

<i>SERFF Tracking Number:</i>	<i>REGU-125547030</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Nova Casualty Company</i>	<i>State Tracking Number:</i>	<i>EFT \$100</i>
<i>Company Tracking Number:</i>	<i>NCC-AR-SSP-08-01-RR</i>		
<i>TOI:</i>	<i>17.2 Other Liability - Occurrence Only</i>	<i>Sub-TOI:</i>	<i>17.2019 Professional Errors & Omissions Liability</i>
<i>Product Name:</i>	<i>Nova SS Program</i>		
<i>Project Name/Number:</i>	<i>NCC-AR-SSP-08-01-RR /NCC-AR-SSP-08-01-RR</i>		

Filing at a Glance

Company: Nova Casualty Company

Product Name: Nova SS Program

TOI: 17.2 Other Liability - Occurrence Only

Sub-TOI: 17.2019 Professional Errors & Omissions Liability

Filing Type: Rate/Rule

SERFF Tr Num: REGU-125547030 State: Arkansas

SERFF Status: Closed

State Tr Num: EFT \$100

Co Tr Num: NCC-AR-SSP-08-01-RR

State Status: Fees verified and received

Co Status:

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

Author: Rose Battles

Disposition Date: 03/14/2008

Date Submitted: 03/14/2008

Disposition Status: Filed

Effective Date Requested (New): On Approval

Effective Date (New):

Effective Date Requested (Renewal):

Effective Date (Renewal):

State Filing Description:

General Information

Project Name: NCC-AR-SSP-08-01-RR

Status of Filing in Domicile: Not Filed

Project Number: NCC-AR-SSP-08-01-RR

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:

Nova Casualty Company (NCC) is submitting independent rates and rules to provide Professional Liability coverage to various types of social service agencies whose purpose is to provide humanistic services to those who are in need. This program is marketed through a single production source, which is responsible for all underwriting, policy issuance and claims handling.

This program is based on the currently filed and approved rates and rules by Royal Indemnity Company. These rates

<i>SERFF Tracking Number:</i>	<i>REGU-125547030</i>	<i>State:</i>	<i>Arkansas</i>
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and rules were initially filed and approved in 1995 on behalf of Royal Special Risks Insurance Company. In 1999, the program was transferred to another member of the group of Royal Insurance Companies, Royal Indemnity Company. The differences between the program being filed by Nova and the Royal program are highlighted in the attached explanatory memorandum.

The forms that will be used with this program are being filed separately as required.

Attached for your review are the following:

- State Required Filing Forms
- Explanatory Memorandum
- Copies of Independent Rates and Rules

A fee in the amount of \$100.00 is being submitted to cover the required filing fee.

We ask that this filing become effective for all policies effective upon approval.

Company and Contact

Filing Contact Information

(This filing was made by a third party - insuranceregulatoryconsultantsllc)
 Rose Battles, rosebattles@ircllc.com
 50 Broad Street (941) 926-0144 [Phone]
 New York, NY 10004

Filing Company Information

Nova Casualty Company	CoCode: 42552	State of Domicile: New York
726 Exchange Street	Group Code: -99	Company Type:
Suite 1020		
Buffalo, NY 14210	Group Name:	State ID Number:
(800) 462-7261 ext. [Phone]	FEIN Number: 16-1140177	

SERFF Tracking Number: REGU-125547030 State: Arkansas
Filing Company: Nova Casualty Company State Tracking Number: EFT \$100
Company Tracking Number: NCC-AR-SSP-08-01-RR
TOI: 17.2 Other Liability - Occurrence Only Sub-TOI: 17.2019 Professional Errors & Omissions Liability
Product Name: Nova SS Program
Project Name/Number: NCC-AR-SSP-08-01-RR /NCC-AR-SSP-08-01-RR

Filing Fees

Fee Required? Yes
Fee Amount: \$100.00
Retaliatory? No
Fee Explanation: AR charges \$100 for rates/rules.
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Nova Casualty Company	\$100.00	03/14/2008	18665183

