

SERFF Tracking Number: PPIC-125729451 State: Arkansas
Filing Company: Preferred Professional Insurance Company State Tracking Number: EFT \$50
Company Tracking Number: AR-PS-08-01
TOI: 11.1 Medical Malpractice - Claims Made Only Sub-TOI: 11.1000 Med Mal Sub-TOI Combinations
Product Name: Physicians & Surgeons Medical Malpractice
Project Name/Number: /

Filing at a Glance

Company: Preferred Professional Insurance Company

Product Name: Physicians & Surgeons Medical SERFF Tr Num: PPIC-125729451 State: Arkansas

Malpractice

TOI: 11.1 Medical Malpractice - Claims Made SERFF Status: Closed State Tr Num: EFT \$50

Only

Sub-TOI: 11.1000 Med Mal Sub-TOI Co Tr Num: AR-PS-08-01 State Status: Fees verified and received

Combinations

Filing Type: Form Co Status: Reviewer(s): Betty Montesi, Edith Roberts

Author: Denise Hill

Disposition Date: 07/10/2008

Date Submitted: 07/10/2008

Disposition Status: Approved

Effective Date Requested (New): 08/10/2008

Effective Date (New):

Effective Date Requested (Renewal): 08/10/2008

Effective Date (Renewal):

State Filing Description:

General Information

Project Name:

Status of Filing in Domicile: Not Filed

Project Number:

Domicile Status Comments:

Reference Organization: N/A

Reference Number: N/A

Reference Title: N/A

Advisory Org. Circular: N/A

Filing Status Changed: 07/10/2008

State Status Changed: 07/10/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

This filing is being submitted on behalf of Preferred Professional Insurance Company (PPIC) to be effective August 10, 2008. PPIC is filing our Professional Liability Coverage for Employees-Shared Limits Endorsement, PP-116-S. This is a new form that will be used for with Professional Liability Claims Made Policy previously filed in the state of Arkansas.

Thank you for your consideration of our filing.

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Company and Contact

Filing Contact Information

Denise Hill, Corporate Compliance Officer eseaman@ppicins.com
 11605 Miracle Hill Drive (402) 392-1566 [Phone]
 Omaha, NE 68154 (402) 392-2673[FAX]

Filing Company Information

Preferred Professional Insurance Company CoCode: 36234 State of Domicile: Nebraska
 11605 Miracle Hills Drive Group Code: Company Type: P & C
 Suite 200
 Omaha, NE 68154-4467 Group Name: State ID Number:
 (800) 441-7742 ext. 240[Phone] FEIN Number: 47-0580977

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? No
 Fee Explanation: Fee for Form Filing.
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Preferred Professional Insurance Company	\$50.00	07/10/2008	21347407

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Edith Roberts	07/10/2008	07/10/2008

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Disposition

Disposition Date: 07/10/2008

Effective Date (New):

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Form	Professional Liability Coverage for Employees-Shared Limits-CRNA's, Podiatrists, Nurse-Midwives, Physician Assistants, & Surgical Assistants	Approved	Yes

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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Professional Liability Coverage for Employees- Shared Limits- CRNA's, Podiatrists, Nurse-Midwives, Physician Assistants, & Surgical Assistants	PP-116-S	11/05	Endorsement/Amendment/Conditions			PP-116-S.pdf



11605 Miracle Hills Drive, Suite 200
 Omaha, Nebraska 68154-4467
 800-441-7742 Fax 402-392-2673

Preferred Professional Insurance Company

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

Professional Liability Coverage for Employees - Shared Limits CRNA's, Podiatrists, Nurse-Midwives, Physician Assistants, and Surgical Assistants

THIS ENDORSEMENT MODIFIES INSURANCE PROVIDED UNDER THE INDIVIDUAL HEALTH CARE PROVIDER PROFESSIONAL LIABILITY CLAIMS MADE POLICY

Policy Number:	«polnumber»		
Insured:	«polholder»		
Effective Date of Endorsement:	«EFF_DT»	Endorsement #:	«endrn»
Base Premium:	«end_bprem» «ADDL»	Taxes:	«end_ttax»
Total Premium:	«end_tprem» «ADDL»		

“Insured” is amended to include scheduled employees who cause “bodily injury” arising out of the rendering or failure to render professional medical services, in so far as the professional medical services performed are within the scope of their employment and while acting in the course of their employment with the Named Insured. The scheduled employee(s) listed below will share in the limits of liability with the named insured as shown in Item 6 of the Declarations page.

SCHEDULE

Exp.	Name of Health Care Provider	Program	Employee's Eff. Date	Employee's Retro. Date	Employee's Cancel Date	Exp. Eff. Date	Exp. Cancel Date	Premium
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Rate Information

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Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty

Review Status:

Approved

07/10/2008

Comments:

Attachment:

AR P&C Transmittal Form.pdf

Property & Casualty Transmittal Document

<p>1. Reserved for Insurance Dept. Use Only</p>	<p>2. Insurance Department Use only</p> <p>a. Date the filing is received:</p> <p>b. Analyst:</p> <p>c. Disposition:</p> <p>d. Date of disposition of the filing:</p> <p>e. Effective date of filing:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">New Business</td> <td></td> </tr> <tr> <td>Renewal Business</td> <td></td> </tr> </table> <p>f. State Filing #:</p> <p>g. SERFF Filing #:</p> <p>h. Subject Codes</p>	New Business		Renewal Business	
New Business					
Renewal Business					

3. Group Name	Group NAIC #

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #

5. Company Tracking Number	
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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

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

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

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

Property & Casualty Transmittal Document—

20. This filing transmittal is part of Company Tracking #

21. Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]

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

Check #:
Amount:

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

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

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FORM FILING SCHEDULE

(This form must be provided **ONLY** when making a filing that includes forms)
 (Do **not** refer to the body of the filing for the forms listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #	
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2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)	
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3.	Form Name /Description/Synopsis	Form # Include edition date	Replacement Or withdrawn?	If replacement, give form # it replaces	Previous state filing number, if required by state
01			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
02			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
04			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		

PC FFS-1