

SERFF Tracking Number: CNNA-125518982 State: Arkansas
Filing Company: The Cincinnati Insurance Company State Tracking Number: EFT \$100
Company Tracking Number: CPRO-08-6007-AR
TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0000 Other Liability Sub-TOI Combinations
Product Name: CPRO-08-6007-AR
Project Name/Number: /

Filing at a Glance

Company: The Cincinnati Insurance Company

Product Name: CPRO-08-6007-AR

TOI: 17.0 Other Liability - Claims
Made/Occurrence

Sub-TOI: 17.0000 Other Liability Sub-TOI
Combinations

Filing Type: Rate/Rule

SERFF Tr Num: CNNA-125518982 State: Arkansas

SERFF Status: Closed

State Tr Num: EFT \$100

Co Tr Num: CPRO-08-6007-AR

Co Status:

Author: Sharon Grubbs

Date Submitted: 03/03/2008

State Status: Fees verified and
received

Reviewer(s): Betty Montesi, Edith
Roberts, Brittany Yielding

Disposition Date: 03/19/2008

Disposition Status: Filed

Effective Date (New):

Effective Date (Renewal):

Effective Date Requested (New): 09/01/2008

Effective Date Requested (Renewal):

State Filing Description:

General Information

Project Name:

Project Number:

Reference Organization:

Reference Title:

Filing Status Changed: 03/19/2008

State Status Changed: 03/19/2008

Corresponding Filing Tracking Number:

Filing Description:

At this time, we wish to file manual page(s) per the attached memorandum.

Final copies are attached for your review.

The corresponding form(s) filing is being submitted under separate transmittal

CPRO-08-6009-AR.

Status of Filing in Domicile: Pending

Domicile Status Comments:

Reference Number:

Advisory Org. Circular:

Deemer Date:

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Filing fees will be sent through the Electronic Filing Fee System as a (EFT) filing.

Please be advised that we work on a 90-days-in-advance schedule. As a result, we would appreciate your approval by June 1, 2008, for the software to be mailed to our agents on July 1, 2008, for the effective date of September 1, 2008.

Your approval is respectfully requested for use on policies effective on or after September 1, 2008.

Company and Contact

Filing Contact Information

Sharon Grubbs, Senior Filings Analyst sharon_grubbs@cinfin.com
 6200 S. Gilmore Road (513) 870-2091 [Phone]
 Fairfield, OH 45014

Filing Company Information

The Cincinnati Insurance Company CoCode: 10677 State of Domicile: Ohio
 6200 S. Gilmore Road Group Code: 244 Company Type:
 Fairfield, OH 45014 Group Name: State ID Number:
 (513) 870-2000 ext. [Phone] FEIN Number: 31-0542366

Filing Fees

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

| COMPANY | AMOUNT | DATE PROCESSED | TRANSACTION # |
|----------------------------------|----------|----------------|---------------|
| The Cincinnati Insurance Company | \$100.00 | 03/03/2008 | 18278454 |

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Correspondence Summary

Dispositions

| Status | Created By | Created On | Date Submitted |
|--------|---------------|------------|----------------|
| Filed | Edith Roberts | 03/19/2008 | 03/19/2008 |

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Disposition

Disposition Date: 03/19/2008
 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: |
|----------------------------------|------------------------|--|--|----------|------------------------------------|------------------------------------|-----------------------------|
| The Cincinnati Insurance Company | 5.760% | \$686 | 21 | \$11,911 | 5.900% | 0.000% | 8.700% |

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 Project Name/Number: /

| Item Type | Item Name | Item Status | Public Access |
|----------------------------|--------------------------------------|--------------------|----------------------|
| Supporting Document | PROPERTY AND CASUALTY TRANSMITTAL | Filed | Yes |
| Supporting Document | RULE/RATE FILING SCHEDULE | Filed | Yes |
| Supporting Document | MEMORANDUM | Filed | Yes |
| Supporting Document | EXHIBITS | Filed | Yes |
| Rate | PROFESSIONAL LIABILITY | Filed | Yes |

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 Project Name/Number: /

Rate Information

Rate data applies to filing.

Filing Method: FILE & USE
Rate Change Type: Increase
Overall Percentage of Last Rate Revision: 3.780%
Effective Date of Last Rate Revision: 05/01/2004
Filing Method of Last Filing: FILE & USE

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): |
|----------------------------------|-----------------------------|------------------------|--|--|----------|------------------------------------|------------------------------------|
| The Cincinnati Insurance Company | 8.700% | 5.760% | \$686 | 21 | \$11,911 | 5.900% | 0.000% |

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Rate/Rule Schedule

| Review Status: | Exhibit Name: | Rule # or Page #: | Rate Action | Previous State Filing Attachments Number: |
|----------------|------------------------|--|-------------|---|
| Filed | PROFESSIONAL LIABILITY | RULE 1, RULE 1., 2., 4.,5., 6., 7., 8., 9., 10., 11., 20., 25., 26., 28., 29., 30., 31., 33., 34., 36., 38., 50., 52., GUIDE (a) RATES | Replacement | N/A AR PRO 09-08 D.pdf |

THE CINCINNATI INSURANCE COMPANIES

DIVISION SEVEN COMMERCIAL LINES PROFESSIONAL LIABILITY MANUAL GENERAL RULES

THIS MANUAL CONTAINS THE RULES AND RATES
FOR PROFESSIONAL LIABILITY USED BY THE FOLLOWING
BY APPLYING THE FACTORS INDICATED

THE CINCINNATI INSURANCE COMPANY - 1.00

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its permission.

1. APPLICATION OF THIS DIVISION

A. The rules contained in this subdivision apply to the following liability coverages:

1. Animal Grooming Professional Liability
2. Blood Bank Professional Liability
3. Cemetery Professional Liability
4. Chiropodist / Podiatrist Professional Liability
5. Chiropractor Professional Liability
6. Clergy / Counselors Professional Liability
7. Condominium or Homeowners Associations Wrongful Acts
8. Cosmetologists and Barbers Professional Liability
9. Cosmetology or Barbering School Professional Liability
10. County Recorder and / or County Clerk's Errors and Omissions
11. Dentist's Professional Liability
12. Diagnostic Testing Laboratory Professional Liability
13. Emergency Medical Technician Professional Liability
14. Funeral Service Provider Professional Liability
15. Insurance Agents Errors and Omissions
16. Lawyer's Professional Liability
17. Medical Institution Professional Liability
18. Miscellaneous Health Care Professional Liability
19. Nurse's Professional Liability
20. Optometrist Professional Liability

THE CINCINNATI INSURANCE COMPANIES

DIVISION SEVEN COMMERCIAL LINES PROFESSIONAL LIABILITY MANUAL COVERAGE RULES

1. MEDICAL INSTITUTION PROFESSIONAL LIABILITY COVERAGE (Subline Code 215)

A. Description of Coverage

This coverage form provides protection against liability claims arising from the furnishing or failure to furnish professional services made against the insured hospital, institution or clinic.

B. Forms

PA 114 - Medical Institution Professional Liability Coverage Form

PA 514 - Medical Institution Professional Liability Coverage Part Declarations

PA 126 - Health Care Facility Professional Liability Coverage Form

PA 524 - Health Care Facility Professional Liability Coverage Part Declarations

C. Applications

MI-1313 - Hospital Questionnaire

IT-001 - Senior Citizens Long-Term Care Facility Supplemental Questionnaire

D. Rates / Premium Determination

1. Premium Basis

Rates and premium are per bed or number of outpatient visits. Per bed is the daily average number of beds, cribs or bassinets occupied during the policy period. Per outpatient visit is the total number of visits made during the policy period by patients who do not receive bed and board service.

Hospitals are subject to additional premium charges for each of their employed staff physicians, surgeons or dentists, other than interns, who do not have their own private practices. Refer to Rule 2. Physicians and Surgeons Professional to classify employed physicians and surgeons. Use .35 of the rate from the appropriate classifications for each employed physician or surgeon to calculate the additional charges.

2. Classifications

Based on the insured's business operation, choose the classification which best describes the operation. More than one classification may be necessary for risks with multiple business operations.

Hospitals, institutions and clinics operated by the federal government or a state, county, city or other governmental unit shall be rated as not-for-profit hospitals, institutions or clinics, as appropriate.

a. **Clinics, Dispensaries or Infirmaries - treatment of outpatients only - no regular bed and board facilities.** This classification does not apply to drugless healing institutions such as chiropractic, naturopathic, santipractic and Christian Science Institutions and not-for-profit dental clinics. Such risks should be submitted to the Home Office.

Clinics, dispensaries or infirmaries incidental to industrial or commercial risks should be classified and rated under the For-Profit classification. Clinics, dispensaries or infirmaries operated by physicians shall be classified and rated according to Rule 2. Physicians and Surgeons Professional Liability.

Classification

Code

For-Profit-Per 100 outpatient visits

80613

Not-For-Profit-Per 100 outpatient visits

80614

Osteopathic-Per 100 outpatient visits

84803

THE CINCINNATI INSURANCE COMPANIES

DIVISION SEVEN COMMERCIAL LINES PROFESSIONAL LIABILITY MANUAL COVERAGE RULES

1. MEDICAL INSTITUTION PROFESSIONAL LIABILITY COVERAGE (Subline Code 215) (Cont'd)

- b. **Convalescent or Nursing Homes - not mental-psychopathic institutions.** This classification does not apply to risks with surgical operating room facilities, laboratory or medical departments or X-ray apparatus.

For-Profit

| | |
|-------------------------------|-------|
| Per bed | |
| Skilled Care | 30018 |
| Intermediate Care | 30019 |
| Assisted Living | 30020 |
| Group Homes | 30021 |
| Independent Retirement Living | 30022 |
| Per 100 outpatient visits | 80951 |

Not-for-Profit

| | |
|-------------------------------|-------|
| Per bed | |
| Skilled Care | 30023 |
| Intermediate Care | 30024 |
| Assisted Living | 30025 |
| Group Homes | 30026 |
| Independent Retirement Living | 30027 |
| Per 100 outpatient visits | 80952 |

Skilled Care: Provides nursing care 24 hours per day by licensed nursing professionals. Some specialized equipment used. Most patients are totally dependent on the staff for assistance with Activities of Daily Living (ADL) including feeding, bathing, dressing and mobility. Staff will also administer tube feedings, catheterizations and injections. These facilities are eligible to participate in Medicare and Medicaid programs as nursing facilities.

Intermediate Care: Provides health care services at a more than incidental basis, but at a level below a skilled care facility. Usually do not administer tube feedings, catheterizations or injections. Most patients need assistance with Activities of Daily Living (ADL): dressing, bathing, feeding and mobility, and some assistance with medications. These facilities do not qualify for Medicare or Medicaid Program.

Assisted Living: Provides residents with minimal care by professional staff. Residents are ambulatory with minor exceptions, and need some assistance with Activities of Daily Living (ADL): dressing, bathing and feeding. The facility provides a protective environment involving communal meals and planned programs for their social and spiritual needs. Residents also receive incidental health care services, including assistance with medications.

Group Homes: These facilities provide living accommodations for senior citizens who need some form of structured living. These facilities will be under the direction of a live-in supervisor and may include communal dining, social and spiritual needs. Residents will be ambulatory and not dependent on others for Activities of Daily Living (ADL). Buildings occupied by Senior Citizens without any form of organized group activities and / or without live-in supervisor are not eligible for this classification. This classification is reserved for facilities that provide 15 or fewer beds per group home.

Independent Retirement Living: Provides for residents who are of retirement age and in general good health. Residents do not receive any health care services, assistance with Activities of Daily Living (ADL) or medications. They occupy apartment / dwelling units that normally include cooking facilities and contain special features for senior citizens, such as panic or help buttons, wider doorways and halls. These facilities may offer voluntary social and spiritual programs, transportation and limited food service. Residents may be required to have a predetermined number of meals per day or per week in the facility's dining area. One or more LPNs may be on premises to answer call buttons.

THE CINCINNATI INSURANCE COMPANIES

DIVISION SEVEN COMMERCIAL LINES PROFESSIONAL LIABILITY MANUAL COVERAGE RULES

1. MEDICAL INSTITUTION PROFESSIONAL LIABILITY COVERAGE (Subline Code 215) (Cont'd)

- c. **Hospices.** This classification applies to institutions specializing in the care and treatment of terminal illness. It does not apply to risks with surgical operating room facilities even though designated as hospices.

| | |
|------------------------|-------|
| For-Profit-per bed | 80510 |
| Not-for-Profit-per bed | 80512 |

- d. **Hospitals.** This classification applies to hospitals treating all general or special medical and surgical cases including sanitariums with surgical operating room facilities. This is a NOC classification.

For-Profit

| | |
|---------------------------|-------|
| Per bed | 80611 |
| Per 100 outpatient visits | 80610 |

Not-for-Profit

| | |
|---------------------------|-------|
| Per bed | 80612 |
| Per 100 outpatient visits | 80617 |

Osteopathic

| | |
|---------------------------|-------|
| Per bed | 84965 |
| Per 100 outpatient visits | 84966 |

- e. **Mental-Psychopathic Institutions.** This classification applies to institutions primarily for the restraint and treatment of mental, drug, narcotic or alcoholic cases.

For-Profit

| | |
|---------------------------|-------|
| Per bed | 80997 |
| Per 100 outpatient visits | 80999 |

THE CINCINNATI INSURANCE COMPANIES

DIVISION SEVEN COMMERCIAL LINES PROFESSIONAL LIABILITY MANUAL COVERAGE RULES

1. MEDICAL INSTITUTION PROFESSIONAL LIABILITY COVERAGE (Subline Code 215) (Cont'd)

Not-for-Profit

Per bed 80916
Per 100 outpatient visits 80917

f. Outpatient Surgical Facilities

Osteopathic 84453
Not Osteopathic 80453

- g. Rehabilitation Hospitals.** This classification applies to institutions providing restorative and support services for the disabled. If regular bed and board facilities are provided, classify and rate in accordance with the appropriate classification in this rule.

For-Profit

Per bed 80516
Per 100 outpatient visits 80517

Not-for-Profit

Per bed 80518
Per 100 outpatient visits 80519

- h. Sanitariums or Health Institutions - not hospitals or mental-psychopathic institutions.** This classification applies to risks with regular bed and board facilities, and with laboratory or medical departments. It does not apply to risks with surgical operating room facilities even though designated as sanitariums or health institutions.

For-Profit

Per bed 80925
Per 100 outpatient visits 80953

Not-for-Profit

Per bed 80926
Per 100 outpatient visits 80954

- i. Skilled Nursing Facilities - Short Term.** This classification applies to institutions primarily engaged in providing skilled nursing care and related services for inpatients requiring medical supervision of their care or rehabilitation services on a daily basis. It does not apply to risks with surgical operating room facilities, laboratory or medical departments or X-ray apparatus.