SERFF Tracking Number: REGU-125547030 State: Arkansas
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Correspondence Summary

Dispositions

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

SERFF Tracking Number: REGU-125547030

State: Arkansas

Filing Company: Nova Casualty Company

State Tracking Number: EFT \$100

Company Tracking Number: NCC-AR-SSP-08-01-RR

TOI: 17.2 Other Liability - Occurrence Only

Sub-TOI: 17.2019 Professional Errors & Omissions
Liability

Product Name: Nova SS Program

Project Name/Number: NCC-AR-SSP-08-01-RR /NCC-AR-SSP-08-01-RR

Disposition

Disposition Date: 03/14/2008

Effective Date (New):

Effective Date (Renewal):

Status: Filed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: REGU-125547030 State: Arkansas
 Filing Company: Nova Casualty Company State Tracking Number: EFT \$100
 Company Tracking Number: NCC-AR-SSP-08-01-RR
 TOI: 17.2 Other Liability - Occurrence Only Sub-TOI: 17.2019 Professional Errors & Omissions Liability
 Product Name: Nova SS Program
 Project Name/Number: NCC-AR-SSP-08-01-RR /NCC-AR-SSP-08-01-RR

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Filed	Yes
Supporting Document	NAIC Loss Cost Filing Document for OTHER than Workers' Comp	Filed	Yes
Supporting Document	NAIC loss cost data entry document	Filed	Yes
Supporting Document	Exp Memo	Filed	Yes
Supporting Document	Filing Auth Letter	Filed	Yes
Rate	Social Services Agency Professional Liability Program Supplemental Rules	Filed	Yes
Rate	Social Services Agency Professional Liability Program Supplemental Rates	Filed	Yes
Rate	Social Services Agency Professional Liability Program Rate Pages	Filed	Yes
Rate	Social Services Agency Professional Liability Program Exc Pages	Filed	Yes

SERFF Tracking Number: *REGU-125547030*

State: *Arkansas*

Filing Company: *Nova Casualty Company*

State Tracking Number: *EFT \$100*

Company Tracking Number: *NCC-AR-SSP-08-01-RR*

TOI: *17.2 Other Liability - Occurrence Only*

Sub-TOI: *17.2019 Professional Errors & Omissions
Liability*

Product Name: *Nova SS Program*

Project Name/Number: *NCC-AR-SSP-08-01-RR /NCC-AR-SSP-08-01-RR*

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: REGU-125547030 State: Arkansas
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 Product Name: Nova SS Program
 Project Name/Number: NCC-AR-SSP-08-01-RR /NCC-AR-SSP-08-01-RR

Rate/Rule Schedule

Review Status:	Exhibit Name:	Rule # or Page #:	Rate Action	Previous State Filing Attachments Number:
Filed	Social Services Agency Professional Liability Program Supplemental Rules	NCC-SSP-CW- RULES Pages 1-5	New	CW RULES 1-5.pdf
Filed	Social Services Agency Professional Liability Program Supplemental Rates	NCC-SSP-CW- RATES Pages 1-2	New	CW RATES 1-2.pdf
Filed	Social Services Agency Professional Liability Program Rate Pages	NCC-SSP-GP1- Rates Page 1	New	RateGroup 1.pdf
Filed	Social Services Agency Professional Liability Program Exc Pages	NCC-SSP-AR- RULES Page 1	New	AR NCC-SSP-AR- RULES.pdf

**COMMERCIAL LINES MANUAL
DIVISION SEVEN – PROFESSIONAL LIABILITY
SOCIAL SERVICE AGENCY PROFESSIONAL LIABILITY PROGRAM
SUPPLEMENTAL RULES**

SECTION I – GENERAL RULES

The Insurance Services Office's (ISO) Commercial Lines Manual - Division Seven Professional Liability manual general rules apply to this program, except as noted in these program manual pages.

1. APPLICATION OF THIS DIVISION

These rules apply to Social Service Agency Professional Liability Coverage.

