

SERFF Tracking Number: PHLX-125818049 State: Arkansas
Filing Company: Philadelphia Indemnity Insurance Company State Tracking Number: EFT \$100
Company Tracking Number: PR AR0036602R01
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 AR0036602R01

Filing at a Glance

Company: Philadelphia Indemnity Insurance Company

Product Name: Other Liability

SERFF Tr Num: PHLX-125818049 State: Arkansas

TOI: 17.0 Other Liability - Claims
Made/Occurrence

SERFF Status: Closed

State Tr Num: EFT \$100

Sub-TOI: 17.0019 Professional Errors &
Omissions Liability

Co Tr Num: PR AR0036602R01

State Status: Fees verified and
received

Filing Type: Rate/Rule

Co Status:

Reviewer(s): Betty Montesi, Edith
Roberts

Author: SPI PhiladelphiaIndemnity

Disposition Date: 09/25/2008

Date Submitted: 09/16/2008

Disposition Status: Filed

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 AR0036602R01

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 Commercial excess endorsements to be available for human services or religious organization risks.

This filing includes the rules of usage for the endorsements below which are being filed separately.

<i>SERFF Tracking Number:</i>	<i>PHLX-125818049</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Philadelphia Indemnity Insurance Company</i>	<i>State Tracking Number:</i>	<i>EFT \$100</i>
<i>Company Tracking Number:</i>	<i>PR AR0036602R01</i>		
<i>TOI:</i>	<i>17.0 Other Liability - Claims Made/Occurrence</i>	<i>Sub-TOI:</i>	<i>17.0019 Professional Errors & Omissions Liability</i>
<i>Product Name:</i>	<i>Other Liability</i>		
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1. Physicians and Dentists Exclusion PI-CXL-047 (08/08)

This optional endorsement excludes coverage for damages arising out of any professional incident. We will not include charges for this exposure in the underlying Professional Liability coverage; therefore there is no credit for this exclusion in the excess rating calculation.

2. Physicians and Dentists Sublimit PI-CXL-048 (08/08)

This optional endorsement provides coverage for physicians and dentists for a professional incident up to the sublimits shown in the endorsement. This endorsement does not apply to psychiatrists.

To determine the premium charge for this endorsement, we will use our currently filed Commercial Excess rating with attached rule page.

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	

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Filing Fees

Fee Required? Yes
Fee Amount: \$100.00
Retaliatory? No
Fee Explanation:
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Philadelphia Indemnity Insurance Company	\$100.00	09/16/2008	22528955

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Correspondence Summary

Dispositions

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

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Disposition

Disposition Date: 09/25/2008
 Effective Date (New):
 Effective Date (Renewal):
 Status: Filed
 Comment:

Company Name:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Premium:	Maximum % Change (where required):	Minimum % Change (where required):	Overall % Indicated Change:
Philadelphia Indemnity Insurance Company	%	\$		\$	%	%	%

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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
Rate	Independent Professional Liability Forms	Filed	Yes

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Rate Information

Rate data applies to filing.

Filing Method: Prior Approval
Rate Change Type: Neutral
Overall Percentage of Last Rate Revision: Neutral
Effective Date of Last Rate Revision:
Filing Method of Last Filing:

Company Rate Information

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Premium:	Maximum % Change (where required):	Minimum % Change (where required):
Philadelphia Indemnity Insurance Company	%	%				%	%

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Rate/Rule Schedule

Review Status:	Exhibit Name:	Rule # or Page #:	Rate Action	Previous State Filing Attachments Number:
Filed	Independent Professional Liability Forms	HS/RO-RU-CW	New	HS_RO-RU-CW.PDF

**Philadelphia Indemnity Insurance Company
Independent Professional Liability Forms
Human Services Organizations and Religious Organizations**

The following independent professional liability endorsements are available for human services or religious organization risks.

1. Physicians and Dentists Professional
 - a. Description: 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 employed physicians, while performing acts that meet the policy definition of a Good Samaritan act.
 - b. Form: PI-HS-013
 - c. Premium Determination: Use the premium charges listed on the human/social services professional liability rating rule pages.

2. Contingent Physician Coverage
 - a. Description: This optional endorsement provides coverage for physicians, dentists or optometrists.
 - b. Form: PI-HS-014
 - c. Premium Determination: Use the premium charges listed on the human/social services professional liability rating rule pages.

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Supporting Document Schedules

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

Comments:

Attachments:

AR - NAIC P&C TRANSMITTAL DOCUMENT.PDF
AR - NAIC RATE RULE FILING SCHEDULE.PDF

Bypassed -Name: NAIC Loss Cost Filing Document for OTHER than Workers' Comp **Review Status:** Filed 09/25/2008

Bypass Reason: n/a

Comments:

Bypassed -Name: NAIC loss cost data entry document **Review Status:** Filed 09/25/2008

Bypass Reason: n/a

Comments:

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 AR0036602R01
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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 checked="" 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: 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

PROPERTY & CASUALTY 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 #	PR AR0036602R01
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2.	This filing corresponds to form filing number (Company tracking number of form filing, if applicable)	PR AR0036602F01
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Rate Increase
 Rate Decrease
 Rate Neutral (0%)

3.	Filing Method (Prior Approval, File & Use, Flex Band, etc.)	Prior Approval
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4a. Rate Change by Company (As Proposed)							
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)
Philadelphia Indemnity Insurance Company	0	0	0	0	0	0	0

4b. Rate Change by Company (As Accepted) For State Use Only							
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)

5. Overall Rate Information (Complete for Multiple Company Filings only)			
		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	
7.	Effective Date of last rate revision	
8.	Filing Method of Last filing (Prior Approval, File & Use, Flex Band, etc.)	

9.	Rule # or Page # Submitted for Review	Replacement or withdrawn?	Previous state filing number, if required by state
01	HS/RO-RU-CW 08/08	<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	