

SERFF Tracking Number: PHLX-125818047 State: Arkansas
Filing Company: Philadelphia Indemnity Insurance Company State Tracking Number: EFT \$50
Company Tracking Number: PR AR0036602F01
TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0019 Professional Errors & Omissions Liability
Product Name: Other Liability
Project Name/Number: Other Liability/PR AR0036602F01

Filing at a Glance

Company: Philadelphia Indemnity Insurance Company

Product Name: Other Liability SERFF Tr Num: PHLX-125818047 State: Arkansas
TOI: 17.0 Other Liability - Claims SERFF Status: Closed State Tr Num: EFT \$50
Made/Occurrence
Sub-TOI: 17.0019 Professional Errors & Omissions Liability Co Tr Num: PR AR0036602F01 State Status: Fees verified and received
Filing Type: Form Co Status: Reviewer(s): Betty Montesi, Edith Roberts
Author: SPI PhiladelphiaIndemnity Disposition Date: 09/25/2008
Date Submitted: 09/16/2008 Disposition Status: Approved
Effective Date Requested (New): 11/01/2008 Effective Date (New):
Effective Date Requested (Renewal): Effective Date (Renewal):
State Filing Description:

General Information

Project Name: Other Liability Status of Filing in Domicile:
Project Number: PR AR0036602F01 Domicile Status Comments:
Reference Organization: Reference Number:
Reference Title: Advisory Org. Circular:
Filing Status Changed: 09/25/2008 Deemer Date:
State Status Changed: 09/25/2008
Corresponding Filing Tracking Number:
Filing Description:
Philadelphia Indemnity Insurance Company is introducing independent professional liability endorsements to be available for human services or religious organization risks.

Copies of the endorsements are enclosed for your review. Below is an explanation of each endorsement.

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1. Physicians and Dentists Professional PI-HS-013 (08/08)

This optional endorsement provides coverage for physicians or dentists: (1) while performing acts within the scope of their employment for the insured; or (2) while performing duties related to the conduct of the insured's organization, or (3) for physicians, while performing acts that meet the policy definition of a Good Samaritan act.

2. Contingent Physician Coverage PI-HS-014 (08/08)

This optional endorsement provides coverage for physicians, dentists or optometrists.

A separate filing will provide the associated rule of usage for these endorsements.

Company and Contact

Filing Contact Information

Kevin O'Brien, Compliance Analyst II kobrien@phlyins.com
One Bala Plaza (315) 488-5098 [Phone]
Bala Cynwyd, PA 19004 (866) 282-7495[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

SERFF Tracking Number: PHLX-125818047 State: Arkansas
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Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No
Fee Explanation:
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Philadelphia Indemnity Insurance Company	\$50.00	09/16/2008	22528951

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Edith Roberts	09/25/2008	09/25/2008

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Liability
Product Name: Other Liability
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Disposition

Disposition Date: 09/25/2008

Effective Date (New):

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: *PHLX-125818047* State: *Arkansas*
 Filing Company: *Philadelphia Indemnity Insurance Company* State Tracking Number: *EFT \$50*
 Company Tracking Number: *PR AR0036602F01*
 TOI: *17.0 Other Liability - Claims Made/Occurrence* Sub-TOI: *17.0019 Professional Errors & Omissions Liability*
 Product Name: *Other Liability*
 Project Name/Number: *Other Liability/PR AR0036602F01*

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Form	Physicians and Dentists Professional	Approved	Yes
Form	Contingent Physicain Coverage	Approved	Yes

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 Product Name: Other Liability
 Project Name/Number: Other Liability/PR AR0036602F01

Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Physicians and Dentists Professional	PI-HS-013	08/08	Endorsement/Amendment/Conditions		0.00	PI-HS-013.PDF
Approved	Contingent Physicain Coverage	PI-HS-014	08/08	Endorsement/Amendment/Conditions		0.00	PI-HS-014.PDF

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

PHYSICIANS AND DENTISTS PROFESSIONAL

This endorsement modifies insurance provided under the following:

**HUMAN SERVICES ORGANIZATION PROFESSIONAL LIABILITY COVERAGE FORM
HUMAN SERVICES ORGANIZATION PROFESSIONAL LIABILITY
CLAIMS-MADE COVERAGE FORM
RELIGIOUS ORGANIZATION PROFESSIONAL LIABILITY COVERAGE FORM
RELIGIOUS ORGANIZATION PROFESSIONAL LIABILITY CLAIMS-MADE COVERAGE FORM**

SECTION I – COVERAGE, B. Exclusions, Sub-part 7. does not apply to any physician or dentist while performing acts within the scope of their employment by you or while performing duties related to the conduct of your organization. Additionally, coverage is extended to your employed physician only for any acts that would be covered under a **Good Samaritan** statute.

For purposes of this endorsement, **Good Samaritan** means – Your employed physicians while acting as a Good Samaritan independently of his or her activities on your behalf, but only when he or she encounters the scene of an emergency requiring sudden action. In no event will such person who responds to the scene of an emergency with or for any other emergency service organization be an insured.

