

SERFF Tracking Number: ACEH-125708929 State: Arkansas
 Filing Company: ACE American Insurance Company State Tracking Number: EFT \$50
 Company Tracking Number: 08-MR-2007732
 TOI: 11.0 Medical Malpractice - Claims Sub-TOI: 11.0026 Psychiatry
 Made/Occurrence
 Product Name: 08-MR-2007732
 Project Name/Number: Psychologists Pruchasing Group Amendatory Endorsements/08-MR-2007732

Filing at a Glance

Company: ACE American Insurance Company

Product Name: 08-MR-2007732

SERFF Tr Num: ACEH-125708929 State: Arkansas

TOI: 11.0 Medical Malpractice - Claims

SERFF Status: Closed

State Tr Num: EFT \$50

Made/Occurrence

Sub-TOI: 11.0026 Psychiatry

Co Tr Num: 08-MR-2007732

State Status: Fees verified and received

Filing Type: Form

Co Status:

Reviewer(s): Betty Montesi, Edith Roberts

Authors: Marlene Thomas, Bob Wolfrom, Jennifer Loughran

Disposition Date: 06/26/2008

Date Submitted: 06/24/2008

Disposition Status: Approved

Effective Date Requested (New): 10/01/2008

Effective Date (New):

Effective Date Requested (Renewal): 10/01/2008

Effective Date (Renewal):

State Filing Description:

General Information

Project Name: Psychologists Pruchasing Group Amendatory Endorsements

Status of Filing in Domicile:

Project Number: 08-MR-2007732

Domicile Status Comments:

Reference Organization:

Reference Number:

Reference Title:

Advisory Org. Circular:

Filing Status Changed: 06/26/2008

State Status Changed: 06/26/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

We are filing to revise the state amendatory endorsement recently approved in filing 07-MR-299. The section of the endorsement describing premium calculation for the extended reporting period is unnecessary as it is already part of the forms PF-15217a, Psychologists Professional Liability Policy and PF-15218a, Research or Academic Psychologists' Professional Liability Policy. In addition, we are adding language which advises the insured of the cost of reinstating the

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policy limits when purchasing the extended reporting periods.

We are submitting these forms for the Department's approval or acknowledgement. The requested effective date for new and renewal business is October 1, 2008 to coincide with the effective dates of the forms "Filed" in filing 07-MR-299(F).

Company and Contact

Filing Contact Information

Robert Wolfrom, CPCU, Regulatory Specialist robert.wolfrom@ace-ina.com
 436 Walnut Street (215) 640-5123 [Phone]
 Philadelphia, PA 19106 (215) 640-4986[FAX]

Filing Company Information

ACE American Insurance Company CoCode: 22667 State of Domicile: Pennsylvania
 PO Box 1000 Group Code: 626 Company Type:
 436 Walnut Street
 Philadelphia, PA 19106 Group Name: State ID Number:
 (215) 640-5123 ext. [Phone] FEIN Number: 95-2371728

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? No
 Fee Explanation:
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
ACE American Insurance Company	\$50.00	06/24/2008	21070442

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Edith Roberts	06/26/2008	06/26/2008

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	Supporting Document	Approved	Yes
Supporting Document	Explanatory Memo	Approved	Yes
Form	Amendatory Endorsement - Arkansas	Approved	Yes

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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Amendatory Endorsement - Arkansas	PF-15250b	(06/08)	Endorseme New nt/Amendm ent/Condi tions			AR Amendatory _PF15250b_ CLAIMS_MADE_ONLY.pdf

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

Named Insured			Endorsement Number
Policy Symbol	Policy Number	Policy Period	Effective Date
			to
Issued By (Name of Insurance Company)			

Amendatory Endorsement - Arkansas

It is agreed that:

1. Section VII. DEFINITIONS is amended by adding the following definition:

“**Punitive Damages**” means damages that may be imposed to punish a wrongdoer and to deter others from similar conduct.

2. Section VIII. CONDITIONS, H. Subrogation, is amended by adding the following:

The **Company** will be entitled to recovery only after the **Insured** has been fully compensated for the **Damage** sustained, including **Claims Expenses**, if any, incurred in obtaining full compensation for this **Damage**.

3. Section VIII. CONDITIONS, N. Automatic **Extended Reporting Period**, is amended by adding the following:

The Automatic **Extended Reporting Period** shall not increase or reinstate the Limits of Liability, which shall be the maximum liability of the **Company** for the **Policy Period** and the Automatic **Extended Reporting Period**, combined.

4. Section VIII. CONDITIONS, O. **Extended Reporting Period** Option, is amended by adding the following at the end of 1., c. **Extended Reporting Period** Option Premium:

There is an additional charge of 10% of the additional premium set forth above for such **Extended Reporting Period** Option for the reinstatement of the Limits of Liability.

