

SERFF Tracking Number: PHAR-125730722 State: Arkansas  
Filing Company: Pharmacists Mutual Insurance Company State Tracking Number: EFT \$100  
Company Tracking Number: AR-UMP-10-08-F  
TOI: 17.2 Other Liability - Occurrence Only Sub-TOI: 17.2021 Personal Umbrella & Excess  
Product Name: File new Personal Umbrella Application & Supplement  
Project Name/Number: /

## Filing at a Glance

Company: Pharmacists Mutual Insurance Company

Product Name: File new Personal Umbrella SERFF Tr Num: PHAR-125730722 State: Arkansas

Application & Supplement

TOI: 17.2 Other Liability - Occurrence Only SERFF Status: Closed State Tr Num: EFT \$100

Sub-TOI: 17.2021 Personal Umbrella & Excess Co Tr Num: AR-UMP-10-08-F State Status: Fees received

Filing Type: Form Co Status: Reviewer(s): Becky Harrington, Betty Montesi

Authors: Heidi Allen, Lori Stokes, Disposition Date: 07/16/2008

Karleen Wittkopf

Date Submitted: 07/14/2008 Disposition Status: Approved

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

Effective Date (New): 10/01/2008

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

Effective Date (Renewal):  
10/01/2008

State Filing Description:

## General Information

Project Name:

Status of Filing in Domicile:

Project Number:

Domicile Status Comments:

Reference Organization:

Reference Number:

Reference Title:

Advisory Org. Circular:

Filing Status Changed: 07/16/2008

State Status Changed: 07/15/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

Pharmacists Mutual Insurance Company would like to file for your review and approval a new Personal Umbrella Excess Professional Liability Application and a new Personal Umbrella Supplement for use with Excess Professional Liability. Please see filing memorandum for complete details.

We would like to begin using these new forms for all policies effective on and after October 1, 2008.

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## Company and Contact

### Filing Contact Information

Heidi Allen, Heidi.Allen@phmic.com  
 PO Box 370 (800) 247-5930 [Phone]  
 Algona, IA 50511 (515) 295-9306[FAX]

### Filing Company Information

Pharmacists Mutual Insurance Company CoCode: 13714 State of Domicile: Iowa  
 808 Highway 18 West Group Code: 775 Company Type: Mutual  
 P.O. Box 370  
 Algona, IA 50511 Group Name: State ID Number:  
 (800) 247-5930 ext. [Phone] FEIN Number: 42-0223390  
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## Filing Fees

Fee Required? Yes  
 Fee Amount: \$100.00  
 Retaliatory? No  
 Fee Explanation: \$50/per form  
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Pharmacists Mutual Insurance Company	\$100.00	07/14/2008	21401572

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Becky Harrington	07/16/2008	07/16/2008

*SERFF Tracking Number:* PHAR-125730722      *State:* Arkansas  
*Filing Company:* Pharmacists Mutual Insurance Company      *State Tracking Number:* EFT \$100  
*Company Tracking Number:* AR-UMP-10-08-F  
*TOI:* 17.2 Other Liability - Occurrence Only      *Sub-TOI:* 17.2021 Personal Umbrella & Excess  
*Product Name:* File new Personal Umbrella Application & Supplement  
*Project Name/Number:* /

## **Disposition**

Disposition Date: 07/16/2008

Effective Date (New): 10/01/2008

Effective Date (Renewal): 10/01/2008

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: PHAR-125730722 State: Arkansas  
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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	Filing Memorandum	Approved	Yes
Form	Personal Umbrella Excess Professional Liability Application	Approved	Yes
Form	Personal Umbrella Supplement - Excess Professional Liability	Approved	Yes

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 Product Name: File new Personal Umbrella Application & Supplement  
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## Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Personal Umbrella Excess Professional Liability Application	PM 5313	07/08	Application/ New Binder/Enrollment			PM 5313 0708.pdf
Approved	Personal Umbrella Supplement - Excess Professional Liability	PM 5314	07/08	Application/ New Binder/Enrollment			PM 5314 0708.pdf

# PERSONAL UMBRELLA EXCESS PROFESSIONAL LIABILITY APPLICATION

PHARMACISTS MUTUAL® INSURANCE COMPANY  
ALGONA, IOWA 50511-0370

APPLICANT [REDACTED]		EVENING PHONE [REDACTED]	
MAILING ADDRESS (Include Zip Code) [REDACTED]		DAYTIME PHONE [REDACTED]	
CUSTOMER NUMBER [REDACTED]	POLICY NUMBER [REDACTED]	EFFECTIVE DATE [REDACTED]	EXPIRATION DATE [REDACTED]
POLICY LIMIT [REDACTED]	NET RETENTION \$1,000	PREMIUM \$ [REDACTED]	

