.
- D. The premium will be charged annually, but calculated in advance:
 - 1. Determine the current premium under this policy for limits of \$1M/6M per occurrence;
 - 2. Enter the factor for the appropriate Prior Acts Period;
 - 3. Apply factor (s) successively for the desired number of years of Prior Acts;
 - 4. Apply the appropriate Increased/Decreased Limits Factor.

Prior Acts Period	1 st Year	2 nd Year	3 rd Year	Prepaid Factors
1 year prior	.47	.28	.26	0.94
2 years prior	.70	.43	.40	1.42
3 years prior	.81	.44	.46	1.64
4+ years prior	.87	.53	.50	1.76

XIV. PREMIUM PAYMENT PLAN

The Company may, at its discretion, offer to the named insured various premium payment options, ranging from monthly to annual payment plans. Some of the premium payment plans may result in a service fee of \$5 per payment.

**COMPANY PAGES FOR
HEALTHCARE PROVIDERS SERVICE ORGANIZATION
AMERICAN CASUALTY COMPANY OF READING, PENNSYLVANIA**

XV. ISO CLASSIFICATION CODES

Class	Description	ISO CODE	
I	A Occupational Therapists Occupational Therapy Assistant Certified Occupational Therapy Assistant	80721	
		80721	
		80721	
	B Respiratory Care Provider Respiratory Therapist	80717	
		80717	
	C Respiratory Therapist Technician/Technologist Chiropractic Assistant Optometric Technician/Assistant Podiatric Assistant	80717	
		80411	
		80944	
		80943	
	Class	Description	ISO CODE
	II	Art Therapist	80967
		Dance Therapist	80967
Music Therapist		80967	
Recreation Therapist		80945	
Class	Description	ISO CODE	
III	A LPN/LVN Registered Nurse	80963	
		80964	
B Dietician Nutritionist	80720		
	80720		
C	Bio-medical Technician/Technologist	80719	
	Blood Bank Technician/Technologist	80719	
	Cardiology Technician/Technologist	80719	
	Certified Lab Technician/Technologist	80711	
	Certified Medical Assistant	80719	
	Clinical Lab Technician/Technologist	80711	
	Community Health Assistant	80719	
	Community Health Technician/Technologist	80719	
	Diagnostic Medical Sonographer	80719	
	Dialysis Technician/Technologist	80719	
	EEG Technician/Technologist	80719	
	EKG Technician/Technologist	80719	
	Electrologist	80719	
	Histologic Technician/Technologist	80719	
	Medical Assistant	80719	
	Medical Laboratory Technician/Technologist	80711	
	Medical Records Administrator	80711	
	Medical Records Technician/Technologist	80719	
	Medical Technician	80719	
	Medical Technician/Technologist Assistant	80719	
Medical Technologist	80719		

**COMPANY PAGES FOR
HEALTHCARE PROVIDERS SERVICE ORGANIZATION
AMERICAN CASUALTY COMPANY OF READING, PENNSYLVANIA**

XV. ISO CLASSIFICATION CODES (continued)

Class	Description	ISO CODE	
III C	Mental Retardation Workers	80711	
	Nuclear Medical Technician/Technologist	80719	
	Phlebotomist	80719	
	Radiation Therapist	80713	
	Radiology Technician/Technologist	80719	
	Surgical Technician/Technologist	80129	
	X-Ray Machine Operator	80713	
D	Home Health Aide	80618	
Class	Description	ISO CODE	
IV A	Pharmacist	59112	
	Pharmacy Technician	59112	
	Pedorthist	80943	
Class	Description	ISO CODE	
V	Circulation Tech	80945	
	Perfusionist	80945	
Class	Description	ISO CODE	
VI A	Massage Therapist	80718	
	Enterostomal Therapist	80945	
	Orthopedic Assistant	80943	
Class	Description	ISO CODE	
VII A	Athletic Trainer	80945	
	Exercise Physiologist	80945	
	Fitness Professional	80945	
	Health Educator	80711	
	Kinesiologist	80945	
	Personal Trainer, Certified	80945	
	Sports Medicine Instructor	80945	
Class	Description	ISO CODE	
VIII A	Paramedic	80723	
	Basic / Intermediate Emergency Medical Technician	80723	
	Volunteer Emergency Medical Technician	80723	
Class	Description	ISO CODE	
IX A	Physical Therapist	80995	
	Rehabilitation Therapist	80995	
	Kinesiotherapist	80945	
	Sports Medicine Therapist	80945	
	Corrective Therapist	80945	
	B	Physical Therapist Assistant	80995
		Rehabilitation Assistant	80995