For-Profit

Per bed 80522
Per 100 outpatient visits 80523

Not-for-Profit

Per bed 80524
Per 100 outpatient visits 80525

THE CINCINNATI INSURANCE COMPANIES

DIVISION SEVEN COMMERCIAL LINES PROFESSIONAL LIABILITY MANUAL COVERAGE RULES

1. MEDICAL INSTITUTION PROFESSIONAL LIABILITY COVERAGE (Subline Code 215) (Cont'd)

3. Rates

Rates for Basic Limits: \$100,000 Each Medical Incident Limit
 \$300,000 Aggregate Limit

For increased limits, refer to Rule 52.

| Classification Code | Rate | Minimum Premium Per Location |
|---------------------|-----------|------------------------------|
| 30018 | \$ 392.00 | \$ 3,920.00 |
| 30019 | 366.00 | 3,660.00 |
| 30020 | 327.00 | 3,270.00 |
| 30021 | 235.00 | 2,350.00 |
| 30022 | 20.00 | 200.00 |
| 30023 | 352.00 | 3,520.00 |
| 30024 | 328.00 | 3,280.00 |
| 30025 | 293.00 | 2,930.00 |
| 30026 | 211.00 | 2,110.00 |
| 30027 | 18.00 | 180.00 |
| 80453 | (a) | (a) |
| 80510 | 105.00 | 1,050.00 |
| 80512 | 75.00 | 750.00 |
| 80516 | 209.00 | 2,090.00 |
| 80517 | 8.00 | included in 80516 |
| 80518 | 150.00 | 1,500.00 |
| 80519 | 8.00 | included in 80518 |
| 80522 | 262.00 | 2,620.00 |
| 80523 | 8.00 | included in 80522 |
| 80524 | 188.00 | 1,880.00 |
| 80525 | 8.00 | included in 80524 |
| 80610 | 77.00 | included in 80611 |
| 80611 | 1,781.00 | 17,810.00 |
| 80612 | 2,096.00 | 20,960.00 |
| 80613 | (a) | (a) |
| 80614 | 105.00 | 1,050.00 |
| 80617 | 116.00 | included in 80612 |
| 80916 | 839.00 | 8,390.00 |
| 80917 | 42.00 | included in 80916 |
| 80925 | 628.00 | 6,280.00 |
| 80926 | 419.00 | 4,190.00 |
| 80951 | 8.00 | included in 30018 - 30022 |
| 80952 | 8.00 | included in 30023 - 30027 |
| 80953 | 21.00 | included in 80925 |
| 80954 | 21.00 | included in 80926 |
| 80997 | 1,257.00 | 12,570.00 |
| 80999 | 32.00 | included in 80997 |
| 84453 | (a) | (a) |
| 84803 | (a) | (a) |
| 84965 | 2,620.00 | 26,200.00 |
| 84966 | 105.00 | included in 80965 |

THE CINCINNATI INSURANCE COMPANIES

DIVISION SEVEN COMMERCIAL LINES PROFESSIONAL LIABILITY MANUAL COVERAGE RULES

1. **MEDICAL INSTITUTION PROFESSIONAL LIABILITY COVERAGE (Subline Code 215)** (Cont'd)

RESERVED

FOR

FUTURE

USE

THE CINCINNATI INSURANCE COMPANIES

DIVISION SEVEN COMMERCIAL LINES PROFESSIONAL LIABILITY MANUAL COVERAGE RULES

2. PHYSICIANS AND SURGEONS PROFESSIONAL LIABILITY (Subline Code 230)

A. Description of Coverage

This coverage form provides protection against liability claims arising from the furnishing or failure to furnish professional services.

B. Forms

PA 106 - **Medical Arts Practitioner** Professional Liability Coverage Form

PA 506 - **Medical Arts Practitioner** Professional Liability Coverage Part Declarations

C. Application

PA-002 - Medical Professional Liability Application

D. Rates / Premium Determination

1. Premium Basis

Rates and premium are each physician or surgeon.

2. Classifications

When multiple physicians or surgeons are covered under the same policy, each insured physician or surgeon shall be assigned to one classification only, based on that person's medical specialty. If two or more classifications apply to the same individual, use the highest rated classification. An individual who would normally be assigned to a classification whose code number is followed by an asterisk* or cross-hatch # must be classified under **b.** or **c.** below if they perform any of the procedures listed in **b.** or **c.**

| a. Physicians and Surgeons Classifications | M.D. Code | D.O. Code |
|---|------------------|------------------|
| Aerospace Medicine | 80230*# | |
| Allergy | 80254*# | 84254*# |
| Anesthesiology | 80151 | 84151 |
| This classification applies to all general practitioners or specialists who perform general anesthesia or acupuncture anesthesia. | | |
| Broncho-Esophagology | 80101 | |
| Cardiovascular Disease-minor surgery | 80281* | 84281* |
| Cardiovascular Disease-no surgery | 80255*# | 84255*# |
| Dermatology-minor surgery | 80282* | 84282* |
| Dermatology-no surgery | 80256*# | 84256*# |
| Diabetes-minor surgery | 80271* | |

THE CINCINNATI INSURANCE COMPANIES

DIVISION SEVEN COMMERCIAL LINES PROFESSIONAL LIABILITY MANUAL COVERAGE RULES

2. PHYSICIANS AND SURGEONS PROFESSIONAL LIABILITY (Subline Code 230) (Cont'd)

| | | |
|--|---------|---------|
| Internal Medicine-minor surgery..... | 80284* | 84284* |
| Internal Medicine-no surgery | 80257*# | 84257*# |
| Laryngology-minor surgery..... | 80285* | |
| Laryngology-no surgery | 80258*# | |
| Legal Medicine..... | 80240*# | |
| Manipulator | | 84801* |
| Neoplastic Diseases-minor surgery | 80286* | |
| Neoplastic Diseases-no surgery | 80259*# | |
| Nephrology-minor surgery | 80287* | |
| Nephrology-no surgery..... | 80260*# | |
| Nephrology-including child-minor surgery | 80288* | 84288* |
| Neurology-including child-no surgery | 80261*# | 84261*# |
| Nuclear Medicine | 80262*# | 84262*# |
| Nutrition..... | 80248*# | |
| Occupational Medicine | 80233*# | 84233*# |
| Ophthalmology-minor surgery | 80289* | 84289* |
| Ophthalmology-no surgery..... | 80263*# | 84263*# |
| Otology-minor surgery..... | 80290* | |
| Otology-no surgery | 80264*# | |
| Otorhinolaryngology-minor surgery | 80291*# | 84291* |
| Otorhinolaryngology-no surgery | 80265*# | 84265*# |
| Pathology-minor surgery..... | 80292* | 84292* |
| Pathology-no surgery | 80266*# | 84266*# |
| Pediatrics-minor surgery | 80293* | 84293* |
| Pediatrics-no surgery..... | 80267*# | 84267*# |

THE CINCINNATI INSURANCE COMPANIES

DIVISION SEVEN COMMERCIAL LINES PROFESSIONAL LIABILITY MANUAL COVERAGE RULES

2. PHYSICIANS AND SURGEONS PROFESSIONAL LIABILITY (Subline Code 230) (Cont'd)

| | | |
|---|---------|---------|
| Pharmacology-clinical | 80234*# | |
| Physiatry..... | 80235*# | |
| Physical Medicine and Rehabilitation | 80235*# | 84235*# |
| Physicians-minor surgery | 80294* | |
| This is an NOC classification. | | |
| Physicians-no surgery | 80268*# | 84268*# |
| This is an NOC classification. | | |
| Physicians or Surgeons Assistants | 80116*# | 84116*# |
| This classification applies to physicians or surgeons assistants who have completed an approved course of study leading to university certification and who perform their duties under the direct supervision of a licensed physician or surgeon assisting in the clinical and / or research endeavors of the physician or surgeon. | | |
| Psychiatry-including child..... | 80249*# | 84249*# |
| Psychoanalysis..... | 80250*# | |
| Psychosomatic Medicine..... | 80251*# | 84251*# |
| Public Health | 80236*# | |
| Pulmonary Diseases-no surgery | 80269*# | 84269*# |
| Radiology-diagnostic-minor surgery | 80280* | 84280* |
| Radiology-diagnostic-no surgery | 80253*# | 84253*# |
| Rheumatology-no surgery..... | 80252*# | 84252*# |
| Rhinology-minor surgery..... | 80270* | |
| Rhinology-no surgery | 80247*# | |
| Scierotherapy..... | | 84802* |
| Teaching Physicians-no surgery | 80321 | |
| This classification applies to those physicians who would normally be assigned to codes 80230-80269 inclusive. | | |

THE CINCINNATI INSURANCE COMPANIES

DIVISION SEVEN COMMERCIAL LINES PROFESSIONAL LIABILITY MANUAL COVERAGE RULES

2. PHYSICIANS AND SURGEONS PROFESSIONAL LIABILITY (Subline Code 230) (Cont'd)

| | | |
|--|--------------|--------------|
| Catheterization | 80422 | 84422 |
| Arterial, cardiac or diagnostic-other than (a) the occasional emergency insertion of pulmonary wedge pressure recording catheters or temporary pacemakers, (b) urethra catheterization or (c) umbilical cord catheterization for diagnostic purposes or for monitoring blood gases in newborns receiving oxygen. | | |
| Discograms | 80428 | 84428 |
| Lasers-used in therapy | 80425 | 84425 |
| Lymphangiography | 80434 | 84434 |
| Myleography | 80428 | 84428 |
| Phlebography | 80434 | 84434 |
| Pneumoencephalography | 80428 | 84428 |
| Radiation Therapy | 80425 | 84425 |
| Shock Therapy | 80431 | 84431 |

c. Physicians-No Major Surgery Classifications (For Classifications with a #)

These classifications apply to all general practitioners or specialists except those performing major surgery, anesthesiology or acupuncture anesthesiology, who perform any of the following medical techniques:

| | M.D. Code | D.O. Code |
|---|--------------|--------------|
| Colonoscopy | 80443 | 84443 |
| Endoscopic Retrograde Cholangiopancreatography | 80443 | 84433 |
| Laparoscopy (Peritonescopy) | 80440 | 84440 |
| Needle Biopsy | 80446 | 84446 |
| Including lung and prostate, but not including liver, kidney or bone marrow biopsy. | | |
| Pneumatic or mechanical esophageal dilatation (not bougie or olive) | 80443 | 84443 |
| Radiopaque Dye Injections | 80449 | 84449 |

Injection into blood vessels, lymphatics, sinus tracts and fistulae (Not applicable to Radiologists codes 80280* and 84280*).

THE CINCINNATI INSURANCE COMPANIES

DIVISION SEVEN COMMERCIAL LINES PROFESSIONAL LIABILITY MANUAL COVERAGE RULES

2. PHYSICIANS AND SURGEONS PROFESSIONAL LIABILITY (Subline Code 230) (Cont'd)

Physicians or Surgeons-major surgery 80176 84176

This classification applies to those specialists who would normally be assigned to one of the following codes:
80144, 80146, 80150,
80152, 80154, 80171.

Additional charges:

Radiation therapy 80136 84136

Shock therapy 80137 84137

f. Additional charges

These classifications are not designed to be used as governing classifications, except for partnership or corporate liability (codes 80999 and 84999).

The following additional charges apply for all classifications, except classifications in e. above.

Business Entity Professional Liability 80999 84999

This classification is to be used as the governing classification when the individual insured physician or surgeon is also insured as either a corporation, limited liability company or partnership. This classification is subject to any applicable additional charge classifications for employed physicians, surgeons and technicians.

+Employed Nurse Anesthetist 80452 84452

The manual rate for this classification will be .10 of the rate for Anesthesiology codes 80151 and 84151.

Employed Physicians or Surgeons Assistants 80129 84129

This additional charge classification applies not only to individual insured physicians or surgeons but also to physicians or surgeons who are employees of partnerships, limited liability companies, corporations or professional associations practicing medicine.

Employed Physicians or Surgeons 80177 84177

The rate shall be .25 of the rate applicable for the self-employed physician or surgeon.

THE CINCINNATI INSURANCE COMPANIES

DIVISION SEVEN COMMERCIAL LINES PROFESSIONAL LIABILITY MANUAL COVERAGE RULES

2. PHYSICIANS AND SURGEONS PROFESSIONAL LIABILITY (Subline Code 230) (Cont'd)

| | | |
|--|--------------|--------------|
| +Employed Technicians-radium, including diagnostic X-ray laboratory or pathological | 80148 | 84148 |
| +Employed Technicians-radiation therapy..... | 80149 | 84149 |
| +Shock Therapy-by employed physicians or surgeons involved with major surgery | 80161 | 84161 |
| Shock Therapy-by insured physicians or surgeons involved with major surgery | 80162 | 84162 |
| This additional charge applies to each insured physician or surgeon doing shock therapy work. | | |
| +Radiation Therapy-by employed physicians or surgeons involved with major surgery | 80163 | 84163 |
| Radiation Therapy-by insured physicians or surgeons involved with major surgery | 80165 | 84165 |

This additional charge applies to each insured physician or surgeon doing X-ray therapy work.

+The rate for this additional charge classification applies not only to employees of individual insured physicians or surgeons but also to employees of partnerships, limited liability companies, corporations or professional associations practicing medicine. It applies per employee regardless of the number of partners or members. It also applies to such personnel in pathological or X-ray laboratories operated or supervised by the insured.

3. Rates

Rates for Basic Limits: \$100,000 Each Medical Incident Limit
\$300,000 Aggregate Limit

For increased limits, refer to Rule 52.

4. Additional Charge - Business Entity Professional Liability (Coverage B) - M.D. Code 80999/ D.O. Code 84999

When the named insured consists of an individual(s) **and** a partnership, limited liability company, association or corporation, make an additional charge of 20% of the per person rate for each individual comprising the partnership, limited liability company, association or corporation for the exposure of the partnership, limited liability company, association or corporate entity. This charge is **in addition** to the charges below for full coverage.

The same limits of insurance applicable to the individual(s) covered under Coverage A should be listed on the Declarations for Coverage B (i.e., the limit may not be higher). If a lower limit is chosen for B, the individual charge(s) must be rated at that limit to derive the charge for Coverage B.

If there is no Business Entity or it is not being insured, add Endorsement **PA 320**, Exclusion - Business Entity Professional Liability Coverage (Coverage B).

If a combined annual aggregate limit for Coverages A and B is desired, add Endorsement **PA 4064**, Amendment - Combined Aggregate Limit of Insurance. Apply a 5% (.95) factor to the Coverage B premium.