2. REFERRALS TO COMPANY

Refer to the company for rating or classifying any risk or exposure for which there is no manual rate or applicable classification.

3. PREMIUM COMPUTATION

Compute the premium using the annual rates in effect at policy inception.

4. FACTORS OR MULTIPLIERS

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

5. ROUNDING RULE

A. Round rates, factors and multipliers after the final calculation to three decimal places. Five-tenths or more of a mill shall be considered one mill. (Example: .1245=.125)

B. Round the premium for each peril, coverage and exposure for which a separate premium is calculated, to the nearest whole dollar. Round a premium involving \$.50 or over to the next higher whole dollar. (Example: \$100.50 = \$101.00 but \$ 100.49= \$100.00.)

NOTE: Charge a premium of at least \$1 for each instance where a separate premium is calculated.

6. POLICY WRITING MINIMUM PREMIUM

Minimum Premium: See Countrywide Supplemental Rate Pages

A. For prepaid policies, apply a minimum premium regardless of term.

B. For annual premium payment plan policies or continuous policies, apply a minimum premium for each annual period.

7. ADDITIONAL PREMIUM CHANGES

A. Prorate all changes requiring additional premium.

B. Apply the rates and rules in effect on the effective date of the policy. In computing the additional premium, charge the amount applicable on the effective date of the change even if the policy inception premium was less than the Policy Writing Minimum Premium.

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SOCIAL SERVICE AGENCY PROFESSIONAL LIABILITY PROGRAM
SUPPLEMENTAL RULES**

- C. Waive additional premium of * _____ or less. This waiver only applies to cash exchange due on an endorsement effective date.

* See Countrywide Supplemental Rate Pages for waiver amount.

8. RETURN PREMIUM CHANGES

- A. Deletion of a mandatory coverage is not permitted unless the entire policy is canceled. See Policy Cancellations Rule **9**.
- B. Compute return premium at the rates used to calculate the policy premium.
- C. Compute return premium pro rata and round to the next higher whole dollar when any coverage or exposure is deleted or an amount of insurance is reduced.
- D. Waive return premium of * _____ or less. Grant any return premium due if requested by the insured. This waiver only applies to cash exchange due on the endorsement effective date.
- E. Retain Policy Writing Minimum Premium.

* See Countrywide Supplemental Rate Pages for minimum premium amount.

9. POLICY CANCELLATIONS

- A. Compute return premium pro rata and round to the next higher whole dollar when:
1. A policy is cancelled at the Company's request; or
 2. The insured no longer has a financial or insurable interest in the property or business operation that is the subject of insurance; or
 3. A policy is cancelled and rewritten in the same company or company group.
- B. If Rule **9.A.** does not apply, compute return premium as follows:
1. For annual policies compute return premium at .90 of the pro rata unearned premium for the one year period and round to the next higher whole dollar.
 2. For policies with term less than one year, compute return premium at .90 of the pro rata unearned premium and round to the next higher whole dollar.
- C. Retain the Policy Writing Minimum Premium when the insured requests cancellation except when a policy is cancelled as of the inception date.

* See Countrywide Supplemental Rate Pages for minimum premium amount.

10. BASES OF PREMIUM

For Social Service Agency Professional Liability:

- A. Type of professional employed by the Social Service Agency:
1. Teacher/Recreational Instructor, Dormitory Supervisor, Housing Manager, Counselor
 2. Social/Case Worker, Master Social Worker, Para Professional
 3. Therapist
 4. Nurse, Physician Assistants, Home Health Workers, Mental Health Workers

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DIVISION SEVEN – PROFESSIONAL LIABILITY
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SUPPLEMENTAL RULES

5. Psychotherapists
6. Psychiatrists
7. Medical Doctors

B. Client Types:

1. Type 1 - Economically and Socially Disturbed Homeless Offenders
2. Type 2 - Normal/Gifted Children; Unwed Mothers/Fathers; Aged; Terminally Ill; Abused; Neglected
3. Type 3 - Addictive Disorders; Substance Abusers; Physically Handicapped; Mentally Handicapped; Emotionally Disturbed