**COMPANY PAGES FOR
HEALTHCARE PROVIDERS SERVICE ORGANIZATION
AMERICAN CASUALTY COMPANY OF READING, PENNSYLVANIA**

XV. ISO CLASSIFICATION CODES (continued)

Class	Description	ISO CODE
X	No specialties in this class	
Class	Description	ISO CODE
XI	Nurse Practitioners	
A	Adult / Geriatric / Family Planning / Gynecology / Women's Health / Adult Oncology	80965
B	Psychiatric	80965
C	Pediatric / Neonatal / Family Practice / Acute Critical Care	80965
D	Obstetrics / Gynecology / Perinatal / Acute Care Obstetrics	80965
E	Nurse Practitioner Student	80965
Class	Description	ISO CODE
XII	Audiologists	80716
	Speech Language Pathologist	80716
	Speech Hearing Therapist	80716
Class	Description	ISO CODE
XIII	Dental Hygienists	80712
Class	Description	ISO CODE
XIV	Dental Assistants	80712
	Laboratory Aide	80711
	Nurses Aide	80964
	Geriatric Nursing Assistant	80963
	Nursing Assistant	80963
	Physical Therapy Aide	80995
	Other Healthcare Aide (Excluding Home Health Aides)	80711
Class	Description	ISO CODE
XV	A Social Worker Clinical	80723
	B Psychotherapist / Psychologist	80723
	C Alcohol/Drug Counselor	80723
	Case Manager	72990
	Clinical/Rehabilitation Counselor	80723
	Pastoral Counselor	80723
	School Counselor	80723
	D Marriage/Family Counselor	80723

**COMPANY PAGES FOR
HEALTHCARE PROVIDERS SERVICE ORGANIZATION
AMERICAN CASUALTY COMPANY OF READING, PENNSYLVANIA**

XV. ISO CLASSIFICATION CODES (continued)

Class	Description	ISO CODE
XVI	A Physician Assistant Class 1 A PA who performs tasks ordinarily reserved for the Physician and who works under the direction and supervision of a licensed physician to assist the physician in the management of patients.	80116
	B Physician Assistant Class 2 A PA who is involved in any of the following: Assisting in surgery (other than observation) Trauma/Emergency room procedures/responsibilities (10 hours or less per week) Prenatal or Postnatal care Assisting in anesthesiology	80116
	C Physician Assistant Class 3 A PA who is involved in any of the following: Orthopedic surgery OB/GYN Surgery Cardiovascular Surgery Thoracic Surgery Trauma/Emergency Room – Greater than 10 hours/week OB including delivery room responsibilities Exposure to Cardiac Catherization lab	80116
	D Physician Assistant Student	80116
XVII	A Acupuncturist	80966
	B Acupuncturist Student	80966

**COMPANY PAGES FOR
HEALTHCARE PROVIDERS SERVICE ORGANIZATION
AMERICAN CASUALTY COMPANY OF READING, PENNSYLVANIA**

XVI. CALCULATION OF PREMIUM

- A. The premium for the policy shall be the sum of the applicable charges developed below:
- B. If more than one classification is applicable, the higher rated classification will be used for rating.
- C. The annual occurrence form base rate for each Healthcare Provider is stated on the state rate page.
- D. The annual claims made form rate for each Healthcare Provider shall be determined for Classes I through XVI as follows:
 - 1. If the Healthcare Provider is just entering practice, or the Healthcare Provider has continuously been insured under an occurrence policy, enter the step rate factor from the table at the year one level.
 - 2. If the Healthcare Provider has been insured under a claims-made policy, for one or more years immediately preceding the effective date of this coverage, or for reasons acceptable to the Company had been uninsured, the following procedure shall apply:
 - a. determine the number of years in which the Healthcare Provider was covered under such claims-made policy(ies);
 - b. determine the number of years in which the Healthcare Provider was uninsured;
 - c. the sum of years developed in a. and b. shall be the base exposure. Fractional years of six months or more of base exposure shall be rounded to the next higher year; less than six months shall be rounded to the next lower year;
 - d. the sum of years developed in c. above shall be the Years of Prior Exposure. The table is entered at the total prior Years of Exposure, plus one.

