

SERFF Tracking Number: PHLX-125610920 State: Arkansas
 Filing Company: Philadelphia Indemnity Insurance Company State Tracking Number: #43211 \$125
 Company Tracking Number: PR AR0034902R01
 TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0019 Professional Errors & Omissions Liability
 Product Name: Fitness Wellness PG
 Project Name/Number: Fitness Wellness PG/PR AR0034902R01

Filing at a Glance

Company: Philadelphia Indemnity Insurance Company

Product Name: Fitness Wellness PG SERFF Tr Num: PHLX-125610920 State: Arkansas
 TOI: 17.0 Other Liability - Claims SERFF Status: Closed State Tr Num: #43211 \$125
 Made/Occurrence
 Sub-TOI: 17.0019 Professional Errors & Omissions Liability Co Tr Num: PR AR0034902R01 State Status: Fees verified and received
 Filing Type: Rate/Rule Co Status: Reviewer(s): Betty Montesi, Edith Roberts, Brittany Yielding
 Author: SPI PhiladelphiaIndemnity Disposition Date: 04/28/2008
 Date Submitted: 04/15/2008 Disposition Status: Filed
 Effective Date Requested (New): 05/15/2008 Effective Date (New):
 Effective Date Requested (Renewal): Effective Date (Renewal):
 State Filing Description:

General Information

Project Name: Fitness Wellness PG Status of Filing in Domicile:
 Project Number: PR AR0034902R01 Domicile Status Comments:
 Reference Organization: Reference Number:
 Reference Title: Advisory Org. Circular:
 Filing Status Changed: 04/28/2008
 State Status Changed: 04/28/2008 Deemer Date:
 Corresponding Filing Tracking Number:
 Filing Description:

The Philadelphia Indemnity Insurance Company files for your review, and where required approval, the enclosed rates and rules that are part of our new Day Spa and Tanning Professional Liability program. This new program provides coverage of damages caused by professional incidents arising out of an insured's day spa or tanning exposure. It will be made available on a package basis for risks with day spa or tanning exposures that are members of our Fitness and Wellness Liability Purchasing Group Insurance Program.

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Enclosed is Rating Rule PI-DS-1 through 5 (04/08), which provides rating for this program and Rule Page PI-DS-RU CW (03/08) which provides an explanation of forms usage. The rates for this program were developed based on a New Hampshire Insurance Company rating plan approved in our domiciliary state of Pennsylvania. Attached is actuarial support.

The above referenced rates and rules are new and do not replace any existing rates and rules.

As this is a new program filing, it will not have any rate level effect.

Corresponding forms for this program are being filed under separate cover.

Company and Contact

Filing Contact Information

Gary Corbi, Senior Compliance Analyst
One Bala Plaza (610) 617-5980 [Phone]
Bala Cynwyd, PA 19004 (866) 374-1070[FAX]

Filing Company Information

Philadelphia Indemnity Insurance Company CoCode: 18058 State of Domicile: Pennsylvania
One Bala Plaza Group Code: 677 Company Type:
Suite 100
Bala Cynwyd, PA 19004 Group Name: Philadelphia Insurance Companies State ID Number:
(610) 617-7900 ext. [Phone] FEIN Number: 231738402

Filing Fees

Fee Required? Yes
Fee Amount: \$125.00

SERFF Tracking Number: PHLX-125610920 *State:* Arkansas
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Retaliatory? No
Fee Explanation:
Per Company: No

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Liability

Product Name: Fitness Wellness PG
Project Name/Number: Fitness Wellness PG/PR AR0034902R01

CHECK NUMBER	CHECK AMOUNT	CHECK DATE
43211	\$125.00	04/09/2008

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed	Edith Roberts	04/28/2008	04/28/2008

SERFF Tracking Number: PHLX-125610920 State: Arkansas
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Disposition

Disposition Date: 04/28/2008
 Effective Date (New):
 Effective Date (Renewal):
 Status: Filed
 Comment:

Company Name:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Premium:	Maximum % Change (where required):	Minimum % Change (where required):	Overall % Indicated Change:
Philadelphia Indemnity Insurance Company	%	\$		\$	%	%	%

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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 Document for OTHER than Workers' Comp	Filed	Yes
Supporting Document	Arkansas rule cover letter, Explanatory Memo	Filed	Yes
Supporting Document	Rate support	Filed	Yes
Supporting Document	NAIC loss cost data entry document	Filed	Yes
Rate	Rating Rules	Filed	Yes
Rate	Rule Page	Filed	Yes

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State: Arkansas
 State Tracking Number: #43211 \$125
 Sub-TOI: 17.0019 Professional Errors & Omissions Liability

Rate Information

Rate data applies to filing.

Filing Method: Prior Approval
Rate Change Type: Neutral
Overall Percentage of Last Rate Revision: Neutral
Effective Date of Last Rate Revision:
Filing Method of Last Filing:

Company Rate Information

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Premium:	Maximum % Change (where required):	Minimum % Change (where required):
Philadelphia Indemnity Insurance Company	%	%				%	%

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Rate/Rule Schedule

Review Status:	Exhibit Name:	Rule # or Page #:	Rate Action	Previous State Filing Attachments Number:
Filed	Rating Rules	PI-DS-1 through PI-DS-5	New	PI-DS-1 through PI-DS-5.PDF
Filed	Rule Page	PI-DS-RU CW	New	PI-DS-RU CW.PDF

Philadelphia Indemnity Insurance Company

COUNTRYWIDE GENERAL RATING RULES

DAY SPA AND TANNING INSURANCE PROGRAM

Our new Day Spa program is available to members of the Fitness and Wellness Liability Purchasing Group Insurance Program who reside and work in the United States of America. The rates and rating factors for this program are as follows:

1. **Base Rate:** The rates shown in these rating rules have been developed for employees and for units of equipment such as tanning beds or hydrotherapy tables. The base rate per employee or unit of equipment for Professional Liability coverage is shown in Table 1 below.

Table 1:

Base Rate	\$361
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2. **Increased Limits:** The base rate has been developed for limits of \$100,000 each incident/\$200,000 general aggregate. For higher limits use Insurance Services Office's Premises/Operations Increased Limits Factor Table 1.
3. **Relativity Factors:** Multiply the rate shown in Rule 1 by the applicable Relativity Factor from in Table 2.