11. RATES AND PREMIUM DEVELOPMENT

Social Service Agency Professional Liability – Base Rates

- A.** Rates shown on the State Rate Pages are for the Professional Liability Insurance Policy for limits of \$1 Million per Claim/\$3 Million Aggregate for the policy term for injuries arising out of acts or omissions of a professional nature.
- B.** A Base Rate is first determined based on the highest Client Type Exposure on the policy. Additional rates are then determined based on the actual exposure (number and types of professionals and client type exposure). Determine the additional rate for each professional based on the highest exposure client type that professional assists or treats.
- C.** The rates shown for Psychiatrists and Medical Doctors contemplate that that person provides more than administrative services for the Social Service Agency and that their activities will be listed in the Description of Hazards in item 4. of the Declarations Page. For those Psychiatrists or Medical Doctors that are insureds but are not listed in the Description of Hazards in item 4. of the Declarations Page, multiply the otherwise applicable rate by .75.
- D.** For professionals whose activity at the Social Service Agency is on a part-time basis, that is, 20 hours or less per week, they will be considered as one half (1/2) of an exposure.

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SUPPLEMENTAL RULES

12. SCHEDULE RATING PLAN - Social Service Agency

- A. Base rates may be modified in accordance with the following schedule rating table, subject to a maximum modification of 40%. This modification reflects certain risk characteristics not reflected in experience:

RISK CHARACTERISTICS	MODIFICATION RANGE	
	CREDIT	DEBIT
<u>Facility Standards</u>		
(1) Recordkeeping and Documentation	5%	5%
(2) Employee to Client Ratio	5%	5%
(3) Licensing/Accreditation	5%	5%
<u>Employee Selection, Training, Supervision, Experience</u>		
(1) Employee Qualification	15%	15%
(2) Continuing Education	5%	5%
(3) Supervision	5%	5%
<u>Client Considerations</u>		
(1) Voluntary versus Involuntary	4%	4%
(2) Extent of Client Contact	5%	5%
(3) Degree of Care	5%	5%
<u>Classification Peculiarities</u>		
(1) Off Premises Exposure	6%	6%
(2) Administration of Drugs	5%	5%

- B. The following criteria should be used in determining the modification, if any, to apply:

1. Facility Standards

- (1) Recordkeeping and Documentation - Properly established written recordkeeping and documentation procedures.
- (2) Employee to Client Ratio - Sufficient number of employees to handle clients in program.
- (3) Licensing/Accreditation Licensed or accredited by applicable authority.

2. Employee Selection, Training, Supervision, Experience

- (1) Employee Qualifications - Is staff degreed, licensed, certified professionals?
- (2) Continuing Education - Employees attend applicable Continuing Education Programs annually.
- (3) Supervision - Adequate supervisory staff to oversee employees.

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SUPPLEMENTAL RULES**

3. Client Considerations

- (1) Voluntary versus Involuntary - Is placement of the clients mandatory?
- (2) Extent of Client Contact - Limited or regular client contact?
- (3) Degree of Care - Is necessary degree of care minimal or acute?

4. Classification Peculiarities

- (1) Off Premises Professional Services provided on or off premises.
- (2) Administration of Drugs - Is staff authorized to prescribe or administer drugs?

SECTION II- COVERAGE RULES

1. SOCIAL SERVICE AGENCY PROFESSIONAL LIABILITY

- A.** This coverage affords protection against claims for injuries arising out of acts or omissions of a professional nature.
- B.** For details of coverage refer to the Professional Liability Policy **APL0003**.
- C.** Limits of Liability

Manual rates and minimum premium provide a basic limit of \$1 million per claim/\$3 million per aggregate.

- D.** Additional Insureds can be added to the policy. Use Additional Insured Endorsement **APL0008**. See Countrywide Rate Page for premium charge.
- E.** Abuse and Molestation Coverage - If Abuse and Molestation coverage is provided it is subject to a separate occurrence and aggregate limit under which, if payment is made, will reduce the Aggregate Limit of the Professional Liability Policy. Use Abuse and Molestation Endorsement **APL0007**.