THE CINCINNATI INSURANCE COMPANIES

DIVISION SEVEN COMMERCIAL LINES PROFESSIONAL LIABILITY MANUAL COVERAGE RULES

3. MEDICAL AND SURGICAL GLOSSARY AND DEFINITIONS

A. Medical and Surgical Specialties

Aerospace Medicine

The branch of medicine which deals with physiological, medical, psychological and epidemiological (that is, disease-related) problems in present day air and space travel.

Allergy

A condition in which an individual is sensitive to a substance (or temperature) that does not affect most other people - such as pollen, dust or food.

Anesthesiology

The branch of medicine specializing in anesthesia - the abolition of sensation or the rendering unconscious by artificial means.

Broncho-Esphagology

The branch of medicine which deals with the bronchial tree (body tubes which carry air) and the esophagus (muscular tubular organ which carries food from mouth to stomach).

Cardiovascular Disease

Any diseases that are pertaining to the heart and blood vessels.

Dermatology

The branch of medicine that deals with diagnosis and treatment of diseases of the skin.

Diabetes

The branch of medicine that deals with a disease associated with deficient insulin secretion.

Endocrinology

The branch of medicine that deals with the endocrine (ductless) glands (for example, thyroid) and the various internal secretions.

Forensic Medicine

(See Legal Medicine.)

Gastroenterology

The branch of medicine that deal with the anatomy, physiology and pathology of the stomach and intestines.

General Preventive Medicine

The branch of medicine which aims at the prevention of disease.

THE CINCINNATI INSURANCE COMPANIES

DIVISION SEVEN COMMERCIAL LINES PROFESSIONAL LIABILITY MANUAL COVERAGE RULES

4. DENTIST'S PROFESSIONAL LIABILITY (Subline Code 230) (Cont'd)

3. Rates

Rates for Basic Limits: \$100,000 Each Dental Incident Limit - Coverage A.
 \$ 5,000 Any One Person - Coverage B. First Aid Payments
 \$300,000 Aggregate Limit

For increased limits, refer to Rule 52.

Territory (01)

| Limits | Class | | | | |
|---------------------|-------|-------|-------|---------|---------|
| | 1 | 2 | 2B | 2A | 3 |
| \$100,000/\$300,000 | \$589 | \$655 | \$884 | \$1,237 | \$7,358 |

E. Dental Board Examination Coverage (Binder) (Class Code 80226)

Dentist Professional Liability Coverage may be issued for a dentist while taking their state dental board examination.

1. Binder can be issued for a maximum 5 day term;
2. Limits are \$1,000,000 Each Dental Incident / \$3,000,000 Aggregate;
3. Premium is \$25 flat charge and except for expense modification, is not subject to any further modification or rate plan;
4. Dentist's Professional Liability Occurrence Coverage Form **PA 128** and Dentist's Professional Liability Coverage Part Declarations **PA 526** must be shown on the binder; and
5. Completed binder should be sent to Home Office Underwriter or Field Marketing Representative.

F. For Prior Acts Coverage, refer to Rule 50.

G. Independent contractor hygienists and assistants are included as an insured. A separate charge is not necessary.

H. Optional Coverages

1. Medical Waste Defense Expenses Reimbursement Coverage. Coverage provides \$50,000 of "defense expenses" for a "civil suit" alleging violation of a law or regulation governing the disposal of medical wastes. Attach form **PA 206**. No premium charge.
2. Department of Professional Regulation (DPR) Supplementary Payments Coverage. Coverage provides \$25,000/\$75,000 annual aggregate for an insured who becomes the subject of a Department of Professional Regulation (DPR), or a similar state regulatory board, investigation. Attach form **PA 205**. No premium charge.

THE CINCINNATI INSURANCE COMPANIES

DIVISION SEVEN COMMERCIAL LINES PROFESSIONAL LIABILITY MANUAL COVERAGE RULES

4. DENTIST'S PROFESSIONAL LIABILITY (Subline Code 230) (Cont'd)

b. Experience Debits:

| | | |
|-----------------|-----------|-------------------|
| 1 loss: | | |
| paid or reserve | ≤ \$5,000 | 15% debit |
| paid or reserve | > \$5,000 | 25% debit |
| 2 losses | | 100% debit |
| 3 losses | | 300% debit |

A chargeable loss is defined as a paid loss (expenses are not included as a paid loss) or a reserve for a claim which the underwriter deems there was probable negligence involved and a loss payment is likely.

Any insured who qualifies for an experience debit may also be declined or non-renewed.

8. Expense Considerations

The experience and practice rating modification contemplate the standard provisions for expenses. If such expenses are less than standard, such modifications if a credit, shall be increased, or if a debit, shall be decreased by the amount of the reduction in expenses.

5. BLOOD BANK PROFESSIONAL LIABILITY (Subline Code 220)

A. Description of Coverage

This coverage form provides protection against liability claims arising from the furnishing or failure to furnish professional services as a blood bank.

B. Forms

PA 114 - Medical Institution Professional Liability Coverage Form

PA 514 - Medical Institution Professional Liability Coverage Part Declarations

PA 4051 - Blood Bank Professional Liability Endorsement

C. Application

Refer to Home Office.

D. Rates / Premium Determination

1. Premium Basis

Rates and premium are each donation.

2. Rates

Rates for Basic Limits: \$100,000 Each Medical Incident Limit
\$300,000 Aggregate Limit

For increased limits, refer to Rule 52.

| Classification | Code | Rate |
|----------------------------|-------|--------|
| Blood Bank (Each Donation) | 80992 | \$0.26 |

THE CINCINNATI INSURANCE COMPANIES

DIVISION SEVEN COMMERCIAL LINES PROFESSIONAL LIABILITY MANUAL COVERAGE RULES

6. CHIROPODIST / PODIATRIST PROFESSIONAL LIABILITY (Subline Code 240)

A. Description of Coverage

This coverage form provides protection against liability claims arising from the furnishing or failure to furnish professional services as a chiroprapist or podiatrist.

B. Forms

PA 106 - Medical Arts Practitioner Professional Liability Coverage Form

PA 506 - Medical Arts Practitioner Professional Liability Coverage Part Declarations

C. Application

LC-1070 - Professional Liability Application (Podiatrists)

D. Rates / Premium Determination

1. Premium Basis

Rates and premium are each chiroprapist and podiatrist.

2. Rates

Rates for Basic Limits: \$100,000 Each Medical Incident Limit
\$300,000 Aggregate Limit

For increased limits, refer to Rule **52**.

| Classification | Code | Rate |
|--|-------|------------|
| Chiroprapist / Podiatrist - NOC | 80993 | \$2,398.00 |
| Chiroprapist / Podiatrist in Active United States Military Service | 80935 | \$ 138.00 |
| Chiroprapist / Podiatrist employed full time by the Federal Government | 80936 | \$ 209.00 |

3. Additional Charges

a. Vicarious Liability / Chiroprapist / Podiatrist 80943 \$ 641.00

This charge applies to those chiroprapists / podiatrists not insured under the named insured's policy (that is, having their professional liability coverage with another carrier or under a separate policy with Cincinnati). If we are to provide coverage for that employee or independent contractor, charge the full primary rate for code 80993, 80935 or 80936 and obtain application **LC-1070** for that individual.

THE CINCINNATI INSURANCE COMPANIES

DIVISION SEVEN COMMERCIAL LINES PROFESSIONAL LIABILITY MANUAL COVERAGE RULES

6. CHIROPODIST / PODIATRIST PROFESSIONAL LIABILITY (Subline Code 240) (Cont'd)

b. Business Entity Professional Liability (Coverage B) - Code 80950

When the named insured consists of an individual(s) **and** a partnership, limited liability company, association or corporation, make an additional charge of \$512.00 for the exposure of the partnership, limited liability company, association or corporate entity. This charge is in addition to the charge made for codes 80993/80935/80936/80943.

For example: Named insured of Joe Smith and Smith Professional, Inc.

Charge full rate for codes in **2.** above for exposure of individual entity, Joe Smith in addition to this charge for exposure of corporate entity, Smith Professional, Inc.

The same limits of insurance applicable to the individual(s) covered under Coverage A should be listed on the Declarations for Coverage B (i.e., the limit may not be higher).

If there is no Business Entity or it is not being insured, add Endorsement **PA 320**, Exclusion - Business Entity Professional Liability Coverage (Coverage B).

If a combined annual aggregate limit for Coverages A and B is desired, add Endorsement **PA 4064**, Amendment - Combined Aggregate Limit of Insurance. Apply a 5% (.95) factor to the Coverage B premium.

E. Refer to Home Office:

D.P.M.'s that:

1. Perform surgery (removal of warts, corns, ingrown toenails and bunions are not considered surgery);
2. Use general anesthesia; or
3. Perform treatment for anything other than minor foot ailments.

7. CHIROPRACTOR PROFESSIONAL LIABILITY (Subline Code 240)

A. Description of Coverage

This coverage form provides protection against liability claims arising from the furnishing or failure to furnish professional services as a chiropractor.

B. Forms

PA 106 - Medical Arts Practitioner Professional Liability Coverage Form

PA 506 - Medical Arts Practitioner Professional Liability Coverage Part Declarations

C. Application

Refer to Home Office.

D. Rates / Premium Determination

1. Premium Basis

Rates and premium are based on each chiropractor.

2. Rates

Rates for Basic Limits: \$100,000 Each Medical Incident Limit
\$300,000 Aggregate Limit

For increased limits, refer to Rule **52**.

THE CINCINNATI INSURANCE COMPANIES

DIVISION SEVEN COMMERCIAL LINES PROFESSIONAL LIABILITY MANUAL COVERAGE RULES

7. CHIROPRACTOR PROFESSIONAL LIABILITY (Subline Code 240) (Cont'd)

| Classification | Code | Rate |
|---------------------------------------|-------|----------|
| Chiropractor | 80410 | \$978.00 |
| 3. Additional Charges | | |
| a. Vicarious Liability / Chiropractor | 80411 | \$243.00 |

This charge applies to those chiropractors not insured under the named insured's policy (that is, having their primary professional coverage with another carrier or on a separate policy with Cincinnati). If we are to provide coverage for that employee or independent contractor, charge the full primary rate for code 80410 and obtain an application for that individual.

b. Business Entity Professional Liability (Coverage B) - Code 80412

When the named insured consists of an individual(s) **and** a partnership, limited liability company, association or corporation, make an additional charge of \$195.00 for the exposure of the partnership, limited liability company, association or corporate entity. This charge is in addition to the charge made for codes 80410/80411.

For example: Named insured of Joe Smith and Smith Professional, Inc.

Charge full rate for codes in **2.** above for exposure of individual entity, Joe Smith in addition to this charge for exposure of corporate entity, Smith Professional, Inc.

The same limits of insurance applicable to the individual(s) covered under Coverage A should be listed on the Declarations for Coverage B (i.e., the limit may not be higher).

If there is no Business Entity or it is not being insured, add Endorsement **PA 320**, Exclusion - Business Entity Professional Liability Coverage (Coverage B).

If a combined annual aggregate limit for Coverages A and B is desired, add Endorsement **PA 4064**, Amendment - Combined Aggregate Limit of Insurance. Apply a 5% (.95) factor to the Coverage B premium.

8. DIAGNOSTIC TESTING LABORATORY PROFESSIONAL LIABILITY (Subline Code 220)

A. Description of Coverage

This coverage form provides protection against liability claims arising from the furnishing or failure to furnish professional health care services as a medical or X-ray laboratory (i.e., a Diagnostic Testing Laboratory).

B. Forms

PA 114 - Medical Institution Professional Liability Coverage Form

PA 514 - Medical Institution Professional Liability Coverage Part Declarations

PA 4054 - Diagnostic Testing Laboratory Professional Liability Endorsement

C. Application

Refer to Home Office.

D. Rates / Premium Determination

1. Premium Basis. The basis used is per \$1,000 of receipts.

THE CINCINNATI INSURANCE COMPANIES

DIVISION SEVEN COMMERCIAL LINES PROFESSIONAL LIABILITY MANUAL COVERAGE RULES

8. DIAGNOSTIC TESTING LABORATORY PROFESSIONAL LIABILITY (Subline Code 220) (Cont'd)

2. Rates

Rates for Basic Limits: \$100,000 Each Medical Incident Limit
\$300,000 Aggregate Limit

For increased limits, refer to Rule 52.

| Classification | Code | Rate |
|-------------------------------|-------|--------------------------------|
| Medical or X-ray Laboratories | 80715 | \$3.49 per \$1,000 of receipts |

E. This coverage is available to all medical or X-ray laboratories operated by:

1. Corporate interests; or
2. Persons who are not physicians.

This coverage is **not** available to the following types of laboratories:

1. Those operated at or away from hospitals by physician pathologists or physician radiologists;
2. Those operated by physicians or surgeons in connection with the treatment of their own patients; or
3. Those operated by osteopaths.

Classify and rate the above risks from Rule 2. Physicians and Surgeons Professional Liability.

9. OPTOMETRIST PROFESSIONAL LIABILITY (Subline Code 240)

A. Description of Coverage

This coverage form provides protection against liability claims arising from the furnishing or failure to furnish professional services as an optometrist.

B. Forms

PA 106 - Medical Arts Practitioner Professional Liability Coverage Form

PA 506 - Medical Arts Practitioner Professional Liability Coverage Form Declarations

PA 321 - Optometrists Amendatory Endorsement

C. Application

CA-1038 - Professional Liability Application (Miscellaneous Professional)

D. Rates / Premium Determination

1. Premium Basis

Rates and premium are based on each optometrist.

2. Rates

Rates for Basic Limits: \$100,000 Each Medical Incident Limit
\$300,000 Aggregate Limit

For increased limits, refer to Rule 52.

THE CINCINNATI INSURANCE COMPANIES

DIVISION SEVEN COMMERCIAL LINES PROFESSIONAL LIABILITY MANUAL COVERAGE RULES

9. OPTOMETRIST PROFESSIONAL LIABILITY (Subline Code 240) (Cont'd)

| Classification | Code | Rate |
|--|-------|----------|
| Optometrist NOC | 80994 | \$ 79.00 |
| Optometrist with Topical Ocular Pharmaceutical Agents Certificate (Diagnostic) | 80946 | \$196.00 |
| Optometrist with Therapeutic Pharmaceutical Agents Certificate | 80947 | \$392.00 |
| Optician - Refer to Rule 30. | | |

3. Additional Charges

- a. Vicarious Liability / Optometrist 80944 \$ 40.00

This charge applies to those optometrists not insured under the named insured's policy (that is, having their primary professional coverage with another carrier or on a separate policy with Cincinnati). If we are to provide coverage for that employee or independent contractor, charge the full primary rate for code 80994, 80946 or 80947 and obtain application **CA-1038** for that individual.