Table 2:

Classification	Exposure	PIIC Class Relativities
Aesthetician	Per Person	1.00
Masseuse	Per Person	1.00
Body Wrap Technicians	Per Person	1.00
Manicurist	Per Person	0.50
Beauticians	Per Person	0.50
Electrologists	Per Person	0.88
Pilates Instructor	Per Person	0.50
Yoga Instructor	Per Person	0.50
Fitness Instructor	Per Person	0.50
Aerobic Instructor	Per Person	0.50
Student (Aesthetician or Electrologist)	Per Person	0.19
Tanning Beds/Booths	Per Unit	1.00
Hydrotherapy Table/Tub	Per Unit	0.50
Exercise Equipment	Per Unit	0.50

Philadelphia Indemnity Insurance Company

COUNTRYWIDE GENERAL RATING RULES

DAY SPA AND TANNING INSURANCE PROGRAM

4. **Experience Factor:** Multiply the Experience Factor from Table 3 below to the premium developed above. Use the highest applicable factor, if any, based on the applicant's number of claims in the past three years. As used below, a **claim** is defined as an incident which results in a payment of more than \$2,500 or the sum of payments and case reserves of more than \$5,000 on behalf of the applicant.

Table 3:

Number of claims	Factor
1	1.10
2	1.20
3 or more	Refer to Company

5. **Territorial Multiplier:** Multiply the premium developed above by the applicable factor from Table 4 below.

Table 4:

State	Zip Code	Territory Multiplier
AL	ALL	1.000
AK	ALL	1.000
AZ	ALL	1.000
AR	ALL	1.000
CA	ALL	1.000
CO	ALL	1.000
CT	ALL	1.000
DE	ALL	1.000
DC	ALL	1.000
FL	ALL	1.000
GA	ALL	1.000
HI	ALL	1.000
ID	ALL	1.000
IL	ALL	1.000
IN	ALL	1.000
IA	ALL	1.000
KS	ALL	1.000
KY	ALL	1.000
ME	ALL	1.000
MD	ALL	1.000
MA	ALL	1.000
MI	ALL	1.000

Philadelphia Indemnity Insurance Company

COUNTRYWIDE GENERAL RATING RULES

DAY SPA AND TANNING INSURANCE PROGRAM

MN	ALL	1.000
MS	ALL	1.000
MO	ALL	1.000
MT	ALL	1.000
NE	ALL	1.000
NV	ALL	1.000
NH	ALL	1.000
NJ	ALL	1.000
NM	ALL	1.000
NY	ALL	1.000
NC	ALL	1.000
ND	ALL	1.000
OH	ALL	1.000
OK	ALL	1.000
OR	ALL	1.000
PA	ALL	1.000
RI	ALL	1.000
SC	ALL	1.000
SD	ALL	1.000
TN	ALL	1.000
TX	ALL	1.000
UT	ALL	1.000
VA	ALL	1.000
VT	ALL	1.000
WA	ALL	1.000
WV	ALL	1.000
WI	ALL	1.000
WY	ALL	1.000

Philadelphia Indemnity Insurance Company

COUNTRYWIDE GENERAL RATING RULES

DAY SPA AND TANNING INSURANCE PROGRAM

6. **Size of Premium Credit:** Multiply the premium developed above by the applicable factor, if any, from Table 5 below.

Table 5:

Description	Factor
Size of Premium Credit	1.00

7. **Prior Acts Coverage Factor:** If the applicant has applied for coverage under the Claims Made Coverage Form, multiply the premium developed above by the factor shown in Table 6 below.

Table 6:

Number of years of Prior Acts Coverage provided	Factor
0	0.875
1	0.900
2	0.925
3	0.950
4	0.975
5+	1.000

8. **Schedule Rating:**

A schedule rating modification may be applied to each applicant's premium, in accordance with the individual risk characteristics shown in Schedule Rating Table 7 below. Individual modifications are to be added together and the result applied to the premium. The total premium modification to be applied is limited to +/- 25%.

Table 7:

Risk Characteristic	Range of Credits or Debits
Claims Frequency	.75 – 1.25
Claims Severity	.75 – 1.25
Laundry Service Used	.90 – 1.10
Private Label Products Used	.90 – 1.10
Longevity of Business	.80 – 1.20
Continuing Education	.90 – 1.10
Staff: Receipts Ratio	.85 – 1.15
Client Visit Records	.90 – 1.10
Maximum Debit/Credit	25%

Philadelphia Indemnity Insurance Company

COUNTRYWIDE GENERAL RATING RULES

DAY SPA AND TANNING INSURANCE PROGRAM

9. The Minimum Policy Premium, applicable to both individuals and entities, is shown in Table 8 below. It is the lowest amount for which insurance may be written for each full year of coverage.

Table 8:

Minimum Policy Premium	
Individuals Policy	\$250
Entity Policy	\$500

10. **Calculating Premiums:**
- Multiply the Base Rate shown in Table 1 by the applicable Relativity Factor shown in Table 2.
 - Multiply the result by the Experience Factor shown in Table 3.
 - Multiply the result by the Territorial Multiplier shown in Table 4.
 - Multiply the result by the Size of Premium Credit shown in Table 5.
 - If using the Claims Made Coverage Form, multiply the result by the Prior Acts Coverage Factor shown in Table 6.
 - Schedule Rating as shown in Table 7 may be applied to the rates.
 - Additional Insureds may impact rates as shown in Item 2.
 - Increased Limits will impact rates as discussed in Item 3.

The premium for an entity will be the combined premium under this program for all of the entities insured employees and units of equipment.

**Philadelphia Indemnity Insurance Company
Independent Professional Liability Forms
Day Spa and Tanning**

The following independent professional liability coverage forms are available countrywide for risks that are members of our Fitness and Wellness Liability Purchasing Group Insurance Program.

1. Day Spa and Tanning Professional Liability Coverage Form (Occurrence)
 - a. Description: This optional occurrence coverage form provides coverage for damages arising out of a professional incident that occurs in the course of providing services at a Day Spa or Tanning Salon.
 - b. Form: PI-DS-003
 - c. Premium Determination: Refer to the rating shown in the Countrywide General Rating Rules pages DS-1 through 5.

2. Day Spa and Tanning Professional Liability Coverage Form Declarations (Occurrence)
 - a. Description: This is the Declarations page that will be issued to any insured that elects coverage under the occurrence Day Spa and Tanning Professional Liability Coverage Form PI-DS-003.
 - b. Form: PI-DS-003D
 - c. Premium Determination: There is no premium charge.