For determination of the rates for limits of \$25,000 per Claim/\$25,000 Aggregate see Countrywide Supplemental Rate Pages.

- F.** Special Events Coverage - The Professional Liability Policy rating does not contemplate coverage for the following special events:
 - (1) Exhibitions, concerts or theatrical performances of more than two days with 500 or more admissions each day.
 - (2) Any event or gathering utilizing watercraft or aircraft.
 - (3) Leasing, use or ownership of fireworks or amusement devices.
 - (4) Any athletic contest or event with more than 100 contestants or participants.

Coverage may be available for any one special event. Refer to company for rating.

- G.** Contractual Liability Amendments may be added to the policy. Use Contractual Liability Amendment Endorsement **APL0011** or Contractual Liability Amendment - Specific Contracts Endorsement **APL0012**.

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SOCIAL SERVICE AGENCY PROFESSIONAL LIABILITY PROGRAM
SUPPLEMENTAL RATES**

COUNTRYWIDE RATES

SECTION 1

6. POLICY WRITING MINIMUM PREMIUM

- A. For prepaid policies, apply a \$1,000 minimum premium regardless of term.
- B. For annual premium payment plan policies or continuous policies, apply a \$1,000 minimum for each annual period.

7. ADDITIONAL PREMIUM CHANGES

- C. Waive additional premium of \$15. or less.

8. RETURN PREMIUM CHANGES

- D. Waive any return premium of \$15 or less.*

*However, any return premium requested by the insured must be granted.

SECTION II

1. SOCIAL SERVICE AGENCY PROFESSIONAL LIABILITY

D. Additional Insureds

A flat charge of \$100 applies for the issuance of each endorsement.

E. Abuse and Molestation Coverage

(1) The rates for limits of \$25,000 per claim/\$25,000 aggregate are determined as follows:

Rates

Class	% of Professional Premium	Minimum Premium
Low	5% to 20%	\$250
Medium	10% to 30%	\$500
High	15% to 45%	\$1,000

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DIVISION SEVEN – PROFESSIONAL LIABILITY
SOCIAL SERVICE AGENCY PROFESSIONAL LIABILITY PROGRAM
SUPPLEMENTAL RATES**

(2) Increased Limits

Increased limits are available for Abuse and Molestation Coverage up to \$1 million per claim/\$3 million aggregate. Apply the following factors to the \$25,000/\$25,000 rate:

	Per Claim Limit (\$000's)				
	\$50	\$100	\$300	\$500	\$1,000
Aggregate Limit (\$000's)					
\$50	1.20				
\$100	1.27	1.49			
\$200	1.29				
\$300		1.55	1.92		
\$500				2.09	
\$600			1.94		
\$1,000			1.95	2.11	2.30
\$1,500				2.12	
\$2,000					2.32
\$3,000					2.34

(3) The following classes constitute the low, medium and high hazard classes for determining the applicable rates:

Low Hazard Classes	Medium Hazard Classes	High Hazard Classes
Office Risks - without one on one psychological counseling	Group Homes for Adults	YMCA
Battered Women's Shelters	Homes for the Aged	Day Camps
Fund Raising Agencies	Drug and Alcohol Clinics	Overnight Camps
Telephone Crisis Centers	Psychological Treatment - Adults	Residential Risks with Children Except Battered Women's Shelters
Family Counseling - Outpatient	Youth Recreation Programs	Counseling for Children - Inpatient
Language Assistance Programs	Physical Rehabilitation Centers	Youth Offenders
Weatherization Programs	Hospices	Criminal Rehabilitation
Schools Without Therapy or Counseling	Schools for Mentally Handicapped Children	Day Care
Legal Services	Family Shelters	Psychiatric Treatment
YWCA		
Clinics - Outpatient		
Sheltered Workshops - Adults		
Schools for Physically Handicapped Adults		
Risks with No Client to Client or Staff to Client Exposures		

**COMMERCIAL LINES MANUAL
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RATE PAGES**

The rates displayed on this page will be used in the following states:

Arkansas	Kansas	South Carolina
Idaho	Mississippi	South Dakota
Indiana	Montana	Vermont
Iowa	North Dakota	

BASE RATES – CLIENT TYPES

Highest Exposure	Base Rate
Type 1 – Economically and Socially Disturbed Homeless Offenders	\$453
Type 2 – Normal/Gifted Children; Unwed Mothers/Fathers; Aged; Terminally Ill; Abused; Neglected	\$604
Type 3 – Addictive Disorders; Substance Abusers; Physically/Mentally Handicapped; Emotionally Disturbed	\$875

PROFESSIONAL/CLIENT TYPE RATES

Client Type	Social Services Professional						
	Teacher/ Recreational Instructor/ Dorm Super/ House Mgr. Counselor	Soc/Case Worker MSW PARA Professional	Therapist	Nurse Physician Assts. Home Hlth. & M/H Workers	Psycho- Therapist	Psychiatrist*	M.D.*
Type 1	\$41	\$81	\$101	\$122	\$227	(A) \$ 809 (B) \$1,529	(A) \$1,406 (B) \$1,946
Type 2	\$54	\$108	\$135	\$162	\$302	(A) \$1,079 (B) \$2,038	(A) \$1,875 (B) \$2,594
Type 3	\$79	\$157	\$196	\$235	\$437	(A) \$1,562 (B) \$3,116	(A) \$2,710 (B) \$3,759

- * (A) This rate applies if professional carries own insurance with equal limits.
- * (B) This rate applies if professional does not carry own insurance.

**COMMERCIAL LINES MANUAL
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SOCIAL SERVICE AGENCY PROFESSIONAL LIABILITY PROGRAM
EXCEPTION PAGE**

SECTION 1 – GENERAL RULES

2. REFERRALS TO COMPANY

The following is added:

When a rate is developed under this Rule (other than rating plan modifications), it must be filed for approval with the Arkansas Insurance Department prior to its use.

12. SCHEDULE RATING PLAN – Social Services Agency

Paragraph **A.** of this rule is replaced by the following:

- A. Base rates may be modified in accordance with the following schedule rating rule, subject to a maximum modification of 25%. This modification reflects certain risk characteristics not reflected in experience.

<i>SERFF Tracking Number:</i>	<i>REGU-125547030</i>	<i>State:</i>	<i>Arkansas</i>
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Supporting Document Schedules

Satisfied -Name:	Uniform Transmittal Document- Property & Casualty	Review Status:	Filed	03/14/2008
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Comments:
Attachment:
AR R NAIC.pdf

Bypassed -Name:	NAIC Loss Cost Filing Document for OTHER than Workers' Comp	Review Status:	Filed	03/14/2008
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Bypass Reason: Not applicable
Comments:

Bypassed -Name:	NAIC loss cost data entry document	Review Status:	Filed	03/14/2008
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Bypass Reason: Not applicable
Comments:

Satisfied -Name:	Exp Memo	Review Status:	Filed	03/14/2008
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Comments:
Attachment:
Exp Memo SSP 03-2008.pdf

Satisfied -Name:	Filing Auth Letter	Review Status:	Filed	03/14/2008
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Comments:
Attachment:
FA Letter.pdf

FORM UT 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:	
New Business	
Renewal Business	
f. State Filing #:	
g. SERFF Filing #:	
h. Subject Codes	

3. Group Name	Group NAIC #

4. Company Name(s)	Domicile	NAIC #	FEIN #
Nova Casualty Company	NY	42552	16-1140177

5. Company Tracking Number	NCC-AR-SSP-08-01-RR
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Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6. Name and address	Title	Telephone #s	FAX #	e-mail
Rose Battles Insurance Regulatory Consultants 50 Broad Street, Suite 501 New York, NY 10004	Manager	(941) 926-0144	(212) 571-2502	rosebattles@irclic.com