The factors in the following table shall be applied to the full time Class I though XVI rate, found on the State Page:

Class	Step Rate Factors				
	Year 1	Year 2	Year 3	Year 4	Year 5
I through XVI	.32	.57	.77	.84	.99

XVII. SCHEDULE RATING

When applicable, apply the appropriate debit or credit based upon the following risk characteristics, subject to state specific limitations regarding on Schedule Rating:

	<u>CREDIT</u>	<u>DEBIT</u>
<i>Procedure Mix</i> Applicable to insureds whose procedures or practice specialties are primarily concentrated in areas other than their practice classification and/or specialty.	0 - 25%	0 - 25%
<i>Exposure Modification</i> Applicable to those insureds who have an increased or reduced exposure.	0 - 25%	0 - 25%
<i>Unusual Risk Characteristics</i>	0 - 25%	0 - 25%
<i>Continuing Education</i> Applicable to insureds who are involved in a CNA approved continuing education program other than risk management programs.	0 - 25%	0 - 25%

**COMPANY PAGES FOR
HEALTHCARE PROVIDERS SERVICE ORGANIZATION
AMERICAN CASUALTY COMPANY OF READING, PENNSYLVANIA**

XVIII. RULES FOR INDIVIDUALS

The following rules apply to eligible employed individuals and self employed non incorporated individuals only:

A. Coverage

The following coverage will be provided:

1. Professional Liability including Good Samaritan Liability, Personal Injury Liability and Malplacement Liability on an occurrence or claims-made basis;
2. License Protection including wage loss, travel, food and lodging (up to \$500 per proceeding) and legal defense costs (up to \$150/hour);
3. Defendant Expense Benefit;
4. Deposition Representation;
5. Assault;
6. Medical Payments;
7. First Aid;
8. Damage to Property of Others; and
9. Workplace Liability.
10. Personal Liability.

B. The following are the base limits used for premium calculation. Availability of limits by specialty or state may be restricted by underwriting guidelines:

Coverage	Limits of Liability		
Professional Liability	\$ 1,000,000	Each claim	\$ 6,000,000 aggregate
Good Samaritan Liability	\$	included in PL limit above	
Personal Injury Liability	\$	included in PL limit above	
Malplacement Liability	\$	included in PL limit above	
License Protection	\$ 10,000	per proceeding	\$ 25,000 aggregate
Defendant Expense Benefit	\$		\$ 10,000 aggregate
Deposition Representation	\$ 2,500	per incident	\$ 5,000 aggregate
Assault	\$ 10,000	per incident	\$ 25,000 aggregate
Medical Payments	\$ 2,000	per person	\$ 100,000 aggregate
First Aid	\$		\$ 2,500 aggregate
Damage to Property of Others	\$ 500	per incident	\$ 10,000 aggregate
Personal Liability	\$		\$ 1,000,000 aggregate
Workplace Liability	\$	included in PL limit above	

C. Supplemental Modifications - Individuals

1. New Healthcare Providers

A new Healthcare Provider is defined as a Healthcare Provider who has completed the training in their specialty within the previous twelve (12) months, and who is applying for coverage as a non-incorporated individual. The credit will be a 50% credit for the first year or 25% for nurse practitioners. If application of the credit results in a rate which is less than the rate for another specialty for which the Healthcare Provider is covered, the higher rate will apply without discount.

The above credit does not apply if part time credit is given or if the policy is issued as claims made.

**COMPANY PAGES FOR
HEALTHCARE PROVIDERS SERVICE ORGANIZATION
AMERICAN CASUALTY COMPANY OF READING, PENNSYLVANIA**

2. **Additional Insureds**

Where eligible, additional insured coverage may be added to the policy on a shared limit of liability basis. The rate will be 5% of the policy premium each subject to a minimum premium of \$165 each. Such Additional Insured shall be covered for their vicarious liability only as their interest appears.
3. **Part Time**

Individual Healthcare Provider who works 24 or fewer hours per week may be eligible for restricted coverage at a rate reduction of 50% subject to a minimum premium. Physician Assistants will be eligible for restricted coverage at a rate reduction of 35% subject to a minimum premium.