- b. Business Entity Professional Liability (Coverage B) - Code 80956

When the named insured consists of an individual(s) and a partnership, limited liability company, association or corporation, make an additional charge for the exposure of the partnership, limited liability company, association or corporate entity as follows:

| Classification | Rate |
|--|---------|
| Optometrist NOC | \$9.00 |
| Optometrist with Topical Ocular Pharmaceutical Agents Certificate (Diagnostic) | \$14.00 |
| Optometrist with Therapeutic Pharmaceutical Agents Certificate | \$28.00 |

This charge is in addition to the charge made for codes 80994/80946/80947/80944.

For example: Named insured of Joe Smith and Smith Professional, Inc.

Charge full rate for codes in 2. above for exposure of individual entity, Joe Smith in addition to this charge for exposure of corporate entity, Smith Professional, Inc.

The same limits of insurance applicable to the individual(s) covered under Coverage A should be listed on the Declarations for Coverage B (i.e., the limit may not be higher).

If there is no Business Entity or it is not being insured, add Endorsement **PA 320**, Exclusion - Business Entity Professional Liability Coverage (Coverage B).

If a combined annual aggregate limit for Coverages A and B is desired, add Endorsement **PA 4064**, Amendment - Combined Aggregate Limit of Insurance. Apply a 5% (.95) factor to the Coverage B premium.

10. PHYSIOTHERAPIST PROFESSIONAL LIABILITY (Subline Code 240)

A. Description of Coverage

This coverage form provides protection against liability claims arising from the furnishing or failure to furnish professional services as a physiotherapist (physical therapist).

B. Forms

PA 106 - Medical Arts Practitioner Professional Liability Coverage Form

PA 506 - Medical Arts Practitioner Professional Liability Coverage Form Declarations

THE CINCINNATI INSURANCE COMPANIES

DIVISION SEVEN COMMERCIAL LINES PROFESSIONAL LIABILITY MANUAL COVERAGE RULES

10. PHYSIOTHERAPIST PROFESSIONAL LIABILITY (Subline Code 240) (Cont'd)

C. Application

CA-1038 - Professional Liability Application (Miscellaneous Professional)

D. Rates / Premium Determination

1. Premium Basis

Rates and premium are based on each physiotherapist.

2. Rates

Rates for Basis Limits: \$100,000 Each Medical Incident Limit
\$300,000 Aggregate Limit

For increased limits, refer to Rule 52.

| Classification | Code | Rate |
|--|-------|----------|
| Each Physiotherapist NOC | 80995 | \$579.00 |
| Each Employed Physiotherapist (named) including those who perform pathological or X-ray duties | 80945 | \$223.00 |
| Each Physiotherapist in Active United States Military Service | 80911 | \$ 55.00 |
| Each Physiotherapist employed full time by the Federal Government | 80912 | \$ 84.00 |

3. Additional Charges

a. Vicarious Liability / Physiotherapist 80938 \$ 53.00

This charge applies to those physiotherapists not insured under the named insured's policy (that is, having their primary professional coverage with another carrier or on a separate policy with Cincinnati). If we are to provide coverage for that employee or independent contractor, charge the full primary rate for code 80995, 80945, 80911 or 80912 and obtain application **CA-1038** for that individual.

b. Business Entity Professional Liability (Coverage B) - Code 80955

When the named insured consists of an individual(s) **and** a partnership, limited liability company, association or corporation, make an additional charge of \$178.00 for the exposure of the partnership, limited liability company, association or corporate entity. This charge is in addition to the charge made for codes 80995/80945/80911/80912/80938.

For example: Named insured of Joe Smith and Smith Professional, Inc.

Charge full rate for codes in 2. above for individual entity, Joe Smith in addition to this charge for exposure of corporate entity, Smith Professional, Inc.

The same limits of insurance applicable to the individual(s) covered under Coverage A should be listed on the Declarations for Coverage B (i.e., the limit may not be higher).

If there is no Business Entity or it is not being insured, add Endorsement **PA 320**, Exclusion - Business Entity Professional Liability Coverage (Coverage B).

If a combined annual aggregate limit for Coverages A and B is desired, add Endorsement **PA 4064**, Amendment - Combined Aggregate Limit of Insurance. Apply a 5% (.95) factor to the Coverage B premium.

THE CINCINNATI INSURANCE COMPANIES

DIVISION SEVEN COMMERCIAL LINES PROFESSIONAL LIABILITY MANUAL COVERAGE RULES

11. VETERINARIAN PROFESSIONAL LIABILITY (Subline Code 317)

A. Description of Coverage

This coverage form provides protection against liability claims arising from the furnishing or failure to furnish professional services as a veterinarian.

B. Forms

PA 107 - Animal Services Professional Liability Coverage Form

PA 507 - Animal Services Professional Liability Coverage Form Declarations

PA 208 - State Board of Veterinary Medical Examiners (SBVME) Supplementary Payments Coverage. Coverage provides up to \$10,000 for each annual period for an insured who becomes the subject of a State Board of Veterinary Medical Examiners, or a similar state regulatory board, investigation. No premium charge.

C. Application

CA-1038 - Professional Liability Application (Miscellaneous Professional)

D. Rates / Premium Determination

1. Premium Basis

Rates and premium are based on each veterinarian.

2. Rates

Rates for Basic Limits: \$100,000 Each Incident Limit
\$300,000 Aggregate Limit

For increased limits, refer to Rule 52.

| Classification | Code | Rate |
|----------------|-------|----------|
| Veterinarian | 07220 | \$106.00 |

3. Additional Charges

| | | |
|---------------------------------------|-------|----------|
| a. Vicarious Liability / Veterinarian | 07221 | \$ 22.00 |
|---------------------------------------|-------|----------|

This charge applies to those veterinarians not insured under the named insured's policy (that is, having their primary professional coverage with another carrier or on a separate policy with Cincinnati). If we are to provide coverage for that employee or independent contractor, charge the full primary rate for code 07220 and obtain application **CA-1038** for that individual.

THE CINCINNATI INSURANCE COMPANIES

DIVISION SEVEN COMMERCIAL LINES PROFESSIONAL LIABILITY MANUAL COVERAGE RULES

11. VETERINARIAN PROFESSIONAL LIABILITY (Subline Code 317) (Cont'd)

b. Partnership, association or corporation - Code 07222

When the named insured consists of an individual(s) entity **and** a partnership, association or corporation, make an additional charge of \$22.00 for the exposure of the partnership, association or corporation entity. This charge is in addition to the charge made for codes 07220/07221.

Example: Named insured of Joe Smith and Smith Professional, Inc.

Charge full rate for codes in **2.** above for individual entity, Joe Smith in addition to this charge for exposure of corporate entity, Smith Professional, Inc.

E. Deductible

The rates contemplate no deductible. For the following optional deductible, multiply the basic rates shown in **D.** by deductible rate factor:

| | |
|-------------------|------------------------|
| Deductible Amount | Deductible Rate Factor |
| \$25 | .95 |

12. - 19. RESERVED FOR FUTURE USE

20. ANIMAL GROOMING PROFESSIONAL LIABILITY (Subline Code 398)

A. Description of Coverage

This coverage form provides protection against liability claims arising from the furnishing or failure to furnish professional services as an animal groomer.

B. Forms

PA 107 - Animal Services Professional Liability Coverage Form

PA 507 - Animal Services Professional Liability Coverage Form Declarations

C. Application

CA-1038 - Professional Liability Application (Miscellaneous Professional)

D. Rates / Premium Determination

1. Premium Basis

Rates and premium are based on each animal groomer.

2. Rates

Rates for Basic Limits: \$100,000 Each **Incident** Limit
\$300,000 Aggregate Limit

For increased limits, refer to Rule **52.**

| Classification | Code | Rate |
|---------------------|-------|---------|
| Each Animal Groomer | 20040 | \$48.00 |

THE CINCINNATI INSURANCE COMPANIES

DIVISION SEVEN COMMERCIAL LINES PROFESSIONAL LIABILITY MANUAL COVERAGE RULES

24. CEMETERY PROFESSIONAL LIABILITY (Subline Code 398) (Cont'd)

2. Rates - Class Code 25080

Rates for Basic Limits: *\$100,000 Each Occurrence Limit (Limit must be same as General Liability Each Occurrence)

 *\$300,000 Aggregate Limit (Limit must be same as General Liability Products / Completed Operations Aggregate)

 \$50,000 Each Occurrence Damage to Property of Others

 \$50,000 Each Occurrence Burial Lot Liability

*For increased limits, refer to Rule 52.

| Classification | Rate |
|----------------|---|
| Already Buried | 0.042 per grave first 5,000 graves 0.011 per grave over 5,000 graves |
| To Be Buried | 0.490 per burial first 100 in current year 0.343 per burial over 100 in current year |

25. COUNTY RECORDER AND / OR COUNTY CLERK'S ERRORS AND OMISSIONS (Subline Code 398)

A. Description of Coverage

This coverage form provides protection against liability claims arising from the furnishing or failure to furnish professional services as a county recorder and / or county clerk.

B. Forms

PA 111 - County Recorder and / or County Clerk's Errors and Omissions Insurance Coverage Form

PA 532 - County Recorder and / or County Clerk's Errors and Omissions Insurance Coverage Part Declarations

C. Application

CA-1038 - Professional Liability Application (Miscellaneous Professional)

D. Rates / Premium Determination

1. Premium Basis. Rates and premium are based on each county recorder and / or county clerk.

2. Rates

Rates for Basic Limits: \$100,000 Each Claim Limit
 \$300,000 Aggregate Limit

For increased limits, refer to Rule 52.

| Classification | Code | Rate |
|---------------------------------------|-------|--|
| County Recorder and / or County Clerk | 25000 | \$147.00 plus \$21.00 for each person on the staff |

THE CINCINNATI INSURANCE COMPANIES

DIVISION SEVEN COMMERCIAL LINES PROFESSIONAL LIABILITY MANUAL COVERAGE RULES

26. EMERGENCY MEDICAL TECHNICIAN PROFESSIONAL LIABILITY (Subline Code 240)

A. Description of Coverage

This coverage form extends the Commercial General Liability Coverage Part to provide protection against liability claims arising from the rendering or failure to render professional services as a certified or registered emergency medical technician.

B. Forms

PA 113 - Emergency Medical Technician Professional Liability Coverage Form

PA 513 - Emergency Medical Technician Professional Liability Coverage Part Declarations

C. Application

CA-1038 - Professional Liability Application (Miscellaneous Professional)

D. Rates / Premium Determination

1. Premium Basis. The rates and premium are based on each EMT.

2. Classifications

- a. EMT means any person who has successfully completed a basic Emergency Medical Technician course as approved by the United States Department of Transportation and / or the Interagency Committee on Emergency Services of the Federal Government.
- b. EMT-D means any person who has successfully completed a basic Emergency Medical Technician course as described in a. above and has also obtained the additional certification for use of a defibrillator.
- c. EMT - Advanced means any person who has successfully completed an Emergency Medical Technician course in addition to courses in advanced life support which are equivalent to the modules contained in the National EMT Paramedic Course as approved by the Interagency Committee on Emergency Medical Services.
- d. EMT - Paramedic means any person who has successfully completed an Emergency Medical Technician course in addition to completing an advanced life support course equivalent to the 15 modules of the National EMT Paramedic Course.

3. Rates

Rates for Basic Limits: \$100,000 Each Incident Limit
\$300,000 Aggregate Limit

For increased limits, refer to Rule 52.

THE CINCINNATI INSURANCE COMPANIES

DIVISION SEVEN COMMERCIAL LINES PROFESSIONAL LIABILITY MANUAL COVERAGE RULES

28. INSURANCE AGENTS ERRORS AND OMISSIONS (Subline Code 398)

A. Description of Coverage

This coverage form provides protection against liability claims arising from the furnishing or failure to furnish professional services as an insurance agent.

B. Forms

PA 115 - Insurance Agents Errors and Omissions Insurance Coverage Form

PA 533 - Insurance Agents Errors and Omissions Insurance Coverage Part Declarations

C. Application

MP-1010 - Insurance Agents' and Brokers' Errors and Omissions Policy Application

D. Rates / Premium Determination

1. Premium Basis

Rates and premium are based on the total annual premium volume for all lines of insurance, except Life, Accident and Health, which is based on Commission Income.

2. Rates - Class Code 25060

Rates for Basic Limits: \$100,000 Each **Wrongful Act Limit**
\$300,000 Aggregate Limit

For increased limits, refer to Rule **52**.

\$2.20 per \$1,000 on first \$750,000 of annual premium volume / commission income

\$2.01 per \$1,000 on next \$750,000

\$1.88 per \$1,000 on next \$1,000,000

\$1.76 per \$1,000 on excess of \$2,500,000

3. Adjustment Factors

The following adjustment factors may be multiplied by the basic rates:

a. Personal Lines premium volume represents 50% - 60% of the total premium volume: .95

b. Personal Lines premium volume represents over 60% of the total premium volume: .90

4. Additional Charge of \$50.00 at basic limits for each licensed CSR, solicitor or broker.

5. Minimum annual premium is \$500 multiplied by the applicable increased limits factor and except for expense modification, is not subject to any further modification or rate plan.

THE CINCINNATI INSURANCE COMPANIES

DIVISION SEVEN COMMERCIAL LINES PROFESSIONAL LIABILITY MANUAL COVERAGE RULES

29. LAWYER'S PROFESSIONAL LIABILITY (Subline Code 317)

A. Description of Coverage

This coverage form provides protection against liability claims arising from the furnishing or failure to furnish professional legal services.

B. Forms

PA 105 - Lawyer's Professional Liability Coverage Form

PA 505 - Lawyer's Professional Liability Coverage Part Declarations

C. Application

Refer to Home Office.

D. Rates / Premium Determination

1. Premium Basis

Rates and premium are based on each lawyer, law clerk, investigator, abstractor and paralegal.

2. Rates

Rates for Basic Limits: \$100,000 Each **Wrongful Act Limit**
\$300,000 **General Aggregate Limit**

For increased limits, refer to Rule **52**.

THE CINCINNATI INSURANCE COMPANIES

DIVISION SEVEN COMMERCIAL LINES PROFESSIONAL LIABILITY MANUAL COVERAGE RULES

29. LAWYER'S PROFESSIONAL LIABILITY (Subline Code 317) (Cont'd)

| Classification | Code | Rate |
|--|-------|------------|
| All Lawyers | 81400 | \$2,448.00 |
| Law Clerks, Abstracters, Investigators and Paralegals | 81420 | \$ 979.00 |

3. Minimum annual premium is \$250 multiplied by the applicable increased limits factor and except for expense modification, is not subject to any further modification or rate plan.