5. Section VIII. CONDITIONS, O. **Extended Reporting Period** Option, 4. is deleted in its entirety and replaced by the following:

Except with respect to any **Extended Reporting Period** Option provided in accordance with VIII. CONDITIONS, O. **Extended Reporting Period** Option, 2. Retiree Provision, or 3. Death or Disability of **Insured**, the Limit of Liability available for the **Extended Reporting Period** Option, if elected, shall be the greater of:

- the unexhausted Limit of Liability set forth in Item 3 of the Declarations; or
- 50% of the full amount of the Limit of Liability set forth in Item 3 of the Declarations for the policy

for **Claims** first made during the **Extended Reporting Period** Option. Such Limit of Liability shall be the maximum liability of the **Company** for all **Claims** first made during the **Extended Reporting Period** Option.

If any **Claim** is covered, in whole or in part, under both the Automatic **Extended Reporting Period** and the **Extended Reporting Period** Option, then only the Limit of Liability available for **Extended Reporting Period** Option shall apply.

The Limit of Liability available for the **Extended Reporting Period** Option provided in accordance with VIII. CONDITIONS, O. **Extended Reporting Period** Option, 2. Retiree Provision, or 3. Death or Disability of **Insured**, shall be part of, and not in addition to, the Limit of Liability for the **Policy Period**. Such **Extended Reporting Period** Option, if elected, shall not increase or reinstate the Limit of Liability. Such Limit of Liability shall be the maximum Limit of Liability of the **Company** for the **Policy Period**, the Automatic **Extended Reporting Period**, and the **Extended Reporting**

Period Option provided in accordance with VIII. CONDITIONS, O. **Extended Reporting Period** Option, 2. Retiree Provision, or 3. Death or Disability of **Insured** combined.

All other terms and conditions of this policy remain unchanged.

Authorized Representative

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Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty **Review Status:** Approved 06/26/2008

Comments:

Attachments:

NAIC Transmittal Document.pdf
Form Filing Schedule.pdf

Satisfied -Name: Supporting Document **Review Status:** Approved 06/26/2008

Comments:

Attachment:

AR Amendatory_PF15250b_CLAIMS_MADE_ONLY.pdf

Satisfied -Name: Explanatory Memo **Review Status:** Approved 06/26/2008

Comments:

Attachment:

Explanatory Memo ROS.pdf

Property & Casualty Transmittal Document

1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only a. Date the filing is received: b. Analyst: c. Disposition: d. Date of disposition of the filing: e. Effective date of filing: <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">New Business</td> <td></td> </tr> <tr> <td>Renewal Business</td> <td></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 #
ACE Companies	626

4. Company Name(s)	Domicile	NAIC #	FEIN #
ACE American Insurance Company	PA	22667	95-2371728

5. Company Tracking Number	
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Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6.	Name and address	Title	Telephone #s	FAX #	e-mail
	Robert E. Wolfrom 436 Walnut Street Philadelphia, PA 19106	Sr. Regulatory Specialist	215.640.5123	215.640.4986	robert.wolfrom@ace-ina.com

7.	Signature of authorized filer	<i>Robert E. Wolfrom</i>
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8.	Please print name of authorized filer	Robert E. Wolfrom
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Filing information (see General Instructions for descriptions of these fields)

9.	Type of Insurance (TOI)	Medical Malpractices
10.	Sub-Type of Insurance (Sub-TOI)	Psychology
11.	State Specific Product code(s)(if applicable)[See State Specific Requirements]	n/a
12.	Company Program Title (Marketing title)	n/a
13.	Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" 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: 10/01/2008 Renewal: 10/01/2008

Property & Casualty Transmittal Document---

15.	Reference Filing?	<input type="checkbox"/> Yes <input checked="" 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

20.	This filing transmittal is part of Company Tracking #	
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21.	Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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We are filing to revise the state amendatory endorsement recently approved in filing 07-MR-299. The section of the endorsement describing premium calculation for the extended reporting period is unnecessary as it is already part of the forms PF-15217a, Psychologists Professional Liability Policy and PF-15218a, Research or Academic Psychologists' Professional Liability Policy. In addition, we are adding language which advises the insured of the cost of reinstating the policy limits when purchasing the extended reporting periods.

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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 #: EFT Amount: EFT</p> <p>Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.</p>	

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

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 #	08-MR-2007732			
2.	This filing corresponds to rate/rule filing number <small>(Company tracking number of rate/rule filing, if applicable)</small>				
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	Amendatory Endorsement - Arkansas	PF-15250b (06/08) CLM	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
02			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
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		

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

Named Insured			Endorsement Number
Policy Symbol	Policy Number	Policy Period	Effective Date
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Period Option provided in accordance with VIII. CONDITIONS, O. **Extended Reporting Period** Option, 2. Retiree Provision, or 3. Death or Disability of **Insured** combined.

All other terms and conditions of this policy remain unchanged.

Authorized Representative

**ACE American Insurance Company
Psychologists' Purchasing Group Association
Revised State Amendatory Endorsement
Explanatory Memorandum**

We are filing to revise the state amendatory endorsement recently approved in filing 07-MR-299. The section of the endorsement describing premium calculation for the extended reporting period is unnecessary as it is already part of the forms PF-15217a, Psychologists Professional Liability Policy and PF-15218a, Research or Academic Psychologists' Professional Liability Policy. In addition, we are adding language which advises the insured of the cost of reinstating the policy limits when purchasing the extended reporting periods.

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