 - a. When part time rates result in an amount that is less than \$100, the rate will be the lesser of either the individual's full time base rate or \$100.
 - b. If the individual's full time base rate is used, full coverage is afforded. If a rate, less than the full time rate, is used, part time reduced coverages will apply.
 - c. Part time rate is available to an employed individual who works 24 or fewer hours per week in a self-employed capacity for that individual's self-employed pursuits.
 - d. The part time rate reduction is not available for nurse practitioners and may be further restricted by underwriting guidelines.
4. **Retirement/Leave**

An Individual Healthcare Provider who is not actively employed as a Healthcare Provider but maintains an active license may be eligible for restricted coverage at a rate reduction of 50%. The reduced rate may be applied retroactively to the first day of retirement/leave, on the condition that the Company is notified within ten (10) days of the retirement/leave. If the company is notified at a later date, the discount may be applied as of the date the Company received the notice. This credit will not apply to firms or self employed incorporated individuals.
5. **Individual Risk Management Credit**

A credit of 10% will be applied to the annual premium applicable to an individual Healthcare Provider who attends a CNA approved loss prevention seminar, workshop, or other loss prevention program. This credit will be applied for a three year period.
6. **Consulting Services Liability**

Consulting Services Liability coverage may be added to the policy on a shared limit basis. The rate will be \$25. Consulting Services Liability provides Errors and Omissions coverage for non-medical incidents while performing Consulting, Educating or Training Services in the Healthcare Provider's area of specialization.
7. **Case Management Services Liability**

Case Management Services Liability coverage may be added to the policy on a shared limit basis. The rate will be \$25. Case Management Services Liability provides Errors and Omissions coverage for non-medical incidents while performing Case Management duties such as assessing and coordinating treatment options, managing a patient's total care to ensure optimum outcome or utilization review.

**COMPANY PAGES FOR
HEALTHCARE PROVIDERS SERVICE ORGANIZATION
AMERICAN CASUALTY COMPANY OF READING, PENNSYLVANIA**

XIX. RULES FOR FIRMS

The following rules are applicable to Firms. Firms include corporations, partnerships, organizations, sole proprietorship or self employed incorporated individuals.

A. Coverage

The following coverage will be provided to Firms on a shared limit of liability basis:

1. Professional Liability including Good Samaritan Liability, Personal Injury Liability and Malplacement Liability on an occurrence or claims-made basis;
2. License Protection including wage loss, travel, food and lodging (up to \$500 per proceeding) and legal defense costs (up to \$150/hour);
3. Defendant Expense Benefit;
4. Deposition Representation;
5. Assault;
6. Medical Payments;
7. First Aid;
8. Damage to Property of Others

B. Limits of Liability

The following are the base limits used for premium calculation. Availability of limits by specialty or state may be restricted by underwriting guidelines:

Coverage	Limits of Liability		
Professional Liability	\$ 1,000,000	each claim	\$ 6,000,000 aggregate
Good Samaritan Liability	\$	included in PL limit above	
Personal Injury Liability	\$	included in PL limit above	
Malplacement Liability	\$	included in PL limit above	
License Protection	\$ 10,000	per proceeding	\$ 25,000 aggregate
Defendant Expense Benefit	\$		\$ 10,000 aggregate
Deposition Representation	\$		\$ 10,000 aggregate
Assault	\$ 10,000	per incident	\$ 25,000 aggregate
Medical Payments	\$ 2,000	per person	\$ 100,000 aggregate
First Aid	\$		\$ 2,500 aggregate
Damage to Property of Others	\$ 2,500	per incident	\$ 10,000 aggregate

General Liability is available as an optional coverage.

C. Firm Rates & Policy Minimum

1. The base rate for each healthcare professional will be the higher of the self employed rate shown on the State Rate page or \$300 each.
2. The base rate for each aide, technician or assistant will be the higher of the self employed rate shown on the State Rate page or \$175.
3. The base rate for home healthcare aide will be \$100 each.
4. The following minimum premium per policy shall apply to all firm policies except self-employed incorporated individuals with no employees. For these individuals, the self employed individual rate as shown on the State Rate Page shall apply as the Minimum.