E. Deductible

Minimum deductible is \$2,500

For the following optional deductibles, multiply the basic rate shown in **D.** by the deductible rate factor:

| Deductible Amount | Deductible Rate Factor |
|-------------------|------------------------|
| \$ 5,000 | .95 |
| 10,000 | .90 |
| 15,000 | .85 |
| 20,000 | .80 |
| 25,000 | .75 |

30. MISCELLANEOUS HEALTH CARE PROFESSIONAL LIABILITY

A. Description of Coverage

This coverage form provides protection against liability claims arising from the furnishing or failure to furnish professional health care services.

B. Forms

PA 101 - Nurse's Professional Liability Coverage Form (used to provide coverage on a monoline basis)

PA 102 - Nurse's Professional Liability Policy (Declarations Page)

PA 122 - Nurse's Professional Liability Coverage Form (used to provide coverage when attached to a policy with other property and casualty coverages)

PA 522 - Nurse's Professional Liability Coverage Part Declarations

PA 106 - Medical Arts Practitioner Professional Liability Coverage Form (used to provide coverage for all other medical professions other than nurses and dentists)

PA 506 - Medical Arts Practitioner Professional Liability Coverage Declarations

C. Applications

PP-001 - Nurse's Professional Liability Application for nurses

CA-1038 - Professional Liability Application (Miscellaneous Professional) for all other professions

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30. MISCELLANEOUS HEALTH CARE PROFESSIONAL LIABILITY (Cont'd)

3. Business Entity Professional Liability Coverage B (applicable to risks insured under the Medical Arts Practitioner Professional Liability Coverage Form, **PA 106**) - (Subline 240) (Class Code 30017)

If the named insured consists of an individual(s) **and** a partnership, limited liability company, association or corporation, make an additional charge of 20% of the professional premium for the exposure of the partnership, limited liability company, association or corporate entity. This charge is in addition to the charge made for above codes.

For example: Named insured of Joe Smith and Smith Professional, Inc.

Charge full rate for codes listed in 2. above for individual entity, Joe Smith in addition to this charge for exposure of corporate entity, Smith Professional, Inc.

The same limits of insurance applicable to the individual(s) covered under Coverage A should be listed on the Declarations for Coverage B (i.e., the limit may not be higher).

If there is no Business Entity or it is not being insured, add Endorsement **PA 320**, Exclusion - Business Entity Professional Liability Coverage (Coverage B).

If a combined annual aggregate limit for Coverages A and B is desired, add Endorsement **PA 4064**, Amendment - Combined Aggregate Limit of Insurance. Apply a 5% (.95) factor to the Coverage B premium.

E. The following classifications are ineligible:

1. Nurse Practitioners;
2. Nurse Anesthetists;
3. Nurse Midwives; and
4. Legal Nurse Consultants.

31. CLERGY / COUNSELORS PROFESSIONAL LIABILITY (Subline Code 398)

A. Description of Coverage

This coverage form provides protection against liability claims arising from the furnishing or failure to furnish counseling services as an ordained minister, certified counselor, or trained lay advisor. Injury arising out of furnishing or failing to furnish advice to another person in exchange for the payment of a counseling fee is excluded.

B. Forms

PA 116 - Clergy / Counselors Professional Liability Coverage Form

PA 516 - Clergy / Counselors Professional Liability Coverage Part Declarations

C. Application

CA-1038 - Professional Liability Application (Miscellaneous Professional)

D. Rates / Premium Determination

1. Premium Basis

Rates are based on each clergy member, certified counselor, or trained lay advisor.

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31. CLERGY / COUNSELORS PROFESSIONAL LIABILITY (Subline Code 398) (Cont'd)

2. Rates

Rates for Basic Limits: \$100,000 Each Incident Limit
\$300,000 Aggregate Limit

For increased limits, refer to Rule 52.

| Classification | Code | Rate |
|--|-------|---------|
| Each clergy member, certified counselor, or trained lay advisor | 20190 | \$36.00 |

3. Minimum annual premium is \$50 multiplied by any applicable increased limits factor. Except for expense modification, the minimum premium is not subject to any further modification or rate plan.

32. PEDORTHISTS PROFESSIONAL LIABILITY (Subline Code 240)

A. Description of Coverage

This coverage form extends the Commercial General Liability Coverage Part to provide protection against liability claims arising from the rendering or failure to render professional services as a pedorthist (customized footwear).

B. Forms

PA 120 - Pedorthists Professional Liability is attached to the Commercial General Liability Coverage Part to provide this coverage.

C. Application

CA-1038 - Professional Liability Application (Miscellaneous Professional)

D. Rates / Premium Determination

1. Premium Basis. Rates and premium are based on each store.

2. Rates

Rates for Basic Limits: \$100,000 Each Occurrence Limit
\$300,000 Professional Liability Aggregate Limit

For increased limits, refer to Rule 52.

| Classification | Code | Rate |
|--|-------|---------|
| Retail Shoe Store - no prescription work | 80983 | \$48.00 |
| Retail Shoe Store - with prescription work | 81983 | 72.00 |

33. PRINTERS ERRORS AND OMISSIONS (Subline Code 398)

A. Description of Coverage

This coverage form provides protection against liability claims arising from the furnishing or failure to furnish printing services.

B. Forms

PA 117 - Printers Errors and Omissions Insurance Coverage Form

PA 534 – Printers Errors and Omissions Insurance Coverage Part Declarations

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33. PRINTERS ERRORS AND OMISSIONS (Subline Code 398) (Cont'd)

c. High Hazard (\$1,000 minimum deductible)

| | |
|---------------------|-------------------------------------|
| Advertising | Graphic Design |
| Annual reports | Labels - stickers, wrapping tags |
| Book Binding | Manuals |
| Catalogs | Mailings |
| Computer forms | Optical character recognition (OCR) |
| Coupons | Posters |
| Design / typography | Signs |
| Direct Mailings | Trade show material |
| Financial | Typesetting |
| Forms & documents | Universal products code (UPC) |

Ineligible E & O classes:

Games of Chance
Magazine publishing
Newspaper (excluding weekly advertisers), book or magazine printing
Printing Brokers
Printing of stamps (postage or trading)
Printing of controversial material
Printing of currency, securities, travelers checks or money orders
Telephone directories
Ticket printing, such as but not limited to, raffle, lottery, sports or concert tickets
Web site design or development

3. Rates

Rates for Basic Limits: \$100,000 Each **Wrongful Act Limit**
\$300,000 Aggregate Limit

For increased limits, refer to Rule 52.

| Classification | Code | Rate per \$1,000 of receipts |
|----------------|-------|------------------------------|
| Low Hazard | 25051 | .05 |
| Average Hazard | 25052 | .07 |
| High Hazard | 25053 | .18 |

E. Deductible

1. The minimum deductible is \$500 per claim for low and average hazard classes and \$1,000 per claim for high hazard classes.
2. If Correction of Work Coverage applies, minimum deductibles are higher. See paragraph F. below. The E&O deductible must be written at the Correction of Work deductible.
3. For the following optional deductibles, multiply the rates shown in paragraph D. by the following factors:

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33. PRINTERS ERRORS AND OMISSIONS (Subline Code 398) (Cont'd)

6. Sublimit of Insurance

Correction of Work Coverage is available at limits of \$100,000 per claim/\$100,000 aggregate and \$300,000 per claim/\$300,000 aggregate. The \$300,000/\$300,000 limit is only available if the per claim limit for the Printers E&O is at least \$300,000.

7. Premium Determination

a. Base rates (per \$1,000 sales) for Correction of Work coverage:

| Hazard | Correction of Work Rate | |
|----------------------|-------------------------|----------|
| | 100/100 | 300/300* |
| Low (Code 25047) | .15 | .20 |
| Average (Code 25048) | .22 | .28 |
| High (Code 25049) | .35 | .46 |

* Only available if Printers E&O per claim limit is at least \$300,000.

- b. Multiply base rate by the deductible factors in paragraph E. of this rule.
- c. Result of a. x b. is the Correction of Work rate.
- d. Multiply c. by the amount of sales (per \$1,000) that was used to determine the E&O premium. This is the Correction of Work premium.
- e. The Correction of Work premium is in addition to the Printers E&O premium. Except for expense modification, the premium for this coverage is not subject to any further modification or rate plan.

34. REAL ESTATE AGENTS' ERRORS AND OMISSIONS (Subline Code 398)

A. Description of Coverage

This coverage form provides protection against liability claims arising from the furnishing or failure to furnish real estate professional services.

B. Forms

PA 118 - Real Estate Agents' Errors and Omissions Insurance Coverage Form

PA 535 - Real Estate Errors and Omissions Insurance Coverage Part Declarations

C. Application

MP-1007 - Real Estate Errors and Omissions Application

D. Rates / Premium Determination

1. Premium Basis

Rates and premium are based upon the **gross income** of the insured. Gross Income is the total amount of money charged by the insured for real estate agency services.

2. Rates - Class Code 25070

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DIVISION SEVEN COMMERCIAL LINES PROFESSIONAL LIABILITY MANUAL COVERAGE RULES

34. REAL ESTATE AGENTS' ERRORS AND OMISSIONS (Subline Code 398) (Cont'd)

Rates for Basic Limits: \$100,000 Each **Professional Incident Limit**
\$300,000 Aggregate Limit

For increased limits, refer to Rule 52.

\$1.13 per \$100 on first \$25,000 of gross income

\$.65 per \$100 on **next** \$50,000 of gross income

\$.33 per \$100 on **next** \$75,000 of gross income

\$.16 per \$100 on excess of \$150,000 gross income

3. Additional charge of \$45.00 at basic limits per sales person under named insured's real estate broker's license.

E. Deductible

Minimum deductible is \$2,500.

For the following optional deductibles, multiply the basic rates shown in paragraph D. by the deductible rate factor:

| Deductible Amount | Deductible Rate Factor |
|-------------------|------------------------|
| \$ 5,000 | .95 |
| 7,500 | .90 |
| 10,000 | .85 |
| 15,000 | .80 |
| 20,000 | .75 |
| 25,000 | .70 |

- F. **Notary Public Errors and Omissions.** Coverage may be extended to afford protection for loss arising out of errors and omissions of a duly licensed Notary Public. The premium charge is \$36.00 per person for basic limits. (Class code 25075)

35. RELIGIOUS INSTITUTIONS WRONGFUL ACTS (Subline Code 398)

A. Description of Coverage

This coverage form provides protection against claims arising out of wrongful acts committed by the directors and officers, as well as specified trustees and members, in the performance of their duties of the management responsibilities of a religious institution. Coverage is extended to wrongful act(s) committed prior to the effective date of coverage where the insured had no knowledge of a claim or suit as of the effective date of coverage and where no other applicable insurance exists.

B. Forms

PA 112 - Religious Institution Wrongful Acts Coverage Form

PA 527 - Religious Institution Wrongful Acts Coverage Part Declarations

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DIVISION SEVEN COMMERCIAL LINES PROFESSIONAL LIABILITY MANUAL COVERAGE RULES

35. RELIGIOUS INSTITUTIONS WRONGFUL ACTS (Subline Code 398) (Cont'd)

C. Application

PA-016 - Religious Institutions Wrongful Acts Questionnaire

D. Rates / Premium Determination

1. Premium Basis

Premium basis is each institution

2. Rates - Class Code 20090

| Limits of Insurance Each Claim Limit / Aggregate Limit | Rate |
|---|----------|
| \$ 100,000/\$100,000 | \$ 60.00 |
| 100,000/300,000 | 75.00 |
| 300,000/300,000 | 89.00 |
| 500,000/500,000 | 107.00 |
| 1,000,000/1,000,000 | 139.00 |
| 2,000,000/2,000,000 | 179.00 |
| 3,000,000/3,000,000 | 209.00 |
| 4,000,000/4,000,000 | 234.00 |
| 5,000,000/5,000,000 | 254.00 |

36. SOCIAL SERVICES PROFESSIONAL LIABILITY

A. Description of Coverage

This coverage provides protection against liability claims arising from the furnishing or failure to furnish professional services as a social service agency.

B. Forms

PA 123 - Miscellaneous Professional Liability Coverage Form

PA 523 - Miscellaneous Professional Liability Coverage Part Declarations

C. Application

CA-1038 - Professional Liability Application (Miscellaneous Professional)

D. Rates / Premium Determination

1. Premium Basis

Rates and premium are based on each professional individual.

2. Rates

Rates for Basic Limits: \$100,000 Each Incident Limit
\$300,000 Aggregate Limit

For increased limits, refer to Rule 52.

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DIVISION SEVEN COMMERCIAL LINES PROFESSIONAL LIABILITY MANUAL COVERAGE RULES

36. SOCIAL SERVICES PROFESSIONAL LIABILITY (Cont'd)

| Classification | Subline / Code | Rate |
|--|---|----------|
| Psychiatrist | Refer to Rule 2. Physicians and Surgeons Professional Liability | |
| Psychologist | 398/20011 | \$94.00 |
| APA Psychologist (American Psychiatric Assoc. or Psychological Assoc.) | 398/20012 | \$69.00 |
| ACSW (Academy of Certified Social Workers) | 398/20013 | \$40.00 |
| MSW (Masters in Social Work) | 398/20014 | \$45.00 |
| Other Professional, defined as: | 317/80110 | \$107.00 |
| a. BS in Social Work; | | |
| b. SW - Social Worker; or | | |
| c. Masters in Psychology; | | |
| d. Licensed marriage counselor or family counselor; | | |
| e. Masters or PHD (Doctoral Degree) in closely related mental health fields; | | |
| f. CW - Case Worker. | | |

3. Additional Charge - Partnership, Limited Liability Company, Association or Corporation - (Subline 398) (Class Code 20017)

When the named insured consists of an individual(s) **and** a partnership, limited liability company, association or corporation, make an additional charge of 20% of the social service professional premium for the exposure of the partnership, limited liability company, association or corporate entity. This charge is in addition to the charge made for codes 20011/20012/20013/20014/80110.

Example: Named Insured of Joe Smith and Smith Professional, Inc.

Charge full rate in **2.** above for exposure of individual entity, Joe Smith in addition to this charge for exposure of corporate entity, Smith Professional, Inc.

E. Refer the following (a) rated classes to the Home Office prior to binding:

1. Adoption or child placement (Subline 398) (Code 20015); and
2. Residential child care (Subline 398) (Code 20016).

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38. TRAVEL AGENTS ERRORS AND OMISSIONS (Subline Code 398) (Cont'd)

B. Forms

PA 104 - Travel Agents Errors and Omissions Insurance Coverage Form

PA 504 - Travel Agents Errors and Omissions Insurance Coverage Part Declarations

C. Application

PA-009 - Travel Agents Errors and Omissions Application

D. Rates / Premium Determination

1. Premium Basis. The basis used is per \$100 of total gross receipts.

2. Rates - Class Code 25010

Rates for Basic Limits: \$100,000 Each Incident Limit
\$300,000 Aggregate Limit

For increased limits, refer to Rule 52.