3. Day Spa and Tanning Professional Liability Coverage Form (Claims Made)
 - a. Description: This optional claims made coverage form provides coverage for damages arising out of a professional incident that occurs in the course of providing services at a Day Spa or Tanning Salon.
 - b. Form: PI-DS-004
 - c. Premium Determination: Refer to the rating shown in the Countrywide General Rating Rules pages DS-1 through 5.

4. Day Spa and Tanning Professional Liability Coverage Form Declarations (Claims Made)
 - a. Description: This is the Declarations page that will be issued to any insured that elects coverage under the claims made Day Spa and Tanning Professional Liability Coverage Form PI-DS-004.
 - b. Form: PI-DS-004D
 - c. Premium Determination: There is no premium charge.

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 Product Name: Fitness Wellness PG
 Project Name/Number: Fitness Wellness PG/PR AR0034902R01

Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-Property & Casualty **Review Status:** Filed 04/28/2008

Comments:

Attachments:

ARPCTDRules.PDF
 ARRRFS-1.PDF

Bypassed -Name: NAIC Loss Cost Filing Document for OTHER than Workers' Comp **Review Status:** Filed 04/28/2008

Bypass Reason: n/a. not a loss cost adoption filing.

Comments:

Satisfied -Name: Arkansas rule cover letter, Explanatory Memo **Review Status:** Filed 04/28/2008

Comments:

Attachments:

Arkansas rule cover letter.PDF
 Explanatory Memo.PDF

Satisfied -Name: Rate support **Review Status:** Filed 04/28/2008

Comments:

Attachment:

Rate support.PDF

Bypassed -Name: NAIC loss cost data entry document **Review Status:** Filed 04/28/2008

Bypass Reason: n/a. not a loss cost adoption or rate change filing. Filing of new rates for a new program.

Comments:

Property & Casualty Transmittal Document

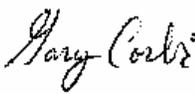
1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only
	a. Date the filing is received:
	b. Analyst:
	c. Disposition:
	d. Date of disposition of the filing:
	e. Effective date of filing:
	f. State Filing #:
	g. SERFF Filing #:

3. Group Name	Group NAIC #
Philadelphia Insurance Companies	0677

4. Company Name(s)	Domicile	NAIC #	FEIN #
Philadelphia Indemnity Insurance Company	PA	18058	23-1738402

5. Company Tracking Number	PR AR0034902R01
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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
	Gary Corbi, One Bala Plaza, Suite 100 Bala Cynwyd, PA 19004	Compliance Analyst	(610) 617-5980	None	gcorbi@phlyins.com
	7. Signature of authorized filer				
	8. Please print name of authorized filer		Gary Corbi		

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

9. Type of Insurance (TOI)	17.0 Other Liability - Claims Made/Occurrence
10. Sub-Type of Insurance (Sub-TOI)	17.0019 Professional Errors & Omissions Liability
11. State Specific Product code(s) (if applicable)[See State Specific Requirements]	N/A
12. Company Program Title (Marketing title)	Day Spa and Tanning Professional Liability 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 (give description)
14. Effective Date(s) Requested	New: 5/15/2008 Renewal: 5/15/2008
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	April 15, 2008
19. Status of filing in domicile	<input type="checkbox"/> Not Filed <input checked="" type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

Property & Casualty Transmittal Document—

20.	This filing transmittal is part of Company Tracking #	PR AR0034902R01
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21.	Filing Description [This area should be similar to the body of a cover letter and is free-form text]
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The Philadelphia Indemnity Insurance Company files for your review, and where required approval, the enclosed rates and rules that are part of our new Day Spa and Tanning Professional Liability program. This new program provides coverage of damages caused by professional incidents arising out of an insured's day spa or tanning exposure. It will be made available on a package basis for risks with day spa or tanning exposures that are members of our Fitness and Wellness Liability Purchasing Group Insurance Program.

Enclosed is Rating Rule PI-DS-1 through 5 (04/08), which provides rating for this program and Rule Page PI-DS-RU CW (03/08) which provides an explanation of forms usage. The rates for this program were developed based on a New Hampshire Insurance Company rating plan approved in our domiciliary state of Pennsylvania. Attached is actuarial support.

The above referenced rates and rules are new and do not replace any existing rates and rules.

As this is a new program filing, it will not have any rate level effect.

Corresponding forms for this program are being filed under separate cover.

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]
<p>Check #: 43211 Amount: \$125.00</p> <p>Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.</p>	

*****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.)

1.	This filing transmittal is part of Company Tracking #	PR AR0034902R01	
2.	This filing corresponds to form filing number (Company tracking number of form filing, if applicable)	PR AR0034902F01	
<input type="checkbox"/> Rate Increase <input type="checkbox"/> Rate Decrease <input checked="" type="checkbox"/> Rate Neutral (0%)			
3.	Overall percentage rate impact for this filing	None	
4.	Effect of Rate Filing – Written premium change for this program	None	
5.	Effect of Rate Filing – Number of policyholders	None	
6.	Filing Method (Prior Approval, File & Use, Flex Band, etc.)	Prior Approval	
7.	Rate Change by Company		
Company Name		Percentage Change	Effect of Rate Filing
			# of policyholders for this program
			Written premium change for this program
None		None. New program.	
8.	Overall percentage of last rate revision	None	
9.	Effective Date of last rate revision	None	
10.	Filing Method of Last filing (Prior Approval, File & Use, Flex Band, etc.)	None	

11.	Exhibit Name/Description /Synopsis	Rule # or Page #	Replacement or Withdrawn?	Previous state filing number, if required by state
01	Rating Rule Pages	DS-1 through DS-5 (04/08)	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither	None
02	Rule Page	PI-DS-RU CW (03/08)	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither	None
03			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither	
04			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither	
05			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither	
06			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither	

To be complete, a rate/rule filing must include the following:

1. A completed Rate/Rule Filing Transmittal document (PC RRFS-1) (Do not refer to the body of the filing for the component/exhibit listing.) and,
2. A completed Property & Casualty Transmittal Document (PC TD-1) and,
3. One copy of all rate/rule components/exhibits submitted with the filing, and
4. The appropriate state review requirements, if required, and
5. The appropriate filing fees, if required, and
6. A postage-paid, self-addressed envelope large enough to accommodate the return

