

SERFF Tracking Number: PHAR-125798940 State: Arkansas
Filing Company: Pharmacists Mutual Insurance Company State Tracking Number: EFT \$25
Company Tracking Number: AR-PHL/CSP-01-09-R
TOI: 11.2 Medical Malpractice - Occurrence Only Sub-TOI: 11.2021 Pharmacy
Product Name: Individual Pharmacist Professional Liability
Project Name/Number: AR-PHL/CSP-01-09-R/AR-PHL/CSP-01-09-R

Filing at a Glance

Company: Pharmacists Mutual Insurance Company

Product Name: Individual Pharmacist Professional Liability SERFF Tr Num: PHAR-125798940 State: Arkansas

Professional Liability

TOI: 11.2 Medical Malpractice - Occurrence Only SERFF Status: Closed State Tr Num: EFT \$25

Only

Sub-TOI: 11.2021 Pharmacy Co Tr Num: AR-PHL/CSP-01-09-R State Status: Fees verified and received

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

Authors: Heidi Allen, Jen Swift Disposition Date: 09/19/2008

Date Submitted: 09/05/2008 Disposition Status: Filed

Effective Date Requested (New): 01/01/2009 Effective Date (New):

Effective Date Requested (Renewal): 01/01/2009 Effective Date (Renewal):

State Filing Description:

rule filing only - rule manual only - rate neutral

General Information

Project Name: AR-PHL/CSP-01-09-R

Project Number: AR-PHL/CSP-01-09-R

Reference Organization:

Reference Title:

Filing Status Changed: 09/19/2008

State Status Changed: 09/19/2008

Corresponding Filing Tracking Number: AR-PHL/CSP-01-09-F

Filing Description:

Pharmacists Mutual Insurance Company (PHMIC) is filing a revision to their Individual Pharmacists professional Liability and Pharmacy Student Professional Liability programs. Please see Filing Memorandum for details.

Pharmacists Mutual is requesting that this filing become effective for all policies effective on and after January 1, 2009.

Status of Filing in Domicile: Pending

Domicile Status Comments:

Reference Number:

Advisory Org. Circular:

Deemer Date:

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 Project Name/Number: AR-PHL/CSP-01-09-R/AR-PHL/CSP-01-09-R

Company and Contact

Filing Contact Information

Jen Swift, Forms Analyst jennifer.swift@phmic.com
 PO BOX 370 (515) 395-7461 [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

Filing Fees

Fee Required? Yes
 Fee Amount: \$25.00
 Retaliatory? No
 Fee Explanation: RULE
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Pharmacists Mutual Insurance Company	\$25.00	09/05/2008	22308377

SERFF Tracking Number: PHAR-125798940 State: Arkansas
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Product Name: Individual Pharmacist Professional Liability
Project Name/Number: AR-PHL/CSP-01-09-R/AR-PHL/CSP-01-09-R

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed	Edith Roberts	09/19/2008	09/19/2008

SERFF Tracking Number: PHAR-125798940 *State:* Arkansas
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Product Name: Individual Pharmacist Professional Liability
Project Name/Number: AR-PHL/CSP-01-09-R/AR-PHL/CSP-01-09-R

Disposition

Disposition Date: 09/19/2008

Effective Date (New):

Effective Date (Renewal):

Status: Filed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: PHAR-125798940 State: Arkansas
 Filing Company: Pharmacists Mutual Insurance Company State Tracking Number: EFT \$25
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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	NAIC loss cost data entry document	Filed	Yes
Supporting Document	Form PRONOT	Filed	Yes
Supporting Document	Form PROMAL	Filed	Yes
Supporting Document	FILING MEMORANDUM	Filed	Yes
Rate	PHL RATES-RULES 01-09	Filed	Yes

SERFF Tracking Number: PHAR-125798940 *State:* Arkansas
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Rate Information

Rate data does NOT apply to filing.

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Rate/Rule Schedule

Review Status:	Exhibit Name:	Rule # or Page #:	Rate Action	Previous State Filing Attachments Number:
Filed	PHL RATES-RULES 01-09	ENTIRE MANUAL	Replacement	AR-PC-07-022967 PHL RATES-RULES 01-09.pdf

PHARMACISTS MUTUAL INSURANCE COMPANY
Individual Pharmacist Professional Liability
Insurance Policy Program

I. Program Description

The Individual Pharmacist Professional Liability Insurance Policy provides coverage on an excess basis for damages which an insured is legally obligated to pay because of an occurrence. The occurrence must result in bodily injury, property damage, or personal and advertising injury arising out of the rendering or failure to render pharmacy services.