The rates below are the basic annual rates for Errors and Omissions coverage only. The General Liability portion is rated in accordance with Division Six - General Liability.

| Gross Receipts | Rate | |
|---------------------|-----------|---|
| 100,000 - 200,000 | \$ 208.00 | |
| 200,001 - 300,000 | 251.00 | |
| 300,001 - 400,000 | 294.00 | |
| 400,001 - 500,000 | 336.00 | |
| 500,001 - 600,000 | 378.00 | |
| 600,001 - 700,000 | 420.00 | |
| 700,001 - 800,000 | 462.00 | |
| 800,001 - 900,000 | 504.00 | |
| 900,001 - 1,000,000 | 545.00 | |
| over 1,000,000 | 545.00 | plus \$42.00 per \$100,000 of receipts in excess of \$1,000,000. |

Note: The gross receipts shall be at least equal to \$100,000 times the number of employees.

3. Minimum premium is \$300 multiplied by the applicable increased limits factor and except for expense modification, is not subject to any further modification or rate plan.

E. Deductible

Minimum deductible is \$250.

For the following optional deductibles, multiply the basic rates shown in D. by deductible rate factor:

| Deductible Amount | Deductible Rate Factor |
|-------------------|------------------------|
| \$ 500 | .90 |
| 1,000 | .85 |
| 2,500 | .80 |
| 5,000 | .65 |
| 10,000 | .50 |
| 25,000 | .35 |

F. Refer to the Home Office any travel agencies that conduct or organize tours.

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DIVISION SEVEN COMMERCIAL LINES PROFESSIONAL LIABILITY MANUAL COVERAGE RULES

39. - 49. RESERVED FOR FUTURE USE

50. PRIOR ACTS OR OMISSIONS EXTENSION OF COVERAGE (Subline Code 398)

A. Dentist's Professional Liability (Class Code 26050)

1. Description of Coverage

This endorsement to the Dentist's Professional Liability Occurrence Form provides protection against liability claims arising from the furnishing or failure to furnish professional services on or after the retroactive date and prior to the effective date. This form may be necessary when the insured was previously covered by a claims-made professional form and an adequate Extended Reporting Period was not secured.

2. Forms

PA 421 - Dentist's Professional Prior Acts or Omissions Extension

3. Application

PA-007 - Dentist's Professional Liability Application

4. Rates / Premium Determination

a. Premium Basis

Rates and premium are based on the number of consecutive years in a claims-made professional form.

b. Rates

Rates for Basic Limits: \$100,000 Each Dental Incident Limit
\$300,000 Aggregate Limit

For increased limits, refer to Rule 52.

The following factors are applied to the gross CIC occurrence premium, and except for expense modification, the premium for this coverage is not subject to any further modification or rate plan.

| Number of Consecutive Years under Claims-Made Coverage | Prior Acts Coverage Factor |
|---|-------------------------------|
| 1 | .13 |
| 2 | .24 |
| 3 | .32 |
| 4 | .35 |
| 5 or more | .37 |

This is a one time charge and premium is fully earned.

B. Other than Dentist's Professional Liability (Class Code 26112)

1. Description of Coverage

This coverage form provides protection against liability claims arising from the furnishing or failure to furnish professional services on or after the retroactive date and prior to the effective date. This form may be necessary when the insured was previously covered by a claims-made professional form and an adequate Extended Reporting Period was not secured.

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50. PRIOR ACTS OR OMISSIONS EXTENSION OF COVERAGE (Subline Code 398) (Cont'd)

2. Forms

| PRIOR ACTS COVERAGE ENDORSEMENTS | |
|---|--|
| Form # | Applicable Coverage Forms |
| PA 4055 | Animal Services Professional Liability Coverage Form Clergy / Counselors Professional Liability Coverage Form Miscellaneous Professional Liability Coverage Form |
| PA 4056 | Cosmetologists and Barbers Professional Liability Coverage Form Cosmetology or Barbering School Professional Liability Coverage Form |
| PA 4057 | County Recorder and / or County Clerk's Errors and Omissions Insurance Coverage Form Teacher's Professional Liability Coverage Form |
| PA 4058 | Emergency Medical Technician Professional Liability Coverage Form |
| PA 4059 | Health Care Facility Professional Liability Coverage Form Medical Institution Professional Liability Coverage Form Nurse's Professional Liability Coverage Form |
| PA 4060 | Insurance Agents Errors and Omissions Insurance Coverage Form Printers Errors and Omissions Insurance Coverage Form |
| PA 4061 | Medical Arts Practitioner Professional Liability Coverage Form |
| PA 4062 | Lawyer's Professional Liability Coverage Form |
| PA 4063 | Real Estate Errors and Omissions Insurance Coverage Form |

3. Application

PA-008 - Prior Acts or Omissions Application - Directors & Officers, Errors & Omissions or Professional

4. Rates / Premium Determination

a. Premium Basis

Rates and premium are based on the number of consecutive years in a claims-made professional form.

b. Rates

Rates for Basic Limits: \$100,000 Limit
 \$300,000 Aggregate Limit

For increased limits, refer to Rule 52. Use increased limits chart according to insured's profession.

The following factors are applied to the gross CIC occurrence premium, and except for expense modification, the premium for this coverage is not subject to any further modification or rate plan.

| Number of Consecutive Years under Claims-Made Coverage | Prior Acts Coverage Factor |
|---|-------------------------------|
| 1 | .26 |
| 2 | .48 |
| 3 | .63 |
| 4 | .70 |
| 5 or more | .74 |

This is a one time charge and premium is fully earned.

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52. INCREASED LIMITS TABLES (Cont'd)

2. Dentists

| Aggregate | Per Dental Incident | | | | | | | | |
|-----------|---------------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|
| | 100 | 150 | 200 | 250 | 300 | 500 | 1,000 | 1,500 | 2,000 |
| 300 | 1.00 (52) | 1.07 (56) | 1.09 (60) | 1.11 (63) | 1.12 (66) | | | | |
| 400 | 1.01 (55) | 1.08 (56) | 1.11 (60) | 1.13 (63) | 1.15 (66) | | | | |
| 500 | 1.02 (53) | 1.09 (56) | 1.13 (57) | 1.15 (61) | 1.17 (66) | 1.20 (67) | | | |
| 600 | 1.03 (55) | 1.10 (56) | 1.14 (58) | 1.17 (63) | 1.19 (66) | 1.22 (70) | | | |
| 750 | 1.04 (55) | 1.11 (56) | 1.15 (60) | 1.18 (62) | 1.21 (66) | 1.24 (70) | | | |
| 900 | 1.05 (55) | 1.12 (56) | 1.16 (60) | 1.19 (63) | 1.23 (65) | 1.26 (70) | | | |
| 1,000 | 1.06 (54) | 1.13 (56) | 1.17 (59) | 1.20 (63) | 1.24 (66) | 1.27 (68) | 1.33 (71) | | |
| 1,250 | 1.07 (55) | 1.14 (56) | 1.18 (60) | 1.21 (63) | 1.25 (66) | 1.28 (70) | 1.34 (73) | | |
| 1,500 | 1.08 (55) | 1.15 (56) | 1.19 (60) | 1.22 (63) | 1.25 (66) | 1.29 (69) | 1.35 (73) | 1.39 (74) | |
| 2,000 | 1.09 (55) | 1.16 (56) | 1.20 (60) | 1.23 (63) | 1.26 (66) | 1.30 (70) | 1.36 (73) | 1.40 (74) | 1.42 (75) |
| 2,500 | 1.10 (55) | 1.17 (56) | 1.21 (60) | 1.24 (63) | 1.27 (66) | 1.31 (91) | 1.37 (73) | 1.41 (74) | 1.43 (75) |
| 3,000 | 1.11 (55) | 1.18 (56) | 1.22 (60) | 1.25 (63) | 1.28 (66) | 1.32 (70) | 1.38 (72) | 1.42 (74) | 1.44 (75) |
| 4,000 | 1.12 (55) | 1.19 (56) | 1.23 (60) | 1.26 (63) | 1.29 (66) | 1.33 (70) | 1.39 (73) | 1.43 (74) | 1.45 (75) |

3. Hospitals

| Aggregate | Per Medical Incident | | | | | | |
|-----------|----------------------|--------------|--------------|--------------|--------------|--------------|--------------|
| | 100 | 150 | 200 | 250 | 300 | 500 | 1,000 |
| 300 | 1.00 (52) | 1.08 (56) | 1.12 (60) | 1.14 (63) | 1.16 (66) | | |
| 500 | 1.04 (53) | 1.16 (56) | 1.24 (57) | 1.29 (61) | 1.33 (66) | 1.41 (67) | |
| 600 | 1.05 (55) | 1.18 (56) | 1.27 (58) | 1.33 (63) | 1.38 (66) | 1.49 (70) | |
| 1,000 | | 1.20 (56) | 1.31 (59) | 1.40 (63) | 1.47 (66) | 1.66 (68) | 1.83 (71) |
| 1,500 | | 1.21 (56) | 1.32 (60) | 1.42 (63) | 1.50 (66) | 1.73 (69) | 2.01 (73) |
| 2,000 | | | | | 1.51 (66) | 1.76 (70) | 2.09 (73) |
| 3,000 | | | | | | | 2.14 (72) |

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1. Convalescent or Nursing Homes

| Aggregate | Per Medical Incident | | | | | | | | |
|-----------|----------------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|
| | 100 | 200 | 250 | 500 | 1,000 | 1,500 | 2,000 | 2,500 | 3,000 |
| 4,000 | 2.01 (55) | 2.07 (60) | 2.09 (63) | 2.16 (70) | 2.26 (73) | 2.33 (74) | 2.48 (75) | 2.58 (76) | 2.68 (77) |
| 4,500 | 2.02 (55) | 2.08 (60) | 2.10 (63) | 2.17 (70) | 2.27 (73) | 2.33 (74) | 2.49 (75) | 2.59 (76) | 2.69 (77) |
| 5,000 | 2.03 (55) | 2.09 (60) | 2.11 (63) | 2.18 (70) | 2.28 (73) | 2.34 (74) | 2.49 (75) | 2.60 (76) | 2.70 (77) |
| 6,000 | 2.04 (55) | 2.10 (60) | 2.12 (63) | 2.19 (70) | 2.29 (73) | 2.35 (74) | 2.50 (75) | 2.61 (76) | 2.71 (77) |
| 7,500 | 2.05 (55) | 2.11 (60) | 2.13 (63) | 2.20 (70) | 2.30 (73) | 2.36 (74) | 2.51 (75) | 2.62 (76) | 2.72 (77) |
| 9,000 | 2.06 (55) | 2.12 (60) | 2.14 (63) | 2.21 (70) | 2.31 (73) | 2.37 (74) | 2.52 (75) | 2.63 (76) | 2.73 (77) |
| 10,000 | 2.07 (55) | 2.13 (60) | 2.15 (63) | 2.22 (70) | 2.32 (73) | 2.38 (74) | 2.53 (75) | 2.64 (76) | 2.74 (77) |

2. Dentists

| Aggregate | Per Dental Incident | | | | | | | | |
|-----------|---------------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|
| | 2,500 | 3,000 | 4,000 | 5,000 | 6,000 | 7,000 | 8,000 | 9,000 | 10,000 |
| 2,500 | 1.44 (76) | | | | | | | | |
| 3,000 | 1.45 (76) | 1.46 (77) | | | | | | | |
| 4,000 | 1.46 (76) | 1.47 (77) | 1.48 (78) | | | | | | |
| 4,500 | 1.47 (76) | 1.48 (77) | 1.49 (78) | | | | | | |
| 5,000 | 1.48 (76) | 1.49 (77) | 1.50 (78) | 1.51 (79) | | | | | |
| 6,000 | 1.49 (76) | 1.50 (77) | 1.51 (78) | 1.52 (79) | 1.53 (80) | | | | |
| 7,500 | 1.50 (76) | 1.51 (77) | 1.52 (78) | 1.53 (79) | 1.54 (80) | 1.55 (81) | | | |
| 9,000 | 1.51 (76) | 1.52 (77) | 1.53 (78) | 1.54 (79) | 1.55 (80) | 1.56 (81) | 1.57 (83) | 1.58 (84) | |
| 10,000 | 1.52 (76) | 1.53 (77) | 1.54 (78) | 1.55 (79) | 1.56 (80) | 1.57 (81) | 1.58 (83) | 1.59 (84) | 1.60 (85) |

SERFF Tracking Number: CNNA-125518982 State: Arkansas
Filing Company: The Cincinnati Insurance Company State Tracking Number: EFT \$100
Company Tracking Number: CPRO-08-6007-AR
TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0000 Other Liability Sub-TOI Combinations
Product Name: CPRO-08-6007-AR
Project Name/Number: /

Supporting Document Schedules

Satisfied -Name: PROPERTY AND CASUALTY TRANSMITTAL
Review Status: Filed 03/19/2008

Comments:
PROPERTY AND CASUALTY TRANSMITTAL

Attachment:
F777AR_307.pdf

Satisfied -Name: RULE/RATE FILING SCHEDULE
Review Status: Filed 03/19/2008

Comments:
RULE/RATE FILING SCHEDULE

Attachments:
F779AR_(1).pdf
F779AR_(2).pdf
F779AR_(3).pdf
F779AR_(4).pdf
F779AR_(5).pdf
F779AR_(6).pdf
F779AR_(7).pdf
F779AR_(8).pdf
F779AR_(9).pdf

Satisfied -Name: MEMORANDUM
Review Status: Filed 03/19/2008

Comments:
MEMORANDUM

Attachment:
MEMOF.pdf

Satisfied -Name: EXHIBITS
Review Status: Filed 03/19/2008

Comments:

SERFF Tracking Number: *CNNA-125518982* *State:* *Arkansas*
Filing Company: *The Cincinnati Insurance Company* *State Tracking Number:* *EFT \$100*
Company Tracking Number: *CPRO-08-6007-AR*
TOI: *17.0 Other Liability - Claims Made/Occurrence* *Sub-TOI:* *17.0000 Other Liability Sub-TOI Combinations*
Product Name: *CPRO-08-6007-AR*
Project Name/Number: /

EXHIBITS

Attachments:

- AR Dentist Prof Comp 9-08-ADJ.pdf
- AR Medical Malpractice PLR 2006.pdf
- AR MedMal ExA 9-08.pdf
- Medical Malpractice 2006.pdf

Property & Casualty Transmittal Document—

| | |
|--|-----------------|
| 20. This filing transmittal is part of Company Tracking # | CPRO-08-6007-AR |
|--|-----------------|

| |
|--|
| 21. Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text] |
|--|

See Memorandum

| |
|---|
| 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 #: EFT FILING
Amount: \$50