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

**DESCRIPTION OF ITEMS
IN THE PROPERTY AND CASUALTY
RATE/RULE FILING SCHEDULE**

- 1. This filing transmittal is part of Company Tracking #:** This ties all of the pages of the transmittal to the same filing. It is helpful for the state
- 2. This filing corresponds to form filing number:** Many states require that rates and forms be submitted separately due to different review procedures that are required by law. For those states, this will tie the form filing with the associated rate filing, if there is one.
Use check boxes to indicate if this is a rate increase, a rate decrease or rate neutral.
- 3. Overall percentage rate impact for this filing:** This is the statewide average percentage change to the approved rates for the coverages included in the filing.
- 4. Effect of Rate Filing—Written Premium Change for this program:** This is the statewide change in written premium based on the requested overall percentage rate impact (#3).
- 5. Effect of Rate Filing—Number of policyholders:** This is the number of policyholders affected by the overall percentage rate impact (#3).
- 6. Filing Method (Prior Approval, File & Use, Flex Band, etc):** This is the review method for which the filing is being submitted. See State Specific Requirements.
- 7. Rate Change by Company:** If the filing is for multiple insurance companies, please indicate the changes by company.
- 8. Overall percentage of last rate revision:** This is the statewide average of the last percentage change implemented in the state.
- 9. Effective Date of last rate revision:** This is the implementation date of the last overall percentage rate impact.
- 10. Filing Method of Last Filing (Prior Approval, File & Use, Flex Band, etc):** This is the review method for which the last filing was submitted. See State Specific Requirements.
- 11. Component or Exhibit Name/Description/Synopsis:** This is the list of changes to the rate/rule manual.

Philadelphia Indemnity Insurance Company

April 15, 2008

Commissioner of Insurance
Arkansas Insurance Department
1200 West Third Street
Little Rock, AR 72201-1904

Subject: Philadelphia Indemnity Insurance Company
NAIC# 677-18058 FEIN# 23-1738402
Rate and Rule filing of a Day Spa and Tanning Professional Liability program
Line 17, Other Liability
Filing Number: PR AR0034902R01

\$125.00 Filing Fee

Dear Sir or Madam:

The Philadelphia Indemnity Insurance Company files for your review, and where required approval, the enclosed rates and rules that are part of our new Day Spa and Tanning Professional Liability program. This new program provides coverage of damages caused by professional incidents arising out of an insured's day spa or tanning exposure. It will be made available on a package basis for risks with day spa or tanning exposures that are members of our Fitness and Wellness Liability Purchasing Group Insurance Program.

Enclosed is Rating Rule PI-DS-1 through 5 (04/08), which provides rating for this program and Rule Page PI-DS-RU CW (03/08) which provides an explanation of forms usage. The rates for this program were developed based on a New Hampshire Insurance Company rating plan approved in our domiciliary state of Pennsylvania. Attached is actuarial support.

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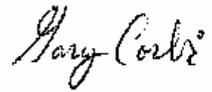
Corresponding forms for this program are being filed under separate cover.

We would like to implement this filing on the earlier of May 15, 2008 or the first date possible after receiving your Department's approval. We are making this filing concurrently in our domiciliary state of Pennsylvania.

Your acknowledgement and or approval will be appreciated. Please contact me at the phone number or e-mail address shown below if you have any questions or comments.

Sincerely,

Philadelphia Indemnity Insurance Company

A handwritten signature in cursive script that reads "Gary Corbi".

Gary Corbi
Product Development Specialist
PHONE: 610-617-5980
gcorbi@phlyins.com

Philadelphia Indemnity Insurance Company
Forms Explanatory Memorandum - Countrywide
Professional Liability – Day Spa and Tanning Professional Liability Coverage

Philadelphia Indemnity Insurance Company is introducing Day Spa and Tanning Professional Liability Coverage Forms and Declarations pages that will be available for risks with day spa or tanning exposures that are members of our Fitness and Wellness Liability Purchasing Group Insurance Program.

A copy of the coverage forms and declaration pages are enclosed for your review.

- 1) Day Spa and Tanning Professional Liability Coverage Form PI-DS-003 (11/07) provides occurrence coverage for damages caused by professional incidents arising out of the insured's day spa or tanning exposure. Coverage applies to entities, as well as to individual employees and units of equipment.
- 2) Day Spa and Tanning Professional Liability Coverage Form Declarations PI-DS-003D (12/07) is used when the occurrence Day Spa and Tanning Professional Liability Coverage Form Declarations page is attached to the policy.
- 3) Day Spa and Tanning Professional Liability Coverage Form PI-DS-004 (11/07) provides claims made coverage for damages caused by professional incidents arising out of the insured's day spa or tanning exposure. Coverage applies to entities, as well as to individual employees and units of equipment.
- 4) Day Spa and Tanning Professional Liability Coverage Form Declarations PI-DS-004D (12/07) is used when the claims made Day Spa and Tanning Professional Liability Coverage Form Declarations page is attached to the policy.

PHILADELPHIA INDEMNITY INSURANCE COMPANY
FILING MEMORANDUM
DAY SPA PROFESSIONAL LIABILITY

Philadelphia Indemnity Insurance Company (PIIC) is introducing rates and rating factors for a new Day Spa Professional Liability Coverage. This filing applies to professional liability and rates are developed for employees as well as units of equipment such as tanning beds or hydrotherapy tables.

The rates for day spas are based off the New Hampshire Insurance Company (NHIC) rating plan approved in Pennsylvania (filing # B03685001). NHIC uses a flat rate per person or unit PIIC will also apply a rate per employee or unit based on a relativity factor and will continue to use ISO deductible factors and ISO ILF's from the Prem/Ops table 1. Other applicable factors include a retroactive credit for claims-made coverage, a territory multiplier, and a size of premium credit. The territory multiplier has been set to one initially. See attached Tables A-G of the Rate Development exhibit.

The NHIC rating plan is the starting point for the PIIC rating plan. The basic limits were changed from \$1M/\$2M to \$100k/\$200k. The NHIC experience has been reflected in the PIIC proposed rates through a restated countrywide indication. The trend factor was reduced and the NHIC ELR has been replaced with the PIIC ELR. The restated indication is reduced by the rate change adopted by the NHIC to develop the proposed rates. The relative NHIC base rate for each profession is used as the basis for the PIIC relativities. See attached Table A of the Rate Development exhibit as well as attached Loss Trend and Rate Level Indication exhibits. There is also a rating example provided.