The following are also included in the Individual Pharmacist Professional Liability Insurance Policy:

- a. Limited Pharmacist's License Defense Reimbursement provides reimbursement for legal fees incurred, arising out of an insured's rendering or failure to render pharmacy services. Reimbursement is subject to the conditions as set forth in the policy and applies in excess of a \$500 deductible per incident; and
- b. Certified CPR Coverage provides coverage on an excess basis for damages which an insured becomes legally obligated to pay due to bodily injury or property damage arising out of performing cardio-pulmonary resuscitation (CPR), but only if certified for CPR.

II. Eligibility

An Individual Pharmacist Professional Liability Insurance Policy may be issued to an individual who:

- a. holds a valid license to practice pharmacy; or
- b. is an undergraduate pharmacy student or graduate who does not hold a valid license to practice pharmacy.

III. College Student Group Billing Program

An Individual Pharmacist Professional Liability Insurance Policy may be issued under the College Student Group Billing Program providing coverage to students of an accredited school of pharmacy at a discounted group rate.

To qualify for the College Student Group Billing Program:

- a. a minimum of 35 Individual Pharmacist Professional Liability Insurance Policies must be issued to undergraduate pharmacy students within the accredited school of pharmacy; and
- b. all Individual Pharmacist Professional Liability Insurance Policies are issued with a common anniversary date; and
- c. the school agrees to:
 - 1) provide a completed enrollment form for all undergraduate pharmacy students requesting coverage; and
 - 2) remit the insurance premium for each undergraduate pharmacy student to Company upon receipt of the Group Bill.

The College Student Group Billing Program is not available to a licensed pharmacist who is attending a school of pharmacy.

PHARMACISTS MUTUAL INSURANCE COMPANY
Individual Pharmacist Professional Liability
Insurance Policy Program

IV. Term of Policy

An Individual Pharmacist Professional Liability Insurance Policy can be written for a term not to exceed one year. The Policy may be continued for successive terms by payment of the required premiums.

V. Limits of Liability

<u>Coverage</u>	<u>Per Occurrence</u>	<u>Aggregate</u>
Professional Liability	\$1,000,000	\$3,000,000
Limited Pharmacist's License Defense Reimbursement	\$ 10,000	\$ 10,000
Certified CPR	\$ 50,000	\$ 50,000

VI. Minimum Premium

The Individual Pharmacist Professional Liability Insurance Policy is subject to a minimum premium, regardless of the policy term. The minimum premium is not subject to reduction in the event of cancellation.

Individual Pharmacist Professional Liability Insurance Policy	\$ 25.00
College Student Group Billing Program	\$ 16.00

NOTE: The \$25.00 minimum premium does not apply when the policy term is changed to coordinate with the renewal date of another Pharmacists Mutual Insurance policy.

VII. Cancellation

The Individual Pharmacist Professional Liability Insurance Policy, canceled by either the insured or the company, must be canceled in accordance with the terms of the cancellation provisions that apply. The return premium, if any, is computed on a pro rata basis, subject to the minimum premium.

VIII. Rating Classifications

To be eligible for a rating classification, the applicant must meet the qualifications for the Classification.

A volunteer pharmacist working without pay does not affect the Rating Classification.

1 - Employed Pharmacist

- a. provides pharmacy services for a pharmacy operation;
- b. receives an IRS Form W-2 Wage and Tax Statement for wages earned;
- c. is not an owner or partner of a pharmacy or pharmacy-related business;
- d. works less than 10 hours per week as a self-employed pharmacist; and
- e. may work as a volunteer pharmacist without pay.

Refer to Self-employed Pharmacist classification for an Employed Pharmacist who works 10 hours or more per week as a self-employed pharmacist.

PHARMACISTS MUTUAL INSURANCE COMPANY
Individual Pharmacist Professional Liability
Insurance Policy Program

- 2 - Self-employed Pharmacist - includes relief (independent contractor) or consultant RPh**
- a. provides pharmacy services for a pharmacy operation;
 - b. receives an IRS Form 1099-MISC for pharmacy services provided; and
 - c. is not an owner or partner of a pharmacy or pharmacy-related business other than a sole-proprietor of a relief (independent contractor) or consultant pharmacist business.