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.)**

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 # | CPRO-08-6007-AR |
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| | | |
|----|---|------------------------|
| 2. | This filing corresponds to form filing number (Company tracking number of form filing, if applicable) | CPRO-08-6009-AR |
|----|---|------------------------|

Rate Increase Rate Decrease Rate Neutral (0%)

| | | |
|----|--|-----------------------|
| 3. | Filing Method (Prior Approval, File & Use, Flex Band, etc.) | File & Use |
|----|--|-----------------------|

| | | | | | | | |
|-----|---|--|--|--|--|--|--|
| 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) |
|----------------------------------|--|-----------------------|---|--|----------------------------------|-----------------------------------|-----------------------------------|
| The Cincinnati Insurance Company | 8.7% | 5.76% | \$686 | 21 | \$11,911 | 5.9% | 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) |
|--------------|--|-----------------------|---|--|----------------------------------|-----------------------------------|-----------------------------------|
| | | | | | | | |
| | | | | | | | |

Overall Rate Information (Complete for Multiple Company Filings only)

| | | COMPANY USE | STATE USE |
|-----|--|-------------|-----------|
| 5a. | Overall percentage rate indication (when applicable) | 8.7% | |
| 5b. | Overall percentage rate impact for this filing | 5.76% | |
| 5c. | Effect of Rate Filing – Written premium change for this program | \$686 | |
| 5d. | Effect of Rate Filing – Number of policyholders affected | 21 | |

| | | |
|----|---|--------------|
| 6. | Overall percentage of last rate revision | 3.78% |
|----|---|--------------|

| | | |
|----|---|-----------------|
| 7. | Effective Date of last rate revision | 05/01/04 |
|----|---|-----------------|

| | | |
|----|---|-----------------------|
| 8. | Filing Method of Last filing (Prior Approval, File & Use, Flex Band, etc.) | File & Use |
|----|---|-----------------------|

| 9. | Rule # or Page # Submitted for Review | Replacement or Withdrawn? | Previous state filing number, if required by state |
|----|---|---|--|
| 01 | RULE 1. APPLICATION OF THIS DIVISION (PL-GR-1) | <input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn | N/A |
| 02 | RULE 1. MEDICAL INSTITUTION PROFESSIONAL LIABILITY COVERAGE (PL-1 THRU PL-4.2) | <input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn | N/A |
| 03 | RULE 2. PHYSICIANS AND SURGEONS PROFESSIONAL LIABILITY (PL-5, PL-7, PL-8, PL-10, PL-13, PL-14, PL-17) | <input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn | N/A |

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 # | CPRO-08-6007-AR |
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| | | |
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| 2. | This filing corresponds to form filing number (Company tracking number of form filing, if applicable) | CPRO-08-6009-AR |
|-----------|---|------------------------|

Rate Increase Rate Decrease Rate Neutral (0%)

| | | |
|-----------|--|-----------------------|
| 3. | Filing Method (Prior Approval, File & Use, Flex Band, etc.) | File & Use |
|-----------|--|-----------------------|

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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) |
|----------------------------------|--|-----------------------|---|--|----------------------------------|-----------------------------------|-----------------------------------|
| The Cincinnati Insurance Company | 8.7% | 5.76% | \$686 | 21 | \$11,911 | 5.9% | 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) |
|--------------|--|-----------------------|---|--|----------------------------------|-----------------------------------|-----------------------------------|
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Overall Rate Information (Complete for Multiple Company Filings only)

| | | COMPANY USE | STATE USE |
|------------|--|-------------|-----------|
| 5a. | Overall percentage rate indication (when applicable) | 8.7% | |
| 5b. | Overall percentage rate impact for this filing | 5.76% | |
| 5c. | Effect of Rate Filing – Written premium change for this program | \$686 | |
| 5d. | Effect of Rate Filing – Number of policyholders affected | 21 | |

| | | |
|-----------|---|--------------|
| 6. | Overall percentage of last rate revision | 3.78% |
|-----------|---|--------------|

| | | |
|-----------|---|-----------------|
| 7. | Effective Date of last rate revision | 05/01/04 |
|-----------|---|-----------------|

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|-----------|---|-----------------------|
| 8. | Filing Method of Last filing (Prior Approval, File & Use, Flex Band, etc.) | File & Use |
|-----------|---|-----------------------|

| 9. | Rule # or Page # Submitted for Review | Replacement or Withdrawn? | Previous state filing number, if required by state |
|-----------|--|---|---|
| 04 | RULE 4. DENTIST'S PROFESSIONAL LIABILITY (PL-24) | <input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn | N/A |
| 05 | RULE 5. BLOOD BANK PROFESSIONAL LIABILITY (PL-26) | <input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn | N/A |
| 06 | RULE 6. CHIROPDIST / PODIATRIST PROFESSIONAL LIABILITY (PL-27, PL-28) | <input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn | N/A |

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.)

| | | |
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| 1. | This filing transmittal is part of Company Tracking # | CPRO-08-6007-AR |
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| | | |
|----|---|------------------------|
| 2. | This filing corresponds to form filing number (Company tracking number of form filing, if applicable) | CPRO-08-6009-AR |
|----|---|------------------------|

Rate Increase Rate Decrease Rate Neutral (0%)

| | | |
|----|--|-----------------------|
| 3. | Filing Method (Prior Approval, File & Use, Flex Band, etc.) | File & Use |
|----|--|-----------------------|

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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) |
|----------------------------------|--|-----------------------|---|--|----------------------------------|-----------------------------------|-----------------------------------|
| The Cincinnati Insurance Company | 8.7% | 5.76% | \$686 | 21 | \$11,911 | 5.9% | 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) |
|--------------|--|-----------------------|---|--|----------------------------------|-----------------------------------|-----------------------------------|
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Overall Rate Information (Complete for Multiple Company Filings only)

| | | COMPANY USE | STATE USE |
|-----|--|-------------|-----------|
| 5a. | Overall percentage rate indication (when applicable) | 8.7% | |
| 5b. | Overall percentage rate impact for this filing | 5.76% | |
| 5c. | Effect of Rate Filing – Written premium change for this program | \$686 | |
| 5d. | Effect of Rate Filing – Number of policyholders affected | 21 | |

| | | |
|----|---|--------------|
| 6. | Overall percentage of last rate revision | 3.78% |
|----|---|--------------|

| | | |
|----|---|-----------------|
| 7. | Effective Date of last rate revision | 05/01/04 |
|----|---|-----------------|

| | | |
|----|---|-----------------------|
| 8. | Filing Method of Last filing (Prior Approval, File & Use, Flex Band, etc.) | File & Use |
|----|---|-----------------------|

| 9. | Rule # or Page # Submitted for Review | Replacement or Withdrawn? | Previous state filing number, if required by state |
|----|--|---|--|
| 07 | RULE 7. CHIROPRACTOR PROFESSIONAL LIABILITY (PL-28, PL-29) | <input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn | N/A |
| 08 | RULE 8. DIAGNOSTIC TESTING LABORATORY PROFESSIONAL LIABILITY (PL-30) | <input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn | N/A |
| 09 | RULE 9. OPTOMETRIST PROFESSIONAL LIABILITY (PL-30, PL-31) | <input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn | N/A |

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.)

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|----|---|------------------------|
| 2. | This filing corresponds to form filing number (Company tracking number of form filing, if applicable) | CPRO-08-6009-AR |
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Rate Increase Rate Decrease Rate Neutral (0%)

| | | |
|----|--|-----------------------|
| 3. | Filing Method (Prior Approval, File & Use, Flex Band, etc.) | File & Use |
|----|--|-----------------------|

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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) |
|----------------------------------|--|-----------------------|---|--|----------------------------------|-----------------------------------|-----------------------------------|
| The Cincinnati Insurance Company | 8.7% | 5.76% | \$686 | 21 | \$11,911 | 5.9% | 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) |
|--------------|--|-----------------------|---|--|----------------------------------|-----------------------------------|-----------------------------------|
| | | | | | | | |
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Overall Rate Information (Complete for Multiple Company Filings only)

| | | COMPANY USE | STATE USE |
|-----|--|-------------|-----------|
| 5a. | Overall percentage rate indication (when applicable) | 8.7% | |
| 5b. | Overall percentage rate impact for this filing | 5.76% | |
| 5c. | Effect of Rate Filing – Written premium change for this program | \$686 | |
| 5d. | Effect of Rate Filing – Number of policyholders affected | 21 | |

| | | |
|----|---|--------------|
| 6. | Overall percentage of last rate revision | 3.78% |
|----|---|--------------|

| | | |
|----|---|-----------------|
| 7. | Effective Date of last rate revision | 05/01/04 |
|----|---|-----------------|

| | | |
|----|---|-----------------------|
| 8. | Filing Method of Last filing (Prior Approval, File & Use, Flex Band, etc.) | File & Use |
|----|---|-----------------------|

| 9. | Rule # or Page # Submitted for Review | Replacement or Withdrawn? | Previous state filing number, if required by state |
|----|--|---|--|
| 10 | RULE 10. PHYSIOTHERAPIST PROFESSIONAL LIABILITY (PL-31, PL-32) | <input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn | N/A |
| 11 | RULE 11. VETERINARIAN PROFESSIONAL LIABILITY (PL-33) | <input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn | N/A |
| 12 | RULE 20. ANIMAL GROOMING PROFESSIONAL LIABILITY (PL-34) | <input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn | N/A |

RATE/RULE FILING SCHEDULE

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Rate Increase Rate Decrease Rate Neutral (0%)

| | | |
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| 3. | Filing Method (Prior Approval, File & Use, Flex Band, etc.) | File & Use |
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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) |
|----------------------------------|--|-----------------------|---|--|----------------------------------|-----------------------------------|-----------------------------------|
| The Cincinnati Insurance Company | 8.7% | 5.76% | \$686 | 21 | \$11,911 | 5.9% | 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) |
|--------------|--|-----------------------|---|--|----------------------------------|-----------------------------------|-----------------------------------|
| | | | | | | | |
| | | | | | | | |

Overall Rate Information (Complete for Multiple Company Filings only)

| | | COMPANY USE | STATE USE |
|------------|--|-------------|-----------|
| 5a. | Overall percentage rate indication (when applicable) | 8.7% | |
| 5b. | Overall percentage rate impact for this filing | 5.76% | |
| 5c. | Effect of Rate Filing – Written premium change for this program | \$686 | |
| 5d. | Effect of Rate Filing – Number of policyholders affected | 21 | |

| | | |
|-----------|---|--------------|
| 6. | Overall percentage of last rate revision | 3.78% |
|-----------|---|--------------|

| | | |
|-----------|---|-----------------|
| 7. | Effective Date of last rate revision | 05/01/04 |
|-----------|---|-----------------|

| | | |
|-----------|---|-----------------------|
| 8. | Filing Method of Last filing (Prior Approval, File & Use, Flex Band, etc.) | File & Use |
|-----------|---|-----------------------|

| 9. | Rule # or Page # Submitted for Review | Replacement or Withdrawn? | Previous state filing number, if required by state |
|-----------|--|---|---|
| 13 | RULE 25. COUNTY RECORDER AND/OR COUNTY CLERK'S ERRORS AND OMISSIONS (PL-39) | <input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn | N/A |
| 14 | RULE 26. EMERGENCY MEDICAL TECHNICIAN PROFESSIONAL LIABILITY (PL-40) | <input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn | N/A |
| 15 | RULE 28. INSURANCE AGENTS ERRORS AND OMISSIONS (PL-42) | <input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn | N/A |

RATE/RULE FILING SCHEDULE

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| 1. | This filing transmittal is part of Company Tracking # | CPRO-08-6007-AR |
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Rate Increase Rate Decrease Rate Neutral (0%)

| | | |
|----|--|-----------------------|
| 3. | Filing Method (Prior Approval, File & Use, Flex Band, etc.) | File & Use |
|----|--|-----------------------|

| | | | | | | | |
|-----|---|--|--|--|--|--|--|
| 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) |
|----------------------------------|--|-----------------------|---|--|----------------------------------|-----------------------------------|-----------------------------------|
| The Cincinnati Insurance Company | 8.7% | 5.76% | \$686 | 21 | \$11,911 | 5.9% | 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) |
|--------------|--|-----------------------|---|--|----------------------------------|-----------------------------------|-----------------------------------|
| | | | | | | | |
| | | | | | | | |

Overall Rate Information (Complete for Multiple Company Filings only)

| | | COMPANY USE | STATE USE |
|-----|--|-------------|-----------|
| 5a. | Overall percentage rate indication (when applicable) | 8.7% | |
| 5b. | Overall percentage rate impact for this filing | 5.76% | |
| 5c. | Effect of Rate Filing – Written premium change for this program | \$686 | |
| 5d. | Effect of Rate Filing – Number of policyholders affected | 21 | |

| | | |
|----|---|--------------|
| 6. | Overall percentage of last rate revision | 3.78% |
|----|---|--------------|

| | | |
|----|---|-----------------|
| 7. | Effective Date of last rate revision | 05/01/04 |
|----|---|-----------------|

| | | |
|----|---|-----------------------|
| 8. | Filing Method of Last filing (Prior Approval, File & Use, Flex Band, etc.) | File & Use |
|----|---|-----------------------|

| 9. | Rule # or Page # Submitted for Review | Replacement or Withdrawn? | Previous state filing number, if required by state |
|----|--|---|--|
| 16 | RULE 29. LAWYER'S PROFESSIONAL LIABILITY (PL-44) | <input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn | N/A |
| 17 | RULE 30. MISCELLANEOUS HEALTH CARE PROFESSIONAL LIABILITY (PL-45, PL-47) | <input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn | N/A |
| 18 | RULE 31. CLERGY / COUNSELORS PROFESSIONAL LIABILITY (PL-48) | <input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn | N/A |

RATE/RULE FILING SCHEDULE

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Rate Increase Rate Decrease Rate Neutral (0%)

| | | |
|-----------|--|-----------------------|
| 3. | Filing Method (Prior Approval, File & Use, Flex Band, etc.) | File & Use |
|-----------|--|-----------------------|

| | | | | | | | |
|------------|---|--|--|--|--|--|--|
| 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) |
|----------------------------------|--|-----------------------|---|--|----------------------------------|-----------------------------------|-----------------------------------|
| The Cincinnati Insurance Company | 8.7% | 5.76% | \$686 | 21 | \$11,911 | 5.9% | 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) |
|--------------|--|-----------------------|---|--|----------------------------------|-----------------------------------|-----------------------------------|
| | | | | | | | |
| | | | | | | | |