PHILADELPHIA INDEMNITY INSURANCE COMPANY
 DAY SPA PROFESSIONAL LIABILITY
 RATING PLAN

Base Rates at \$100k / \$200k - Occurrence

Table A

PIIC Rate at \$100K/\$200K
361

Table B

Classification	Exposure	PIIC Class Relativities
Aesthetician	Per Person	1.00
Masseuse	Per Person	1.00
Body Wrap Technicians	Per Person	1.00
Manicurist	Per Person	0.50
Beauticians	Per Person	0.50
Electrologists	Per Person	0.88
Pilates Instructor	Per Person	0.50
Yoga Instructor	Per Person	0.50
Fitness Instructor	Per Person	0.50
Aerobic Instructor	Per Person	0.50
Student (Aesthetician or Electrologist)	Per Person	0.19
Tanning Beds/Booths	Per Unit	1.00
Hydrotherapy Table/Tub	Per Unit	0.50
Exercise Equipment	Per Unit	0.50

Table C

Number of Claims	Factor
1	1.10
2	1.20
3 or more	Refer to Company

Table D

Additional Charges	
Size of Premium Credit	1.00

Table E - For Claims-Made Coverage

Prior Acts Modification Factor	
0	0.875
1	0.900
2	0.925
3	0.950
4	0.975
5+	1.000

Table F

Schedule Rating	
Claims Frequency	0.75 - 1.25
Claims Severity	0.75 - 1.25
Laundry Service Used	0.90 - 1.10
Private Label Products Used	0.90 - 1.10
Longevity of Business	0.80 - 1.20
Continuing Education	0.90 - 1.10
Staff: Receipts Ratio	0.85 - 1.15
Client Visit Records	0.90 - 1.10
Maximum Debt/Credit	25%

Table G

Minimum Policy Premium	
Individuals Policy	\$250
Entity Policy	\$500

**ISO ILF's from the Prem/Ops Table 1 Apply

**ISO Deductible Factors from the Prem/Ops Deductible Discount Factor - Bodily Injury and Property
 Damage Table 1 Apply

PHILADELPHIA INDEMNITY INSURANCE COMPANY
 DAY SPA PROFESSIONAL LIABILITY
 RATING PLAN

Table H - Territory Multiplier

State	Zipcode	Territory Multiplier
AL	All	1.000
AK	All	1.000
AZ	All	1.000
AR	All	1.000
CA	All	1.000
CO	All	1.000
CT	All	1.000
DE	All	1.000
DC	All	1.000
FL	All	1.000
GA	All	1.000
HI	All	1.000
ID	All	1.000
IL	All	1.000
IN	All	1.000
IA	All	1.000
KS	All	1.000
KY	All	1.000
LA	All	1.000
ME	All	1.000
MD	All	1.000
MA	All	1.000
MI	All	1.000
MN	All	1.000
MS	All	1.000
MO	All	1.000
MT	All	1.000
NE	All	1.000
NV	All	1.000
NH	All	1.000
NJ	All	1.000
NM	All	1.000
NY	All	1.000
NC	All	1.000
ND	All	1.000
OH	All	1.000
OK	All	1.000
OR	All	1.000
PA	All	1.000
RI	All	1.000
SC	All	1.000
SD	All	1.000
TN	All	1.000
TX	All	1.000
UT	All	1.000
VA	All	1.000
WA	All	1.000
WV	All	1.000
WI	All	1.000
WY	All	1.000

PHILADELPHIA INDEMNITY INSURANCE COMPANY
 DAY SPA PROFESSIONAL LIABILITY
 RATE DEVELOPMENT

Base Rates at \$100k / \$200k - Occurrence

Table A

a	b	c	d = (a / b) * c
NH Ins. Co. Rate at \$1M/\$2M	ISO ILF at \$1M/\$2M	*Indication Adjustment	PIIC Rate at \$100K/\$200K
400	1.32	1.190	361

Table B

Classification	Exposure	NH Ins. Co. Class Relativities	PIIC Class Relativities
Aesthetician	Per Person	1.00	1.00
Masseuse	Per Person	1.00	1.00
Body Wrap Technicians	Per Person	1.00	1.00
Manicurist	Per Person	0.50	0.50
Beauticians	Per Person	0.50	0.50
Electrologists	Per Person	0.88	0.88
Pilates Instructor	Per Person	0.50	0.50
Yoga Instructor	Per Person	0.50	0.50
Fitness Instructor	Per Person	0.50	0.50
Aerobic Instructor	Per Person	0.50	0.50
Student (Aesthetician or Electrologist)	Per Person	0.19	0.19
Tanning Beds/Booths	Per Unit	1.00	1.00
Hydrotherapy Table/Tub	Per Unit	0.50	0.50
Exercise Equipment	Per Unit	0.50	0.50

Table C

Number of Claims	Factor
1	1.10
2	1.20
3 or more	Refer to Company

Table D

Additional Charges	
Size of Premium Credit	1.00

Table E - For Claims-Made Coverage

PIIC Factors Currently on File with the State will Apply

Prior Acts Modification Factor	
0	0.875
1	0.900
2	0.925
3	0.950
4	0.975
5+	1.000

Table F

Schedule Rating	
Claims Frequency	0.75 - 1.25
Claims Severity	0.75 - 1.25
Laundry Service Used	0.90 - 1.10
Private Lable Products Used	0.90 - 1.10
Longevity of Business	0.80 - 1.20
Continuing Education	0.90 - 1.10
Staff: Receipts Ratio	0.85 - 1.15
Client Visit Records	0.90 - 1.10
Maximum Debit/Credit	25%

Table G

Minimum Policy Premium	
Individuals Policy	\$250
Entity Policy	\$500

*Indication Adjustment = (PIIC's Indication + 1) / (NH Ins Selected Rate Change + 1) = (1.558+1) / (1.149+1) = 1.190