Nurse Practitioner Firm \$ 2,500

**COMPANY PAGES FOR
HEALTHCARE PROVIDERS SERVICE ORGANIZATION
AMERICAN CASUALTY COMPANY OF READING, PENNSYLVANIA**

Physical Therapy Firms of 15 or more	\$5,000
All other Firms of 2 or more headcount	\$ 500

D. Full Time Equivalents (FTE)

For calculating headcount, where applicable, full time equivalents may be utilized for Firms. Full time is defined as 40 hours a week. The total number of hours per week for each profession will be divided by 40 to determine the number of full time equivalents for that profession.

The full time equivalent rule is subject to minimum policy premium and minimum headcount to FTE ratios.

E. Supplemental Modifications - Firms

1. Size of Business

A credit will be given based on the number of Healthcare Providers associated with the business. The following will be applied:

# of providers	Credit
2 - 9	4%
10 - 14	8%
15 or more	12%

2. Business Loss Prevention Credit

A credit of 5% will be applied to a firm who maintains a CNA approved loss prevention program, seminar or workshop for its employees. This credit will be applied for a one year period, and will be reviewed annually.

3. Debits will be added based on the presence of the following:

Category	Debit
Registry/Staffing	A surcharge of 25% of developed premium before debits/credits will be added to Firms that provide staffing to other facilities, firms or locations.
Background Check	A surcharge of 10% of developed premium before debits/credits will be added to Firms not performing background checks on their employees and independent contractors.
Nursing Home/Assisted Living/LTC	A surcharge of 25% of developed premium before debits/credits will be added to Firms that do more than 50% staffing of Nursing Home Facilities or Assisted Living Centers.
High Tech/Critical Care	A surcharge of 25% of developed premium before debits/credits will be added to Firms performing High Tech (i.e. Trach care, Ventilator care, Chemotherapy, etc.) or Critical Care.

**COMPANY PAGES FOR
HEALTHCARE PROVIDERS SERVICE ORGANIZATION
AMERICAN CASUALTY COMPANY OF READING, PENNSYLVANIA**

4. Separate Limits

All ratable employees and the corporation may be provided separate limits. The following debit will be applied:

# of ratable employees	Debit
1	10.0%
2 - 9	12.0%
10 - 14	15.5%
15 or more	17.5%

F. General Liability

1. Optional General Liability coverage may be purchased by self-employed incorporated individuals or firms with a \$1,000,000 aggregate limit. The annual rate is stated on the state rate page for the first facility based practice location.
2. When a firm has multiple practice locations, and requests General Liability coverage, a \$50 charge per additional practice location will apply.
3. When a firm provides home healthcare, staffing or fitness, the annual rate will be 25% of the developed Professional Liability rate, subject to \$150 per policy minimum.
4. Other limits are available and associated with the following factors (which are with respect to the \$1M/\$1M rate).

Increased Limit	Increased Limit Factor
\$1,000,000 / \$1,000,000	1.00
\$1,000,000 / \$2,000,000	1.13
\$1,000,000 / \$3,000,000	1.21
\$1,000,000 / \$4,000,000	1.28
\$1,000,000 / \$5,000,000	1.33
\$1,000,000 / \$6,000,000	1.37
\$1,000,000 / \$7,000,000	1.39
\$1,000,000 / \$8,000,000	1.40
\$2,000,000 / \$4,000,000	1.98
\$2,000,000 / \$5,000,000	2.00
\$2,000,000 / \$6,000,000	2.01
\$2,000,000 / \$7,000,000	2.02
\$2,000,000 / \$8,000,000	2.03

**COMPANY PAGES FOR
HEALTHCARE PROVIDERS SERVICE ORGANIZATION
AMERICAN CASUALTY COMPANY OF READING, PENNSYLVANIA**

G. Deductibles

When deductible options are requested or required, the following credits should be applied to the developed policy premium. When General Liability is offered, the same deductible amount must be provided for both Professional Liability and General Liability.

Amount	Credit
\$0	0%
\$1,000	1%
\$2,500	2.5%
\$5,000	5%
\$10,000	10%
\$15,000	11%
\$20,000	13%
\$25,000	15%

H. Additional Insured

Where eligible, additional insured coverage may be added to the policy on a shared limit of liability basis. The rate will be 5% of the policy premium each subject to a minimum premium of \$165 each. Such Additional Insured shall be covered for their vicarious liability only as their interest appears.