- 3 - Owner or Partner**
- a. provides pharmacy services for a pharmacy operation; and
 - b. is also an owner or partner of a pharmacy or pharmacy-related business other than a sole-proprietor of a relief (independent contractor) or consultant pharmacist business.

- 4 - Instructor**
- a. works as an instructor at an accredited school of pharmacy or pharmacy educational facility; and
 - b. works less than 10 hours per week outside the classroom as an employed or self-employed pharmacist.

Refer to Employed Pharmacist or Self-employed Pharmacist classification for an Instructor who works 10 hours or more per week outside the classroom.

- 5 - Pharmacy Student or Intern**
- a. a non-licensed pharmacist working on a pharmacy degree; or
 - b. a graduate from a school of pharmacy who has not yet received a pharmacy license.

Refer to Employed Pharmacist or Self-employed Pharmacist classification for a licensed pharmacist who is attending a school of pharmacy for an advanced pharmacy degree.

IX. ANNUAL PREMIUMS

Rating Classifications	Premium
1 - Employed Pharmacist	\$ 144.00
First year graduate discount	50%
2 - Self-employed Pharmacist	\$ 375.00
First year graduate discount	50%
3 - Owner or Partner	
Business Insurance provided by PhMIC	\$ 144.00
First year graduate discount	50%
4 - Instructor	\$ 75.00
5 - Pharmacy Student or Intern	
Individual Billing	\$ 32.00
College Student Group Billing	\$ 16.00

A first year graduate discount applies in the year following graduation. This is a one-time discount available to the following Rating Classifications: Employed Pharmacist, Self-employed Pharmacist, and Owner or Partner.

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Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-Property & Casualty **Review Status:** Filed 09/19/2008

Comments:

Attachment:

industry_rates_PCtransDoc_intelligent[R].pdf

Bypassed -Name: NAIC Loss Cost Filing Document for OTHER than Workers' Comp **Review Status:** Filed 09/19/2008

Bypass Reason: N/A to this filing.

Comments:

Bypassed -Name: NAIC loss cost data entry document **Review Status:** Filed 09/19/2008

Bypass Reason: N/A to this filing.

Comments:

Bypassed -Name: Form PRONOT **Review Status:** Filed 09/19/2008

Bypass Reason: N/A to this filing.

Comments:

Bypassed -Name: Form PROMAL **Review Status:** Filed 09/19/2008

Bypass Reason: N/A to this filing.

Comments:

Satisfied -Name: FILING MEMORANDUM **Review Status:** Filed 09/19/2008

Comments:

Attachments:

SERFF Tracking Number: PHAR-125798940 *State:* Arkansas
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Project Name/Number: AR-PHL/CSP-01-09-R/AR-PHL/CSP-01-09-R

Rule Filing Memorandum.pdf

SIDE BY SIDE PHL RATES-RULES 01-09 V 09-06.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: New Business Renewal Business f. State Filing #: g. SERFF Filing #: h. Subject Codes
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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.)

PC TD-1 pg 2 of 2

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

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 #	
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2.	This filing corresponds to form filing number (Company tracking number of form filing, if applicable)	
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Rate Increase
 Rate Decrease
 Rate Neutral (0%)

3.	Filing Method (Prior Approval, File & Use, Flex Band, etc.)	
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4a.	Rate Change by Company (As Proposed)
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Company Name	Overall % Indicated Change (when applicable)	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)

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

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

6.	Overall percentage of last rate revision	
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7.	Effective Date of last rate revision	
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8.	Filing Method of Last filing (Prior Approval, File & Use, Flex Band, etc.)	
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9.	Rule # or Page # Submitted for Review	Replacement or withdrawn?	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	

PHARMACISTS MUTUAL INSURANCE COMPANY

Individual Pharmacists Professional Liability (PHL)

Pharmacy Student Professional Liability (CSP)

Countrywide

Rule Filing Memorandum

Pharmacists Mutual Insurance Company (PMIC) is filing a revision to their Individual Pharmacists Professional Liability and Pharmacy Student Professional Liability programs.