**ISO ILF's from the Prem/Ops Table 1 Apply

**ISO Deductible Factors from the Prem/Ops Deductible Discount Factor - Bodily Injury and Property Damage Table 1 Apply

PHILADELPHIA INDEMNITY INSURANCE COMPANY
 DAY SPA PROFESSIONAL LIABILITY
 CALCULATION OF RATE LEVEL INDICATION

Countrywide	Accident Year	Total Limits Premium at Present Rates	Total Limits Ultimate at Loss & LAE	Ultimate Loss & LAE Ratio	Trend Factor Calculation	Trend Factor	Trend Loss & LAE Ratio	Weight	
	1	2001	1772	2209	1.247	$(1+0.07)^{\wedge} 7.507$	1.662	2.072	0.100
	2	2002	2370	2589	1.092	$(1+0.07)^{\wedge} 6.507$	1.553	1.697	0.150
	3	2003	2945	7248	2.461	$(1+0.07)^{\wedge} 5.507$	1.451	3.572	0.200
	4	2004	2922	3402	1.164	$(1+0.07)^{\wedge} 4.507$	1.357	1.579	0.250
	5	2005	2957	1988	0.672	$(1+0.07)^{\wedge} 3.507$	1.268	0.852	0.300

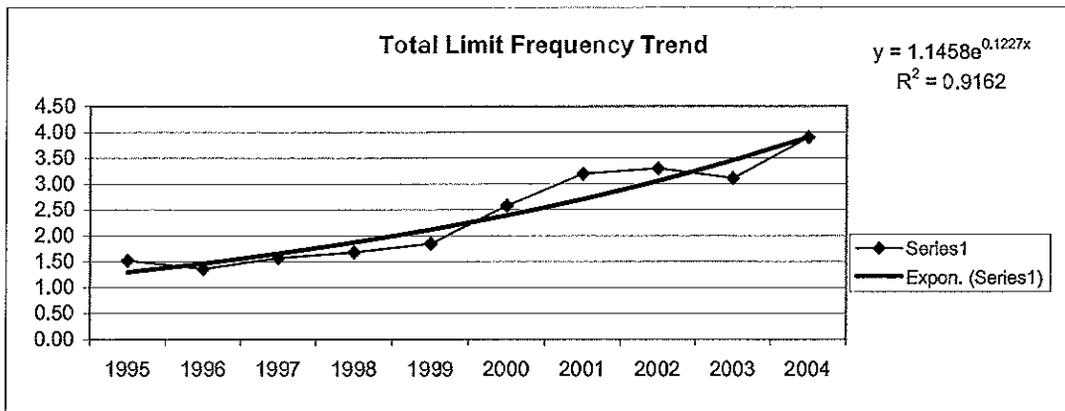
Weighted Average Ultimate Loss & LAE Ratio	1.827
Credibility Weights	1.000
Credibility Weighted Ultimate Loss & LAE Ratio	1.827
Target Loss and LAE Ratio	0.714
Indicated Rate Level Change	155.8%
Selected Rate Level Change	155.8%

Selected Loss Trend	7.0%
Average Accident Date for Latest Year	7/1/2005
Effective Date	1/1/2008
One Year Past Effective Date	1/1/2009
Trend Period for Projection	3.507

**PHILADELPHIA INDEMNITY INSURANCE COMPANY
DAY SPA PROFESSIONAL LIABILITY
CALCULATION OF ANNUAL TREND FACTOR**

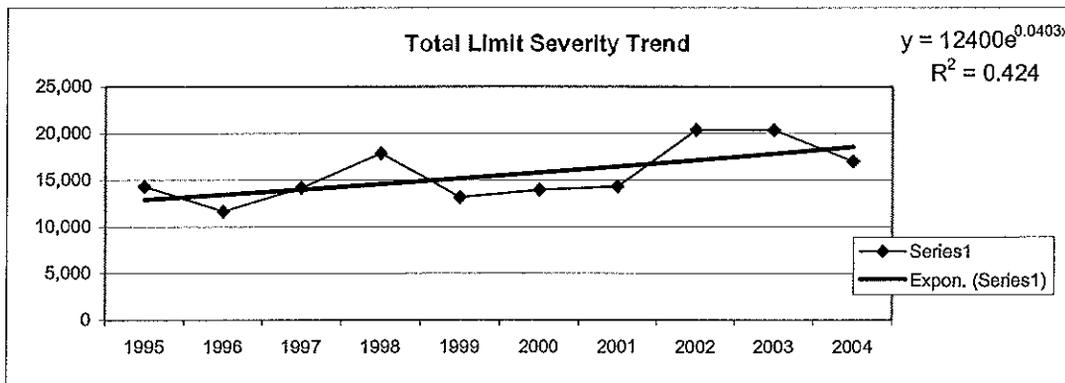
Policy Year	Ultimate Closed Claims	Number of Policies	Closed Claims Per 100 Policies	Exponential Curve of Best Fit
1995	1,176	77,494	1.51754	1.29538
1996	1,066	78,297	1.36148	1.46448
1997	1,256	79,929	1.57139	1.65567
1998	1,356	80,654	1.68126	1.87180
1999	1,524	82,492	1.84745	2.11616
2000	2,242	86,801	2.58292	2.39241
2001	2,892	90,541	3.19413	2.70473
2002	3,116	94,400	3.30085	3.05782
2003	3,070	98,684	3.11094	3.45701
2004	4,730	121,309	3.89913	3.90830

Average Annual Change in Claims Frequency 13.00%



Policy Year	Ultimate Closed Claims	Ultimate Paid Losses	Ultimate Paid Losses Per Claim	Exponential Curve of Best Fit
1995	1,176	16,843,538	14,322.7	12,909.9
1996	1,066	12,444,497	11,674.0	13,440.8
1997	1,256	17,828,237	14,194.5	13,993.5
1998	1,356	24,221,183	17,862.2	14,569.0
1999	1,524	20,071,413	13,170.2	15,168.1
2000	2,242	31,268,750	13,946.8	15,791.9
2001	2,892	41,473,373	14,340.7	16,441.3
2002	3,116	63,437,785	20,358.7	17,117.4
2003	3,070	62,501,204	20,358.7	17,821.3
2004	4,730	80,472,660	17,013.2	18,554.2

Average Annual Change in Claims Severity 4.11%



PURE PREMIUM TREND
SELECTED TREND

17.64%
7.00%

Philadelphia Indemnity Insurance Company
Investment Income Calculation
Commercial Multiple Peril (Liability Portion) - Occurrence - All Products
Countrywide

a	Target After-Tax Return on Surplus	20.9%
b	Federal Income Tax Load	23.6%
c	Target Pre-Tax Return on Surplus (a / (1 - b))	27.4%
d	Projected Investment Return on Surplus	3.8%
e	Target Return on Insurance Operations (c - d)	23.6%
f	Line of Business Premium / Surplus	1.20
g	Target Return on Premium (e / f)	19.7%
h	Expense Provisions	20.5%
i	Premium Discount Factor	1.000
j	Expense Discount Factor	0.989
k	Loss Discount Factor	0.841
l	Expected Loss Ratio ((i - g - h * j) / (k))	71.4%
m	Profit Provision (1 - h - l)	8.1%