I. Consulting Services Liability

Consulting Services Liability coverage may be added to the policy on a shared limit basis. The rate will be \$25 for each Consultant. Consulting Services Liability provides Errors and Omissions coverage for non-medical incidents while performing Consulting, Educating or Training Services in the Firm's area of specialization.

J. Case Management Services Liability

Case Management Services Liability coverage may be added to the policy on a shared limit basis. The rate will be \$25 for each Case Manager. Case Management Services Liability provides Errors and Omissions coverage for non-medical incidents while performing Case Management duties such as assessing and coordinating treatment options, developing treatment plans or managing a patient's total care.

K. Medical Director or Administrator Liability

Medical Director or Administrator coverage may be added to the policy on a Sub-limit basis. The Limit of Liability for this coverage: \$100,000 Each Claim / \$300,000 Aggregate is a sub-limit of the Professional Liability Limit shown on the Certificate of Insurance. The rate for each Medical Director or Administrator will be \$500 or 10% of the base premium, whichever is higher. The Medical Director or Administrator Liability endorsement extends Professional Liability coverage to include Administrative Services provided by a Physician or other Administrator.

**COMPANY PAGES FOR
HEALTHCARE PROVIDERS SERVICE ORGANIZATION
AMERICAN CASUALTY COMPANY OF READING, PENNSYLVANIA**

XX. RULES FOR SCHOOL BLANKET

The following rules are applicable to the School Blanket Policy for Healthcare Provider Students
ISO Code: 80998.

A. Coverage

The following coverage will be provided to School Blanket on a shared limit of liability basis:

1. **Professional Liability** coverage for damages as a result of a claim arising out of a medical incident or personal injury out of the supplying of, or failure to supply services by a student or faculty and advisor of the named insured school; including vicarious liability for the school; includes **Personal Injury Liability**.
2. Grievance Proceedings
3. Defendant Expense Benefit
4. Deposition Representation
5. Assault
6. Medical Payments
7. First Aid
8. Damage to Property of Others

B. Limits of Liability

The following are the base limits used for premium calculation. Availability of limits by specialty or state may be restricted by underwriting guidelines:

Coverage	Limits of Liability		
Professional Liability	\$ 1,000,000	each claim	\$ 5,000,000 aggregate
Personal Injury Liability	\$ included in PL limit above		
Grievance Proceedings	\$ 1,000	per proceeding	\$ 10,000 aggregate
Defendant Expense Benefit			\$ 10,000 aggregate
Deposition Representation	\$ 1,000	per incident	\$ 5,000 aggregate
Assault	\$ 1,000	per incident	\$ 25,000 aggregate
Medical Payments	\$ 2,000	per person	\$ 100,000 aggregate
First Aid	\$ 500	per incident	\$ 25,000 aggregate
Damage to Property of Others	\$ 250	per incident	\$ 10,000 aggregate

C. School Rates & Policy Minimum

1. Calculations will be made based on the estimated number of students (total annual headcount) in each of the covered curricula at the inception of the policy period.
2. Premium will be collected or returned for additions or deletions if the change modifies the student count by 25% or more when the change occurs during the first six months of the policy term. If the change occurs in the second half of the policy term, the policy will be reconciled at renewal.
3. A \$300 minimum annual premium shall apply to each School Blanket policy.

D. Supplemental Modifications – School Blanket

Modifications developed under the following shall be summed and applied as a single factor, subject to a maximum credit of 25%. Such credits shall apply on a one year basis, and will be subject to annual review.

**COMPANY PAGES FOR
HEALTHCARE PROVIDERS SERVICE ORGANIZATION
AMERICAN CASUALTY COMPANY OF READING, PENNSYLVANIA**

1. **Claim-Free Credit**

A 10% credit applies if there have been no claims reported to the Company during the past three policy periods and the Company has provided coverage during each of those policy periods.

2. **Longevity Credit**

At the inception of a fourth consecutive policy period, a 5% credit will be granted to a school that has been insured in this program for the three preceding years.

3. **Size of School Modification**

The following credits will be applied based on the number of students covered on the policy:

Number of Students	Credit
500 – 1,000	5%
1,001- 2,499	10%
2,500+	15%

E. Additional Insured

An additional insured request for a landlord, government organization, charity or religious organization may be added to the policy on a shared limit of liability basis for no additional charge. Such additional insured shall be covered for their vicarious liability only as their interest appears.