Coverage rates have not changed, however the \$2MM/\$6MM limit option has been eliminated. In addition we have clarified our program rules to more clearly define eligibility under our five rating classifications: employed pharmacist, self-employed pharmacist, owner or partner, instructor and pharmacy student or intern.

Other language revisions to the manual were made to follow revised policy language.

PHARMACISTS MUTUAL INSURANCE COMPANY
**Individual Pharmacist Professional Liability
Insurance Policy Program**

I. Program Description

The Individual Pharmacist Professional Liability Insurance Policy provides coverage on an excess basis for damages which an insured is legally obligated to pay because of an occurrence. The occurrence must result in bodily injury, property damage, or personal and advertising injury arising out of the rendering or failure to render pharmacy services.

The following are also included in the Individual Pharmacist Professional Liability Insurance Policy:

- a. Limited Pharmacist's License Defense Reimbursement provides reimbursement for legal fees incurred, arising out of an insured's rendering or failure to render pharmacy services. Reimbursement is subject to the conditions as set forth in the policy and applies in excess of a \$500 deductible per incident; and
- b. Certified CPR Coverage provides coverage on an excess basis for damages which an insured becomes legally obligated to pay due to bodily injury or property damage arising out of performing cardio-pulmonary resuscitation (CPR), but only if certified for CPR.

II. Eligibility

An Individual Pharmacist Professional Liability Insurance Policy may be issued to an individual who:

- a. holds a valid license to practice pharmacy; or,
- b. is an undergraduate pharmacy student or graduate who does not hold a valid license to practice pharmacy.

III. College Student Group Billing Program

An Individual Pharmacist Professional Liability Insurance Policy may be issued under the College Student Group Billing Program providing coverage to students of an accredited school of pharmacy at a discounted group rate.

To qualify for the College Student Group Billing Program:

- a. a minimum of 35 Individual Pharmacist Professional Liability Insurance Policies must be issued to undergraduate pharmacy students within the accredited school of pharmacy; and
- b. all Individual Pharmacist Professional Liability Insurance Policies are issued with a common anniversary date; and
- c. the school agrees to:
 - 1) provide a completed enrollment form for all undergraduate pharmacy students requesting coverage; and
 - 2) remit the insurance premium for each undergraduate pharmacy student to Company upon receipt of the Group Bill.

The College Student Group Billing Program is not available to a licensed pharmacist who is attending a school of pharmacy.

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PHARMACISTS MUTUAL INSURANCE COMPANY

Individual Pharmacist Professional Liability Insurance Policy Program

IV. Term of Policy

An Individual Pharmacist Professional Liability Insurance Policy can be written for a term, not to exceed one year. The Policy may be continued for successive terms by payment of the required premiums.

V. Limits of Liability

Coverage	Per Occurrence	Aggregate
Professional Liability	\$1,000,000	\$3,000,000
Limited Pharmacist's License		
Defense Reimbursement	\$ 10,000	\$ 10,000
Certified CPR	\$ 50,000	\$ 50,000

VI. Minimum Premium

The Individual Pharmacist Professional Liability Insurance Policy is subject to a minimum premium, regardless of the policy term. The minimum premium is not subject to reduction in the event of cancellation.

Individual Pharmacist Professional Liability Insurance Policy	\$ 25.00
College Student Group Billing Program	\$ 16.00

NOTE: The \$25.00 minimum premium does not apply when the policy term is changed to coordinate with the renewal date of another Pharmacists Mutual Insurance policy.

VII. Cancellation

The Individual Pharmacist Professional Liability Insurance Policy, canceled by either the insured or the company, must be canceled in accordance with the terms of the cancellation provisions that apply. The return premium, if any, is computed on a pro rata basis, subject to the minimum premium.

VIII. Rating Classifications

To be eligible for a rating classification, the applicant must meet the qualifications for the Classification.

A volunteer pharmacist working without pay does not affect the Rating Classification.

1 - Employed Pharmacist

- a. provides pharmacy services for a pharmacy operation;
- b. receives an IRS Form W-2 Wage and Tax Statement for wages earned;
- c. is not an owner or partner of a pharmacy or pharmacy-related business;
- d. works less than 10 hours per week as a self-employed pharmacist; and
- e. may work as a volunteer pharmacist without pay.