(1)	Base Commission and Brokerage	10.0%
(2)	Contingent Commissions	0.0%
(3)	Other Acquisition	6.6%
(4)	General Expenses	1.6%
(5)	Residual Market Load	0.0%
(6)	Reinsurance Expense	0.0%
(7)	ULAE	0.0%
(8)	Taxes, Licenses, & Fees	2.3%
(9)	Total Expenses	20.5%
(10)	Profit Provision	8.1%
(11)	Expenses and Profit Provision	28.6%
(12)	Permissible Loss Ratio	71.4%
(13)	Total	100.0%

Year	Incremental Payout Pattern			Discount Factor	Discounted Payout		
	Premium	Expenses	Loss & LAE		Premium	Expenses	Loss & LAE
0.00	100.0%	48.8%	0.0%	1.000	100.0%	48.8%	0.0%
0.08	0.0%	0.0%	0.0%	0.996	0.0%	0.0%	0.0%
0.17	0.0%	0.0%	0.0%	0.992	0.0%	0.0%	0.0%
0.25	0.0%	11.2%	0.0%	0.988	0.0%	11.1%	0.0%
0.33	0.0%	0.0%	0.0%	0.984	0.0%	0.0%	0.0%
0.42	0.0%	0.0%	0.0%	0.980	0.0%	0.0%	0.0%
0.50	0.0%	40.0%	0.0%	0.976	0.0%	39.0%	0.0%
0.58	0.0%	0.0%	2.8%	0.972	0.0%	0.0%	2.7%
0.67	0.0%	0.0%	0.0%	0.968	0.0%	0.0%	0.0%
0.75	0.0%	0.0%	0.0%	0.964	0.0%	0.0%	0.0%
0.83	0.0%	0.0%	0.0%	0.961	0.0%	0.0%	0.0%
0.92	0.0%	0.0%	0.0%	0.957	0.0%	0.0%	0.0%
1.00	0.0%	0.0%	0.0%	0.953	0.0%	0.0%	0.0%
1.50	0.0%	0.0%	10.2%	0.933	0.0%	0.0%	9.5%
2.50	0.0%	0.0%	20.5%	0.894	0.0%	0.0%	18.3%
3.50	0.0%	0.0%	21.5%	0.856	0.0%	0.0%	18.4%
4.50	0.0%	0.0%	17.5%	0.819	0.0%	0.0%	14.3%
5.50	0.0%	0.0%	14.5%	0.783	0.0%	0.0%	11.3%
6.50	0.0%	0.0%	6.9%	0.748	0.0%	0.0%	5.2%
7.50	0.0%	0.0%	3.1%	0.714	0.0%	0.0%	2.2%
8.50	0.0%	0.0%	3.0%	0.681	0.0%	0.0%	2.0%
9.50	0.0%	0.0%	0.0%	0.650	0.0%	0.0%	0.0%
10.50	0.0%	0.0%	0.0%	0.619	0.0%	0.0%	0.0%
11.50	0.0%	0.0%	0.0%	0.590	0.0%	0.0%	0.0%
12.50	0.0%	0.0%	0.0%	0.562	0.0%	0.0%	0.0%
13.50	0.0%	0.0%	0.0%	0.535	0.0%	0.0%	0.0%
14.50	0.0%	0.0%	0.0%	0.509	0.0%	0.0%	0.0%
Total	100.0%	100.0%	100.0%		100.0%	98.9%	84.1%

NEW HAMPSHIRE INSURANCE COMPANY
TOTAL BODY PAC PROFESSIONAL LIABILITY INSURANCE
(\$ IN 000'S)
DETERMINATION OF RATE LEVEL INDICATION

Exhibit I

PENNSYLVANIA

	(1)	(2)	(3)=(2)/(1)	(4)	(5)=(3)*(4)	
Accident Year	Total Limits Premium at Present Rates (Note A)	Total Limits Ultimate Loss & LAE (Exhibit 2)	Ultimate Loss & LAE Ratio	Trend Factor (Exhibit 4) (Note B)	Trended Loss & LAE Ratio	Weight
(1) 2001	1,772	2,209	1.246	1.888	2.353	0.10
(2) 2002	2,370	2,589	1.092	1.716	1.875	0.15
(3) 2003	2,945	7,248	2.461	1.560	3.840	0.20
(4) 2004	2,922	3,402	1.165	1.418	1.652	0.25
(5) 2005	2,957	1,988 (E)	0.672	1.289	0.867	0.30

PENNSYLVANIA

(1) 2001	67	222	3.318	1.888	6.264	0.10
(2) 2002	87	119	1.368	1.716	2.347	0.15
(3) 2003	93	2	0.024	1.560	0.038	0.20
(4) 2004	91	395	4.344	1.418	6.161	0.25
(5) 2005	87	58 (E)	0.668	1.289	0.861	0.30

PENNSYLVANIA CW

(6) Weighted Average Ultimate Trended Loss and LAE Ratio	2.785	1.957
(6a) Credibility Weights (Note C):	0.162	0.838
(6b) Credibility Weighted Ultimate Loss & LAE Ratio (Note D):	2.092	
(7) Target Loss & LAE Ratio [Exhibit 5]	0.714	
(8) Indicated Rate Level Change [(6b)/7] - 1	193.1%	
(9) Selected Rate Level Change	114.9%	

NOTES:

- (A) The calculation of premium at present rates is done using the parallelogram method.
(B) Trend periods extend from the midpoint of each accident year to one year past the assumed effective date. (Exh 4).
(C) The credibility standard is 683 claims for the experience period.
State Credibility = Square Root(Sum of state claims/683)
CW Credibility = Square Root(Sum of CW claims/683)
(D) Credibility Weighted Ultimate Loss & LAE Ratio =
[State(6)*State(6a) + CW(6)*CW(6a) + {1 - State (6a) - CW(6a)} * Trended ELR]
(E) Bornheutter-Ferguson Methodology used to develop ultimate loss & lae, i.e.,
Ultimate Loss & LAE=EPXELRX[1-1/LDF] + reported incurred loss & lae