***This coverage will apply as if the primary insurance policies and minimum limits are maintained.***

POLICY INFORMATION	COMPANY	POLICY NUMBER	POLICY PERIOD	LIABILITY LIMIT
PHARMACIST PROFESSIONAL LIABILITY	Pharmaicsts Mutual	#PHL [REDACTED]	[REDACTED]	\$1,000,000 / \$3,000,000
	Pharmaicsts Mutual	#PHL [REDACTED]	[REDACTED]	\$1,000,000 / \$3,000,000
PHARMACY TECHNICIAN PROFESSIONAL LIABILITY	Pharmaicsts Mutual	#PHT [REDACTED]	[REDACTED]	\$1,000,000 / \$3,000,000
	Pharmaicsts Mutual	#PHT [REDACTED]	[REDACTED]	\$1,000,000 / \$3,000,000

## PHARMACIST INFORMATION

#	NAME	DATE OF BIRTH	LICENSE #	STATE
1	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
EMPLOYER NAME:		[REDACTED]		

## PHARMACIST INFORMATION (SPOUSE)

#	NAME	DATE OF BIRTH	LICENSE #	STATE
2	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
EMPLOYER NAME:		[REDACTED]		

## PRIOR EXPERIENCE

HAVE YOU EVER HAD PROFESSIONAL LIABILITY INSURANCE DECLINED, CANCELLED OR NON-RENEWED FOR ANY REASON OTHER THAN FOR NON-PAYMENT OF PREMIUM? *(not applicable for MO residents)*  NO  YES (if YES, provide details):

HAS ANY CLAIM OR LAWSUIT FOR PHARMACY PROFESSIONAL LIABILITY EVER BEEN BROUGHT AGAINST YOU OR ARE YOU AWARE OF ANY INCIDENTS THAT MAY RESULT IN A CLAIM OR LAWSUIT?  NO  YES (if YES, provide details):

WITHIN THE PAST 5 YEARS, HAVE YOU BEEN THE SUBJECT OF COMPLAINTS, CHARGES, OR DISCIPLINARY ACTION FOR ANY REASON, BY A COURT, REGULATORY AGENCY OR BOARD OF PHARMACY?  NO  YES (if YES, provide details):

## SIGNATURE

**APPLICANT'S STATEMENT:** I declare that to the best of my knowledge and belief all of the foregoing statements are true; and that these statements are offered as an inducement to the Company to issue the policy for which I am applying.

**WARNING:** A person who knowingly submits an application or files a claim with intent to defraud or helps commit a fraud against an insurer may be guilty of a crime and may be subject to criminal and civil penalties.

APPLICANT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

FIELD REPRESENTATIVE: [REDACTED]

## FOR COMPANY USE

# PERSONAL UMBRELLA SUPPLEMENT - EXCESS PROFESSIONAL LIABILITY

**PHARMACISTS MUTUAL® INSURANCE COMPANY**  
ALGONA, IOWA 50511-0370

APPLICANT [REDACTED]		
CUSTOMER NUMBER [REDACTED]	POLICY NUMBER [REDACTED]	EFFECTIVE DATE [REDACTED]

***This coverage will apply as if the primary insurance policies and minimum limits are maintained.***

POLICY INFORMATION	COMPANY	POLICY NUMBER	POLICY PERIOD	LIABILITY LIMIT
PHARMACIST PROFESSIONAL LIABILITY	Pharmacists Mutual	#PHL [REDACTED]	[REDACTED]	\$1,000,000 / \$3,000,000
	Pharmacists Mutual	#PHL [REDACTED]	[REDACTED]	\$1,000,000 / \$3,000,000
PHARMACY TECHNICIAN PROFESSIONAL LIABILITY	Pharmacists Mutual	#PHT [REDACTED]	[REDACTED]	\$1,000,000 / \$3,000,000
	Pharmacists Mutual	#PHT [REDACTED]	[REDACTED]	\$1,000,000 / \$3,000,000

PHARMACIST INFORMATION		
NAME	LICENSE #	STATE
[REDACTED]	[REDACTED]	[REDACTED]
PHARMACIST INFORMATION (SPOUSE)		
NAME	LICENSE #	STATE
[REDACTED]	[REDACTED]	[REDACTED]

PRIOR EXPERIENCE
HAVE YOU EVER HAD PROFESSIONAL LIABILITY INSURANCE DECLINED, CANCELLED OR NON-RENEWED FOR ANY REASON OTHER THAN FOR NON-PAYMENT OF PREMIUM? <i>(not applicable for MO residents)</i> <span style="float: right;"><input type="checkbox"/> NO <input type="checkbox"/> YES (if YES, provide details):</span>
HAS ANY CLAIM OR LAWSUIT FOR PHARMACY PROFESSIONAL LIABILITY EVER BEEN BROUGHT AGAINST YOU OR ARE YOU AWARE OF ANY INCIDENTS THAT MAY RESULT IN A CLAIM OR LAWSUIT? <span style="float: right;"><input type="checkbox"/> NO <input type="checkbox"/> YES (if YES, provide details):</span>
WITHIN THE PAST 5 YEARS, HAVE YOU BEEN THE SUBJECT OF COMPLAINTS, CHARGES, OR DISCIPLINARY ACTION FOR ANY REASON, BY A COURT, REGULATORY AGENCY OR BOARD OF PHARMACY? <span style="float: right;"><input type="checkbox"/> NO <input type="checkbox"/> YES (if YES, provide details):</span>