Refer to Self-employed Pharmacist classification for an Employed Pharmacist who works 10 hours or more per week as a self-employed pharmacist.

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PHARMACISTS MUTUAL INSURANCE COMPANY
Individual Pharmacist Professional Liability
Insurance Policy Program

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2 - Self-employed Pharmacist - includes relief (independent contractor) or consultant RPh

- a. provides pharmacy services for a pharmacy operation;
- b. receives an IRS Form 1099-MISC for pharmacy services provided; and
- c. is not an owner or partner of a pharmacy or pharmacy-related business other than a sole-proprietor of a relief (independent contractor) or consultant pharmacist business.

3 - Owner or Partner

- a. provides pharmacy services for a pharmacy operation; and
- b. is also an owner or partner of a pharmacy or pharmacy-related business other than a sole-proprietor of a relief (independent contractor) or consultant pharmacist business.

4 - Instructor

- a. works as an instructor at an accredited school of pharmacy or pharmacy educational facility; and
- b. works less than 10 hours per week outside the classroom as an employed or self-employed pharmacist.

Refer to Employed Pharmacist or Self-employed Pharmacist classification for an Instructor who works 10 hours or more per week outside the classroom.

5 - Pharmacy Student or Intern

- a. a non-licensed pharmacist working on a pharmacy degree; or
- b. a graduate from a school of pharmacy who has not yet received a pharmacy license.

Refer to Employed Pharmacist or Self-employed Pharmacist classification for a licensed pharmacist who is attending a school of pharmacy for an advanced pharmacy degree.

IX. ANNUAL PREMIUMS

Rating Classifications	Premium
1 - Employed Pharmacist	\$ 144.00
First year graduate discount	50%
2 - Self-employed Pharmacist	\$ 375.00
First year graduate discount	50%
3 - Owner or Partner	
Business Insurance provided by PhMIC	\$ 144.00
First year graduate discount	50%
4 - Instructor	\$ 75.00
5 - Pharmacy Student or Intern	
Individual Billing	\$ 32.00
College Student Group Billing	\$ 16.00

A first year graduate discount applies in the year following graduation. This is a one-time discount available to the following Rating Classifications: Employed Pharmacist, Self-employed Pharmacist, and Owner or Partner.

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to which this insurance applies, and		
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Limited Pharmacist's License Defense Reimbursement coverage and Certified CPR
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under the laws of the state where practicing

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and who is:

an employed pharmacist; or

a self-employed or consultant pharmacist

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owner, partner or corporate officer of a pharmacy or a pharmacy related business, provided that the business maintains a business insurance policy which provides coverage for the professional liability of its pharmacists; or

a full-time instructor or staff pharmacist at an accredited college of pharmacy or pharmacy educational facility; or

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a) Individual Pharmacists Billing -		
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aggregate; or \$2,000,000 per occurrence, \$6,000,000 aggregate		
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b) College Student Group Billing - \$1,000,000 per occurrence, \$3,000,000 aggregate only		
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Limit - \$2,500 per incident, \$2,500 aggregate;		
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(Refer to Rates-1 for minimum premium)		
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VI. Cancellation

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Policy will be canceled in accordance with the applicable state's laws. Any return premium will be computed on a pro-rata basis, subject to the minimum premium.

ANNUAL PREMIUMS

	<u>1MM/3MM</u>	<u>2MM/6MM</u>
Employed Pharmacist	\$ 144.00	\$ 176.00
First year Graduate discount	50%	50%
Self-employed or consultant Pharmacist		
0 to 9 hours per week	\$ 144.00	\$ 176.00
10 hours or greater, per week	\$ 375.00	\$ 458.00
First year Graduate discount	50%	50%
Owner, partner, or corporate officer Pharmacist		
Business		

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provided by PMIC.....	\$ 144.00	\$ 176.00
Business Insurance provided by another carrier	\$ 375.00	\$ 458.00
Full-time instructor or staff Pharmacist		
Working up to 10 hours per week outside the college	\$ 75.00	\$ 92.00
Working 10 hours or greater per week outside the college	\$ 144.00	\$ 176.00
Undergraduate Student Pharmacist		
Individual Pharmacists Billing	\$ 32.00	
College Student Group Billing	\$ 16.00	

MINIMUM PREMIUM

Individual Pharmacists Professional Liability

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