American Home/National Union/New Hampshire Group

Exhibit 4

MISCELLANEOUS PROFESSIONAL LIABILITY Calculation of Annual Trend Factor

Countrywide as of 9/2006

Total Limits Frequency Trend

(1) Policy Year	(2) Ultimate Closed Claims	(3) Number of Policies	(2)/(3) Closed Claims Per 100 Policies	(4) Exponential Curve of Best Fit
1995	1,176	77,494	1.51754	1.29563
1996	1,066	78,297	1.36157	1.46477
1997	1,256	79,929	1.57202	1.65598
1998	1,356	80,654	1.68135	1.87215
1999	1,524	82,492	1.84753	2.11655
2000	2,242	86,801	2.58275	2.39284
2001	2,892	90,541	3.19400	2.70521
2002	3,116	94,400	3.30074	3.05835
2003	3,070	98,684	3.11055	3.45759
2004	4,730	121,309	3.89907	3.90895

Average Annual Change in Claim Frequency [R Squared = 0.91626552] 13.05%

Selected Annual Frequency Trend 10.00%

Total Limits Severity Trend

(1) Policy Year	(2) Ultimate Closed Claims	(3) Ultimate Paid Losses	(3)/(2) Ultimate Paid Losses per Claim	(4) Exponential Curve of Best Fit
1995	1,176	16,843,538	14322.7	12908.3
1996	1,066	12,444,497	11673.3	13439.0
1997	1,256	17,828,237	14188.8	13991.5
1998	1,356	24,221,183	17861.2	14566.8
1999	1,524	20,071,413	13169.7	15165.7
2000	2,242	31,268,750	13947.7	15789.2
2001	2,892	41,473,373	14341.3	16438.4
2002	3,116	63,437,785	20359.4	17114.2
2003	3,070	62,501,204	20361.2	17817.9
2004	4,730	80,472,660	17013.5	18550.4

Average Annual Change in Claim Severity [R Squared = 0.42424054] 4.11%

Selected Annual Severity Trend 0.00%

OVERALL COMBINED TREND [Frequency x Severity] 10.00%

NEW HAMPSHIRE INSURANCE COMPANY
TOTAL BODY PAC PROFESSIONAL LIABILITY INSURANCE
PENNSYLVANIA

I. Base Rates

<u>Classification</u>	<u>Per Person</u>
Aesthetician	\$400
Masseuse	\$400
Body Wrap Technicians	\$400
Manicurist	\$200
Beauticians	\$200
Electrologists	\$353
Pilates Instructor	\$200
Yoga Instructor	\$200
Fitness Instructor	\$200
Aerobic Instructor	\$200
Tattoo Artist	\$832
Body Piercing	\$832
Micropigmentation Artist	\$1,067
Micropigmentation Trainer	\$2,667
Student - Micropigmentation, Aestheticians or Electrologist	\$77

II. Additional Charges

<u>Classification</u>	<u>Rate Per Unit</u>
Tanning Beds/Booths	\$400
Hydrotherapy Table/Tub	\$200
Exercise Equipment	\$200

III. Additional Coverages

<u>Description</u>	<u>Factor</u>
Prior Acts Coverage	1.50

IV. Limits of Liability and Deductibles

<u>Limits of Liability</u>	<u>Factor</u>
\$500,000/\$500,000	0.758
\$1,000,000/\$2,000,000	1.000

<u>Deductibles</u>	<u>Factor</u>
\$1,000	0.92
\$2,500	0.88
\$5,000	0.80

Minimum Deductibles:

<u>Classification</u>	<u>Deductible</u>
Micropigmentation	\$100
Body Piercing	\$100
Tattoo	\$250

TOTAL BODY PAC PROFESSIONAL LIABILITY INSURANCE

V. Rate Modification Factors

1. Micropigmentation Coverage Only: If the applicant provides with their application a copy of the certificate of graduation from a recognized school they will qualify for a 10% discount on their professional liability premium. Since the schools tend to change with some frequency, the Program Administrator and Company will maintain a list.
2. Body Piercing Coverage Only: If the applicant is a member of the Association of Professional Piercers, they will qualify for a 10% discount on their professional liability premium.
3. Tattoo Coverage Only: If the applicant is a member of the Association of Professional Tattooists, they will qualify for a 10% discount on their professional liability premium.

VI. Schedule Rating

Claims Frequency	.75 - 1.25
Claims Severity	.75 - 1.25
Laundry Service Used	.90 - 1.10
Private Label Products Used	.90 - 1.10
Longevity of Business	.80 - 1.20
Continuing Education	.90 - 1.10
Staff: Receipts Ratio	.85 - 1.15
Client Visit Records	.90 - 1.10
Maximum Debt/Credit	25%

VII. Minimum Policy Premium

Individuals Policy	\$250
Entity Policy	\$500

PHILADELPHIA INDEMNITY INSURANCE COMPANY
 DAY SPA PROFESSIONAL LIABILITY
 RATING EXAMPLE

	Exposures	Base Rate	State Mod	Class Rel	Rate	Premium
Aesthetician Exposure	2	361	1.00	1.000	361	721
Masseuse Exposure	0	361	1.00	1.000	361	-
Body Wrap Technicians Exposure	0	361	1.00	1.000	361	-
Manicurist Exposure	5	361	1.00	0.500	180	902
Beauticians Exposure	5	361	1.00	0.500	180	902
Electrologists Exposure	2	361	1.00	0.883	318	637
Pilates Instructor Exposure	0	361	1.00	0.500	180	-
Yoga Instructor Exposure	0	361	1.00	0.500	180	-
Fitness Instructor Exposure	0	361	1.00	0.500	180	-
Aerobic Instructor Exposure	0	361	1.00	0.500	180	-
Student (Aesthetician or Electrologist)	3	361	1.00	0.193	69	208
Tanning Beds/Booths	2	361	1.00	1.000	361	721
Hydrotherapy Table/Tub	0	361	1.00	0.500	180	-
Exercise Equipment	0	361	1.00	0.500	180	-
Occurance Limit						1,000,000
Aggregate Limit						2,000,000
Deductible						1,000
ILF						1.320
Deductible Factor						0.043
Exp Mod						1.000
Ind Rate Mod						1.000
Schedule Mod						1.000
Territory Multiplier						1.000
Size of Premium Credit						1.000
Prior Acts Modification Factor						0.975
Premium						\$ 5,094