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

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

9. Type of Insurance (TOI)	17.0000 Other Liability
10. Sub-Type of Insurance (Sub-TOI)	17.0019 Professional E&O
11. State Specific Product code(s) (if applicable)[See State Specific Requirements]	N/A
12. Company Program Title (Marketing title)	Social Services Program
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input checked="" type="checkbox"/> Rates/Rules <input type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other
14. Effective Date(s) Requested	New: Upon Approval Renewal:
15. Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
16. Reference Organization (if applicable)	N/A
17. Reference Organization # & Title	N/A
18. Company's Date of Filing	March 14, 2008
19. Status of filing in domicile	<input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

Property & Casualty Transmittal Document—

20. This filing transmittal is part of Company Tracking # | NCC-AR-SSP-08-01-RR

21. Filing Description [This area should be similar to the body of a cover letter and is free-form text]

Nova Casualty Company (NCC) is submitting independent rates and rules to provide Professional Liability coverage to various types of social service agencies whose purpose is to provide humanistic services to those who are in need. This program is marketed through a single production source, which is responsible for all underwriting, policy issuance and claims handling.

This program is based on the currently filed and approved rates and rules by Royal Indemnity Company. These rates and rules were initially filed and approved in 1995 on behalf of Royal Special Risks Insurance Company. In 1999, the program was transferred to another member of the group of Royal Insurance Companies, Royal Indemnity Company. The differences between the program being filed by Nova and the Royal program are highlighted in the attached explanatory memorandum.

The forms that will be used with this program are being filed separately as required.

Attached for your review are the following:

- State Required Filing Forms
- Explanatory Memorandum
- Copies of Independent Rates and Rules

A fee in the amount of \$100.00 is being submitted to cover the required filing fee.

We ask that this filing become effective for all policies effective upon approval.

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 #: EFT
Amount: \$100

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

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

RATE/RULE FILING SCHEDULE

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

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

1.	This filing transmittal is part of Company Tracking #	NCC-AR-SSP-08-01-RR
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2.	This filing corresponds to form filing number (Company tracking number of form filing, if applicable)	NCC-AR-SSP-08-01-F
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Rate Increase
 Rate Decrease
 Rate Neutral (0%)

3.	Filing Method (Prior Approval, File & Use, Flex Band, etc.)	Prior Approval
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4a.	Rate Change by Company (As Proposed)					
Company Name	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change (where required)	Minimum % Change (where required)
Nova Cas Co	N/A - New	N/A - New	N/A - New	N/A - New	N/A - New	N/A - New

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

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

6.	Overall percentage of last rate revision	N/A
7.	Effective Date of last rate revision	N/A
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	NCC-SSP-CW-RULES Pages 1-5	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
02	NCC-SSP-CW-RATES Pages 1-2	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
03	NCC-SSP-GP1-Rates Page 1	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
04	NCC-SSP-AR-RULES Pages 1	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
05		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	

**NOVA CASUALTY COMPANY
PROFESSIONAL LIABILITY
SOCIAL SERVICES PROGRAM**

EXPLANATORY MEMORANDUM – RATES, RULES & FORMS

Summary

Nova Casualty Company (NCC) is submitting independent rates, rules and forms to provide Professional Liability coverage to various types of social service agencies whose purpose is to provide humanistic services to those who are in need. This program is marketed through a single production source, which is responsible for all underwriting, policy issuance and claims handling.

This program is based on the currently filed and approved rates, rules and forms by Royal Indemnity Company. These rates, rules and forms were initially filed and approved in 1995 on behalf of Royal Special Risks Insurance Company. In 1999, the program was transferred to another member of the group of Royal Insurance Companies, Royal Indemnity Company. The differences between the program being filed by Nova and the Royal program are discussed below.

Rates and Rules

The base rates and rating rules that will be used with this program are based on those filed by Royal Indemnity Company and approved for use in your state.