SIGNATURE
<p><b>APPLICANT'S STATEMENT:</b> I declare that to the best of my knowledge and belief all of the foregoing statements are true; and that these statements are offered as an inducement to the Company to issue the policy for which I am applying.</p> <p><b>WARNING:</b> A person who knowingly submits an application or files a claim with intent to defraud or helps commit a fraud against an insurer may be guilty of a crime and may be subject to criminal and civil penalties.</p>
APPLICANT'S SIGNATURE _____ DATE _____
FIELD REPRESENTATIVE: [REDACTED]
FOR COMPANY USE

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## Supporting Document Schedules

**Satisfied -Name:** Uniform Transmittal Document-  
Property & Casualty **Review Status:** Approved 07/16/2008

**Comments:**

**Attachment:**  
Transmittal Form.pdf

**Satisfied -Name:** Filing Memorandum **Review Status:** Approved 07/16/2008

**Comments:**

**Attachment:**  
FORM FILING MEMORANDUM.pdf

## Property & Casualty Transmittal Document

<b>1. Reserved for Insurance Dept. Use Only</b>	<b>2. Insurance Department Use only</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="padding: 2px;">a. Date the filing is received:</td></tr> <tr><td style="padding: 2px;">b. Analyst:</td></tr> <tr><td style="padding: 2px;">c. Disposition:</td></tr> <tr><td style="padding: 2px;">d. Date of disposition of the filing:</td></tr> <tr><td style="padding: 2px;">e. Effective date of filing:</td></tr> <tr> <td style="padding: 2px; text-align: center;">New Business</td> <td style="width: 10%;"></td> </tr> <tr> <td style="padding: 2px; text-align: center;">Renewal Business</td> <td></td> </tr> <tr><td style="padding: 2px;">f. State Filing #:</td></tr> <tr><td style="padding: 2px;">g. SERFF Filing #:</td></tr> <tr> <td style="padding: 2px;">h. Subject Codes</td> <td style="width: 10%;"></td> </tr> </table>	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	
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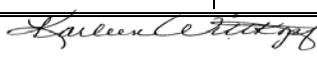
<b>3. Group Name</b>	<b>Group NAIC #</b>
Pharmacists Mutual Companies	13714

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Pharmacists Mutual Insurance Company	Iowa	13714	42-0223390	

<b>5. Company Tracking Number</b>	AR-UMP-10-08-F
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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
	Heidi Allen	Forms Manager	(800)247-5930, ext. 7219	(515)295-9306	Heidi.Allen@phmic.com

7. Signature of authorized filer	
8. Please print name of authorized filer	Karleen Wittkopf

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

9. Type of Insurance (TOI)	17.2 Other Liability - Occurrence Only
10. Sub-Type of Insurance (Sub-TOI)	17.2021 Personal Umbrella & Excess
11. State Specific Product code(s) (if applicable)[See State Specific Requirements]	
12. Company Program Title (Marketing title)	
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input 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: 010/01/2008                      Renewal: 10/01/2008
15. Reference Filing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
16. Reference Organization (if applicable)	
17. Reference Organization # & Title	
18. Company's Date of Filing	07/14/2008

<b>19. Status of filing in domicile</b>	<input type="checkbox"/> Not Filed	<input checked="" type="checkbox"/> Pending	<input type="checkbox"/> Authorized	<input type="checkbox"/> Disapproved
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## Property & Casualty Transmittal Document—

<b>20. This filing transmittal is part of Company Tracking #</b>	
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<b>21. Filing Description</b> [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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Pharmacists Mutual Insurance Company would like to file for your review and approval a new Personal Umbrella Excess Professional Liability Application and a new Personal Umbrella Supplement for use with Excess Professional Liability. Please see filing memorandum for complete details.

We would like to begin using these new forms for all policies effective on and after October 1, 2008.

<b>22. Filing Fees</b> (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]
---

**Check #:**  
**Amount: \$100.00/EFT**

**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.)**

## FORM FILING MEMORANDUM

### PERSONAL UMBRELLA PROGRAM

October 1, 2008

Pharmacists Mutual Insurance Company (PhMIC) is a member and subscriber of AAIS for our Personal Umbrella program in your state.

The purpose of this filing is to file for your review and approval a new Personal Umbrella Excess Professional Liability Application, PM 5313, and a new Personal Umbrella Supplement, PM 5314. These new forms were created to address Pharmacy Professional Liability coverage.

PhMIC will continue to use the ACORD Personal Umbrella Application, ACORD 83 for our Personal Umbrella program. PM 5314, Personal Umbrella Supplement, will be used when Pharmacy Professional Liability is provided under the Personal Umbrella policy.

PhMIC offers a stand alone excess Pharmacy Professional Liability policy. PM 5313, Personal Umbrella Excess Professional Liability Application, will be used in lieu of the ACORD Personal Umbrella application.

Pharmacists Mutual is requesting that this filing be effective for all policies on or after October 1, 2008.