

**Malpractice Premium Comparison Survey Form  
FORM MMPCS - last modified August, 2005**

**USE THE APPROPRIATE FORM BELOW - IF NOT APPLICABLE, LEAVE BLANK**

NAIC Number:	33049
Company Name:	State Volunteer Mutual Insurance Company
Contact Person:	James E. Smith
Telephone No.:	(800) 342-2239
Email Address:	<a href="mailto:jims@svmic.com">jims@svmic.com</a>
Effective Date:	15-May-08

**Submit to:** Arkansas Insurance Department  
1200 West Third Street  
Little Rock, AR 72201-1904

**Telephone:** 501-371-2800

Email as an attachment to [insurance.pnc@arkansas.gov](mailto:insurance.pnc@arkansas.gov)  
You may also attach to a SERFF filing or submit on a cdr disk

Physicians

	Hospital	Clinic	Private
<b>Base Rate</b> At 500,000/1,000,000	\$ 5,764	\$ 5,764	\$ 5,764
<b>Discounts and Surcharges</b>			
Emergency Room	%	%	%
Surgery	%	%	%
Delivery	%	%	%
Claims Free	%	%	%
Over 5 years Experience	%	%	%
Other: Risk Mgt., Annual Pay	5% to 15% %	5% to 15% %	5% to 15% %

Dental

	Dentist	Orthodontist	Oral Surgeons
<b>Base Rate</b> At 100,000/300,000	\$	\$	\$
<b>Discounts and Surcharges</b>			
Claims Free	%	%	%
5 years Experience	%	%	%
Surgery	%	%	%
Other:	%	%	%