The following rate and rule pages are attached:

1. Division Seven – Professional Liability - Countrywide Supplemental Rules
NCC-SSP-CW-RULES
2. Division Seven – Professional Liability – Countrywide Supplemental Rates
NCC-SSP-CW-RATES
3. Division Seven – Professional Liability – State Exception Pages
NCC-SSP-STATE-RULES
4. Division Seven - Professional Liability - State Rate Pages
NCC-SSP-STATE GROUP-RATES

The differences (other than formatting and company name changes) between the rates and rules contained in the above pages from the approved Royal Indemnity program are as follows:

Division Seven – Professional Liability – Countrywide Supplemental Rates
NCC-SSP-CW-RATES

On Page 2 of 2 of this portion of the manual, we revised the Increased Limits Table for Abuse and Molestation coverage (Section II.1.E.(2)) as follows:

1. The increased limits factors for \$50K/\$300K and \$300K/\$200K have been deleted. These coverage options will not be available under this program written by Nova.
2. We have added an increased limits factor of 1.29 for \$50K/\$200K. This is the same increased limits factor that is used for \$50K/\$300K limits in the Royal program.

Division Seven - Professional Liability - State Rate Pages
NCC-SSP-STATE GROUP-RATES

The Base Rates-Client Types and the Professional/Client Type Rates are 25% less than the approved rates for Royal. The lower rates are required in order for Nova to compete for this type of business.

**NOVA CASUALTY COMPANY
PROFESSIONAL LIABILITY
SOCIAL SERVICES PROGRAM**

EXPLANATORY MEMORANDUM – RATES, RULES & FORMS

Forms

The independent forms that will be used with this program are based on the currently approved forms for Royal Indemnity Company as referenced above. These filed forms have been reformatted and reconstructed to track with the Insurance Services Office Professional Liability forms. These changes were made without changing any of the coverages or provisions of the Royal forms. The policy to be used for this program will consist of the following:

1. Insurance Services Office - Common Policy Conditions - IL 00 17 11 98
2. Independent Coverage Form - Professional Liability Insurance Policy (Occurrence Version) - APL00031106
3. Independent Endorsements - Countrywide endorsements as listed below
4. Insurance Services Office - Professional Liability - Mandatory Endorsements
5. Insurance Services Office - Professional Liability - Optional Endorsements as applicable to this coverage
6. Independent Endorsements - State-specific endorsement(s) as included in this filing

The Insurance Services Office (ISO) Professional Liability forms are available for use by NCC as part of its ISO affiliation. The following countrywide independent forms are attached:

Nova Casualty Company - Independent Professional Liability Forms	
Form Number	Form Title
APL00011106	Professional Liability Declarations (Occurrence Version)
APL00031106	Professional Liability Insurance Policy (Occurrence Version)
APL00071106	Abuse And Molestation Coverage Endorsement
APL00081106	Additional Insured Endorsement
APL00111106	Contractual Liability Amendment Endorsement
APL00121106	Contractual Liability Amendment – Specific Contracts Endorsement



Corporate Office (Buffalo Branch):
180 Oak Street
Buffalo, NY 14203-1691
Phone (716) 856-3722
Commercial Lines/Motorcycle
Fax (716) 855-1240
Claims
Fax (716) 856-0069
Premium Accounting
Fax (716) 856-4351
Bond Dept.
Fax (716) 852-5590
www.novacasualty.com

LETTER OF FILING AUTHORIZATION

This will certify that Insurance Regulatory Consultants, LLC (IRC) has been given full authorization to submit the captioned filing below on behalf of **Nova Casualty Company**. This authorization extends to all correspondence regarding this filing

Craig Rappaport
Name

February 1, 2008
Date

Senior Vice President
Title

Nova Casualty Company
Company


Signature

(716) 856-3722
Telephone Number

**Re: Nova Casualty Company
NAIC #: 42552
Professional Liability
Social Services Program**

Regional Underwriting Offices

(All Claims to Corporate Office Above)

Florida
P O Box 52-0953 • Miami, FL 33152-0953
Phone (305) 594-3500 • Fax (305) 477-6109

Georgia
4231 Pleasant Hill Rd, Suite C • Duluth, GA 30096
Phone (678) 473-6207 • Fax (678) 473-6208