COMPANY STATE PAGE FOR
HEALTHCARE PROVIDERS SERVICE ORGANIZATION
AMERICAN CASUALTY COMPANY OF READING, PA

I. **STATE ENDORSEMENTS**

State Provisions	G-123846-C03	Mandatory on all policies
Amendatory Change	G-123812-C03	Mandatory on all claims-made policies

II. **AMENDED RULES**

Reserved for future use.

**COMPANY STATE PAGE FOR
HEALTHCARE PROVIDERS SERVICE ORGANIZATION
AMERICAN CASUALTY COMPANY OF READING, PA**

III. RATES

A. All rates indicated below are for Professional Liability limits of \$1,000,000 each claim, with a \$6,000,000 annual aggregate.

CLASS	EMPLOYED	SELF-EMPLOYED	
I	A	79	220
	B	93	312
	C	93	260
II	93	312	
III	A	89	300
	B	93	260
	C	93	182
	D	93	100
IV	A	146	390
	B	93	182
	C	115	323
V	156	312	
VI	A	156	182
	B	182	312
VII	A	208	988
	B	156	182
VIII	A	166	239
	B	151	217
	C	78	78
IX	A	164	467
	B	83	234
X	---	---	
XI	A	620	765
	B	876	1,082
	C	1,133	1,398
	D	1,390	1,717
	E	250	N/A
XII	82	140	
XIII	62	260	
XIV	51	182	
XV	A	125	300
	B	450	950
	C	125	330
	D	125	265
XVI	A	3,682	3,682
	B	4,603	4,603
	C	5,524	5,524
	D	156	N/A
XVII	A	731	731
	B	156	N/A

B. Student Rates

The rate for an individual healthcare student is \$29, except where otherwise specified in class rate schedule III. A.

C. General Liability

Base General Liability limits of \$1,000,000 for each claim, with a \$1,000,000 annual aggregate may be purchased for \$150.

D. Student Blanket

The rate is \$13 per student for all specialties at \$1,000,000/\$5,000,000 limit of liability.

SERFF Tracking Number: CNAC-125501467 State: Arkansas
 Filing Company: American Casualty Company of Reading - PA State Tracking Number: #222623 \$100
 Company Tracking Number: 08-R2201
 TOI: 11.0 Medical Malpractice - Claims Sub-TOI: 11.0001 Acupuncture
 Made/Occurrence
 Product Name: Healthcare Providers Service Organization - Acupuncturists
 Project Name/Number: Acupuncturists - new class /20082201

Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty **Review Status:** Filed 03/14/2008

Comments:

Attachment:

industry_rates_PCtransDoc_intelligent.pdf

Bypassed -Name: NAIC Loss Cost Filing Forms (all
P&C lines) **Review Status:** Filed 03/14/2008

Bypass Reason: new class - no rate change

Comments:

Bypassed -Name: NAIC loss cost data entry document **Review Status:** Filed 03/14/2008

Bypass Reason: new class - no rate change

Comments:

Bypassed -Name: Form PROMAL **Review Status:** Filed 03/14/2008

Bypass Reason: new class - no rate change

Comments:

Bypassed -Name: Form PRONOT **Review Status:** Filed 03/14/2008

Bypass Reason: new class - no rate change

Comments:

Satisfied -Name: Actuarial Memorandum **Review Status:** Filed 03/14/2008

Comments:

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	
-----------------------------------	--

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.)

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	

AMERICAN CASUALTY COMPANY OF READING, PA
HEALTHCARE PROVIDERS SERVICE ORGANIZATION
PROFESSIONAL LIABILITY

ACTUARIAL MEMORANDUM

American Casualty Company of Reading Pennsylvania (ACCO) is introducing the new allied healthcare specialty of acupuncturist. Acupuncturists are defined as Class XVII A and B. There are currently no individual acupuncturists underwritten by ACCO. Coverage for acupuncturists will be offered on a claims-made form.

Since this is a new class for ACCO, we have no specific class experience upon which to base our rates. Therefore, rates were developed based on underwriter and actuarial judgment.

A revised version of state exception pages, reflecting the changes outlined above are included with this submission.