

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

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

NAIC Number:	20443; 35289
Company Name:	Continental Casualty Company; The Continental Insurance Company
Contact Person:	Robert Alonzo
Telephone No.:	212-440-3478
Email Address:	Robert.Alonzo@cna.com
Effective Date:	3/15/2008

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
 You may also attach to a SERFF filing or submit on a cdr disk

Physicians

Base Rate	Hospital	Clinic	Private
At 500,000/1,000,000	\$	\$	\$
Discounts and Surcharges			
Emergency Room			
Surgery			
Delivery			
Claims Free			
Over 5 years Experience			
Other:			
Schedule Rating	± 40 %	± 40 %	± 40 %

Dental

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

SERFF Tracking Number: CNAC-125483605 State: Arkansas
First Filing Company: Continental Casualty Company, ... State Tracking Number: #224087 \$100
Company Tracking Number: 08-R2206
TOI: 11.0 Medical Malpractice - Claims Sub-TOI: 11.0023 Physicians & Surgeons
Made/Occurrence
Product Name: Doctors (physicians & Surgeons) Professional Liability Program
Project Name/Number: /08-R2206

Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 05/29/2008
Submitted Date 05/29/2008

Respond By Date

Dear Robert Alonzo,

This will acknowledge receipt of the captioned filing.

My Director, Bill Lacy, said he will accept the form, but can you please reply as to what are your base minimum limits and as to the applicable rates. You may provide this by a regular response.

Thank you.

Please feel free to contact me if you have questions.

Sincerely,

Edith Roberts

Response Letter

Response Letter Status Submitted to State
Response Letter Date 05/30/2008
Submitted Date 05/30/2008

Dear Edith Roberts,

Comments:

Response 1

Comments: Ms. Roberts,

Thank you for your correspondence via SERFF dated May 29, 2008. Please note our following response to the issue you raised.

Our minimum limits are \$100,000/\$300,000. The Physicians claims-made mature base rate does not differ by place of

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practice (hospital, clinic, or private), and is \$3,908 for family/general practitioners.

Thanks.

Robert Alonzo

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Sincerely,

Robert Alonzo