For purposes of this endorsement, the following exclusion is added to **SECTION I – COVERAGE, B. Exclusions**:

Unlicensed professionals and those under the influence of drugs or alcohol at time of act are hereby excluded from coverage.

For purposes of this endorsement, the following condition is added to **SECTION IV – CONDITIONS**:

Professional's state license must be valid at time of loss.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

CONTINGENT PHYSICIAN COVERAGE

This endorsement modifies insurance provided under the following:

**HUMAN SERVICES ORGANIZATION PROFESSIONAL LIABILITY COVERAGE FORM
HUMAN SERVICES ORGANIZATION PROFESSIONAL LIABILITY
CLAIMS-MADE COVERAGE FORM
RELIGIOUS ORGANIZATION PROFESSIONAL LIABILITY COVERAGE FORM
RELIGIOUS ORGANIZATION PROFESSIONAL LIABILITY CLAIMS-MADE COVERAGE FORM**

SECTION I – COVERAGE, B. Exclusions, Sub-part 7. is replaced with the following:

7. Arising out of the furnishing or failure to furnish professional services by an attorney, architect, engineer, accountant, real estate or investment manager, physician, dentist, anesthesiologist, nurse anesthetist, nurse midwife, x-ray therapist, radiologist, chiropractist, chiropractor, optometrist, or veterinarian.

However, with respect to you and your “employees” only, this exclusion does not apply to services performed by a physician, dentist, or optometrist, provided that all of the following conditions are met:

- a. You have current written confirmation of malpractice insurance covering such professional with limits of at least \$1,000,000; and
- b. Professional's state license is valid at time of loss.

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Project Name/Number: *Other Liability/PR AR0036602F01*

Rate Information

Rate data does NOT apply to filing.

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Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty **Review Status:** Approved 09/25/2008

Comments:

Attachments:

AR - NAIC P&C TRANSMITTAL DOCUMENT.PDF
AR - NAIC FORM FILING SCHEDULE.PDF
Comparison .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 style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;">New Business</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;">Renewal Business</td> <td style="border: none;"></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 #			
Philadelphia Insurance Companies	0677			
4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Philadelphia Indemnity Insurance Company	PA	18058	231738402	

5. Company Tracking Number	PR AR0036602F01
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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
	Kevin W. O'Brien One Bala Plaza, Suite 100 Bala Cynwyd PA 19004	Compliance Analyst II	877-438-7459	866-282-7495	kobrien@phlyins.com
7.	Signature of authorized filer		<i>Kevin O'Brien</i>		
8.	Please print name of authorized filer		Kevin W. O'Brien		

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]	
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: 11/1/08 Renewal: 11/1/08
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	9/16/08
19.	Status of filing in domicile	<input type="checkbox"/> Not Filed <input checked="" type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

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 #	PR AR0036602F01
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2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)	PR AR0036602R01
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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	Physicians and Dentists Professional	PI-HS-013 08/08	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
02	Contingent Physicain Coverage	PI-HS-014 08/08	<input checked="" 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		
11			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		

Current wording under exclusion B. 7. on Human services and Religious Organization forms.

7. Arising out of the furnishing or failure to furnish professional services by an attorney, architect, engineer, accountant, real estate or investment manager, physician, physician assistant, dentist, pharmacist, anesthesiologist, nurse anesthetist, nurse midwife, x-ray therapist, radiologist, chiropract, chiropractor, optometrist, or veterinarian.

However, with respect to you and your “employees” only, this exclusion does not apply to services performed by a physician, physician assistant, dentist, pharmacist, or optometrist, provided that all of the following conditions are met:

- a. Such professional is not your “employee” or volunteer; and
- b. You have current written confirmation of malpractice insurance covering such professional with limits of at least \$1,000,000.

Wording being added to exclusion B.7. on form PI-HS-013

SECTION I – COVERAGE, B. Exclusions, Sub-part 7. does not apply to any physician or dentist while performing acts within the scope of their employment by you or while performing duties related to the conduct of your organization. Additionally, coverage is extended to your employed physician only for any acts that would be covered under a **Good Samaritan** statute.

For purposes of this endorsement, **Good Samaritan** means – Your employed physicians while acting as a Good Samaritan independently of his or her activities on your behalf, but only when he or she encounters the scene of an emergency requiring sudden action. In no event will such person who responds to the scene of an emergency with or for any other emergency service organization be an insured.

Wording being replaced on PI-HS-014

SECTION I – COVERAGE, B. Exclusions, Sub-part 7. is replaced with the following:

7. Arising out of the furnishing or failure to furnish professional services by an attorney, architect, engineer, accountant, real estate or investment manager, physician, dentist, anesthesiologist, nurse anesthetist, nurse midwife, x-ray therapist, radiologist, chiropract, chiropractor, optometrist, or veterinarian.

However, with respect to you and your “employees” only, this exclusion does not apply to services performed by a physician, dentist, or optometrist, provided that all of the following conditions are met:

- c. You have current written confirmation of malpractice insurance covering such professional with limits of at least \$1,000,000; and
- d. Professional’s state license is valid at time of loss.