Overall Rate Information (Complete for Multiple Company Filings only)

| | | COMPANY USE | STATE USE |
|------------|--|-------------|-----------|
| 5a. | Overall percentage rate indication (when applicable) | 8.7% | |
| 5b. | Overall percentage rate impact for this filing | 5.76% | |
| 5c. | Effect of Rate Filing – Written premium change for this program | \$686 | |
| 5d. | Effect of Rate Filing – Number of policyholders affected | 21 | |

| | | |
|-----------|---|--------------|
| 6. | Overall percentage of last rate revision | 3.78% |
|-----------|---|--------------|

| | | |
|-----------|---|-----------------|
| 7. | Effective Date of last rate revision | 05/01/04 |
|-----------|---|-----------------|

| | | |
|-----------|---|-----------------------|
| 8. | Filing Method of Last filing (Prior Approval, File & Use, Flex Band, etc.) | File & Use |
|-----------|---|-----------------------|

| 9. | Rule # or Page # Submitted for Review | Replacement or Withdrawn? | Previous state filing number, if required by state |
|-----------|---|---|---|
| 19 | RULE 33. PRINTERS ERRORS AND OMISSIONS (PL-48, PL-50) | <input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn | N/A |
| 20 | RULE 34. REAL ESTATE AGENTS' ERROR AND OMISSIONS (PL-52, PL-53) | <input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn | N/A |
| 21 | RULE 36. SOCIAL SERVICES PROFESSIONAL LIABILITY (PL-54, PL-55) | <input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn | N/A |

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 # | CPRO-08-6007-AR |
|-----------|--|------------------------|

| | | |
|-----------|---|------------------------|
| 2. | This filing corresponds to form filing number (Company tracking number of form filing, if applicable) | CPRO-08-6009-AR |
|-----------|---|------------------------|

Rate Increase Rate Decrease Rate Neutral (0%)

| | | |
|-----------|--|-----------------------|
| 3. | Filing Method (Prior Approval, File & Use, Flex Band, etc.) | File & Use |
|-----------|--|-----------------------|

| | | | | | | | |
|------------|---|--|--|--|--|--|--|
| 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) |
|----------------------------------|--|-----------------------|---|--|----------------------------------|-----------------------------------|-----------------------------------|
| The Cincinnati Insurance Company | 8.7% | 5.76% | \$686 | 21 | \$11,911 | 5.9% | 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) |
|--------------|--|-----------------------|---|--|----------------------------------|-----------------------------------|-----------------------------------|
| | | | | | | | |
| | | | | | | | |

Overall Rate Information (Complete for Multiple Company Filings only)

| | | COMPANY USE | STATE USE |
|------------|--|-------------|-----------|
| 5a. | Overall percentage rate indication (when applicable) | 8.7% | |
| 5b. | Overall percentage rate impact for this filing | 5.76% | |
| 5c. | Effect of Rate Filing – Written premium change for this program | \$686 | |
| 5d. | Effect of Rate Filing – Number of policyholders affected | 21 | |

| | | |
|-----------|---|--------------|
| 6. | Overall percentage of last rate revision | 3.78% |
|-----------|---|--------------|

| | | |
|-----------|---|-----------------|
| 7. | Effective Date of last rate revision | 05/01/04 |
|-----------|---|-----------------|

| | | |
|-----------|---|-----------------------|
| 8. | Filing Method of Last filing (Prior Approval, File & Use, Flex Band, etc.) | File & Use |
|-----------|---|-----------------------|

| 9. | Rule # or Page # Submitted for Review | Replacement or Withdrawn? | Previous state filing number, if required by state |
|-----------|---|---|---|
| 22 | RULE 38. TRAVEL AGENTS ERRORS AND OMISSIONS (PL-57, PL-58) | <input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn | N/A |
| 23 | RULE 50. PRIOR ACTS OR OMISSIONS EXTENSION OF COVERAGE (PL-58, PL-59) | <input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn | N/A |
| 24 | RULE 52. INCREASED LIMITS TABLES (PL-62) | <input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn | N/A |

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 # | CPRO-08-6007-AR |
|-----------|--|------------------------|

| | | |
|-----------|---|------------------------|
| 2. | This filing corresponds to form filing number (Company tracking number of form filing, if applicable) | CPRO-08-6009-AR |
|-----------|---|------------------------|

Rate Increase Rate Decrease Rate Neutral (0%)

| | | |
|-----------|--|-----------------------|
| 3. | Filing Method (Prior Approval, File & Use, Flex Band, etc.) | File & Use |
|-----------|--|-----------------------|

| | | | | | | | |
|------------|---|--|--|--|--|--|--|
| 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) |
|----------------------------------|--|-----------------------|---|--|----------------------------------|-----------------------------------|-----------------------------------|
| The Cincinnati Insurance Company | 8.7% | 5.76% | \$686 | 21 | \$11,911 | 5.9% | 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) |
|--------------|--|-----------------------|---|--|----------------------------------|-----------------------------------|-----------------------------------|
| | | | | | | | |
| | | | | | | | |

Overall Rate Information (Complete for Multiple Company Filings only)

| | | COMPANY USE | STATE USE |
|------------|--|-------------|-----------|
| 5a. | Overall percentage rate indication (when applicable) | 8.7% | |
| 5b. | Overall percentage rate impact for this filing | 5.76% | |
| 5c. | Effect of Rate Filing – Written premium change for this program | \$686 | |
| 5d. | Effect of Rate Filing – Number of policyholders affected | 21 | |

| | | |
|-----------|---|--------------|
| 6. | Overall percentage of last rate revision | 3.78% |
|-----------|---|--------------|

| | | |
|-----------|---|-----------------|
| 7. | Effective Date of last rate revision | 05/01/04 |
|-----------|---|-----------------|

| | | |
|-----------|---|-----------------------|
| 8. | Filing Method of Last filing (Prior Approval, File & Use, Flex Band, etc.) | File & Use |
|-----------|---|-----------------------|

| 9. | Rule # or Page # Submitted for Review | Replacement or Withdrawn? | Previous state filing number, if required by state |
|-----------|--|---|---|
| 25 | GUIDE (a) RATES (PL-G-4) | <input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn | N/A |
| 26 | | <input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn | |
| 27 | | <input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn | |

**ARKANSAS
DIVISION SEVEN - PROFESSIONAL LIABILITY
RULES AND RATES MEMORANDUM**

| NEW PAGE | OLD PAGE | DESCRIPTION OF CHANGE |
|-------------------------|---|---|
| PL-GR-1 (9/08) | PL-GR-1 (1/04) | <p>RULE 1. APPLICATION OF THIS DIVISION A. "Hospital" Professional Liability was amended to "Medical Institution" Professional Liability. "Medical or X-Ray" Laboratory Professional Liability was amended to "Diagnostic Testing" Laboratory Professional Liability. Renamed items were placed in alphabetical order.</p> |
| PL-1 (9/08) | PL-1 (1/04) | <p>RULE 1. MEDICAL INSTITUTION PROFESSIONAL LIABILITY COVERAGE Rule title was amended from "Hospital" Professional Liability Coverage to "Medical Institution" Professional Liability Coverage. Subline code was amended to 215.</p> <p>Rule 1.B. Form titles (PA 114 and PA 514) were amended from "Hospital" Professional Liability Coverage to "Medical Institution" Professional Liability Coverage.</p> |
| PL-2 thru PL-4.2 (9/08) | PL-2 thru PL-4 (1/04) PL-4.1 (1/07) PL-4.2 (1/04) | <p>RULE 1. MEDICAL INSTITUTION PROFESSIONAL LIABILITY COVERAGE Rule title was amended from "Hospital" Professional Liability Coverage to "Medical Institution" Professional Liability Coverage. Subline code amended to 215.</p> |
| PL-5 (9/08) | PL-5 (1/03) | <p>RULE 2. PHYSICIANS AND SURGEONS PROFESSIONAL LIABILITY Form titles (PA 106 and PA 506) were revised by adding "Medical Arts Practitioner".</p> |
| PL-7 (9/08) | PL-7 (1/03) | <p>RULE 2. PHYSICIANS AND SURGEONS PROFESSIONAL LIABILITY Deleted rule for endorsement that is being withdrawn: PA 494 - Pathologists and Radiologists as Insured.</p> |
| PL-8 (9/08) | PL-8 (1/03) | <p>RULE 2. PHYSICIANS AND SURGEONS PROFESSIONAL LIABILITY Deleted rule for endorsement that is being withdrawn: PA 494 - Pathologists and Radiologists as Insured.</p> |
| PL-10 (9/08) | PL-10 (1/03) | <p>RULE 2. PHYSICIANS AND SURGEONS PROFESSIONAL LIABILITY Deleted rule for endorsement that is being withdrawn: PA 494 - Pathologists and Radiologists as Insured.</p> <p>Amended typo: code 80433 amended to 80443 (Pneumatic or mechanical esophageal dilation).</p> |

| NEW PAGE | OLD PAGE | DESCRIPTION OF CHANGE |
|-----------------|-----------------|--|
| PL-13 (9/08) | PL-13 (1/03) | <p>RULE 2. PHYSICIANS AND SURGEONS PROFESSIONAL LIABILITY 2.D.2.f. "Partnership or Corporate" Liability (80999/84999) amended to "Business Entity Professional" Liability. Added mention of "limited liability company".</p> |
| PL-14 (9/08) | PL-14 (1/03) | <p>RULE 2. PHYSICIANS AND SURGEONS PROFESSIONAL LIABILITY 2.D.4. Additional Charge for "Partnership, association or corporation" renamed as "Business Entity Professional Liability (Coverage B)". Rules for Coverage A, Coverage B, endorsement PA 320 and endorsement PA 4064 were added.</p> |
| PL-17 (9/08) | PL-17 (1/03) | <p>RULE 2. PHYSICIANS AND SURGEONS PROFESSIONAL LIABILITY 2.E. and 2.F Deleted rules for endorsements that are being withdrawn: PA 404 - Resident/Intern/Fellow Endorsement and PA 495 - Amendment-Combined Aggregate Limit of Insurance.</p> |
| PL-24 (9/08) | PL-24 (9/06) | <p>RULE 4. DENTIST'S PROFESSIONAL LIABILITY Amending base rates with a net effect of 5.84%.</p> |
| PL-26 (9/08) | PL-26 (5/08) | <p>RULE 5. BLOOD BANK PROFESSIONAL LIABILITY 5.B. Form titles (PA 114 and PA 514) were revised from "Hospital" to "Medical Institution". Added mention of endorsement PA 4051 - Blood Bank Professional Liability Endorsement.</p> |
| PL-27 (9/08) | PL-27 (5/04) | <p>RULE 6. CHIROPODIST / PODIATRIST PROFESSIONAL LIABILITY 6.B. Form titles (PA 106 and PA 506) were revised by adding "Medical Arts Practitioner".</p> |
| PL-28 (9/08) | PL-28 (5/04) | <p>RULE 6. CHIROPODIST / PODIATRIST PROFESSIONAL LIABILITY 6.D.3.b. Additional Charge for "Partnership, association or corporation" renamed as "Business Entity Professional Liability (Coverage B)". Rules for Coverage A, Coverage B, endorsement PA 320 and endorsement PA 4064 were added.</p> <p>Deleted former rule 6.E. for endorsement that is being withdrawn: PA 495 - Amendment-Combined Aggregate Limit of Insurance. Former rule 6.F. was relettered as 6.E.</p> <p>RULE 7. CHIROPRACTOR PROFESSIONAL LIABILITY B. Form titles (PA 106 and PA 506) were revised by adding "Medical Arts Practitioner".</p> |

| NEW PAGE | OLD PAGE | DESCRIPTION OF CHANGE |
|--------------|--------------|---|
| PL-29 (9/08) | PL-29 (5/04) | <p>RULE 7. CHIROPRACTOR PROFESSIONAL LIABILITY D.3.b.</p> <p>Additional Charge for "Partnership, association or corporation" renamed as "Business Entity Professional Liability (Coverage B)". Rules for Coverage A, Coverage B, endorsement PA 320 and endorsement PA 4064 were added.</p> <p>Deleted former rule 7.E. for endorsement that is being withdrawn: PA 495 - Amendment-Combined Aggregate Limit of Insurance.</p> <p>RULE 8. DIAGNOSTIC TESTING LABORATORY PROFESSIONAL LIABILITY A. and B.</p> <p>Rule titled was amended from "Medical or X-Ray" Laboratory Professional Liability Coverage to "Diagnostic Testing" Laboratory Professional Liability Coverage.</p> <p>Form titles (PA 114 and PA 514) were revised from "Hospital" to "Medical Institution". Added mention of endorsement PA 4054 - Diagnostic Testing Laboratory Professional Liability Endorsement.</p> |
| PL-30 (9/08) | PL-30 (5/04) | <p>RULE 8. DIAGNOSTIC TESTING LABORATORY PROFESSIONAL LIABILITY</p> <p>Rule title was amended from "Medical or X-Ray" Laboratory Professional Liability Coverage to "Diagnostic Testing" Laboratory Professional Liability Coverage.</p> <p>RULE 9. OPTOMETRIST PROFESSIONAL LIABILITY B.</p> <p>Form titles (PA 106 and PA 506) were revised by adding "Medical Arts Practitioner". Added mention of endorsement PA 321 - Optometrists Amendatory Endorsement.</p> |
| PL-31 (9/08) | PL-31 (5/04) | <p>RULE 9. OPTOMETRIST PROFESSIONAL LIABILITY 9.D.3.b.</p> <p>Additional Charge for "Partnership, association or corporation" renamed as "Business Entity Professional Liability (Coverage B)". Rules for Coverage A, Coverage B, endorsement PA 320 and endorsement PA 4064 were added.</p> <p>Deleted former Rule 9.E. for endorsement that is being withdrawn: PA 495 - Amendment-Combined Aggregate Limit of Insurance.</p> <p>RULE 10. PHYSIOTHERAPIST PROFESSIONAL LIABILITY 10.B</p> <p>Form titles (PA 106 and PA 506) were revised by adding</p> |

"Medical Arts Practitioner".

| NEW PAGE | OLD PAGE | DESCRIPTION OF CHANGE |
|-----------------|-----------------|---|
| PL-32 (9/08) | PL-32 (5/04) | <p>RULE 10. PHYSIOTHERAPIST PROFESSIONAL LIABILITY 10.D.3.b. Additional Charge for "Partnership, association or corporation" renamed as "Business Entity Professional Liability (Coverage B)". Rules for Coverage A, Coverage B, endorsement PA 320 and endorsement PA 4064 were added.</p> |
| PL-33 (9/08) | PL-33 (1/07) | <p>RULE 10. PHYSIOTHERAPIST PROFESSIONAL LIABILITY 10.E. Deleted former rule 10.E. for endorsement that is being withdrawn: PA 495 - Amendment-Combined Aggregate Limit of Insurance.</p> <p>RULE 11. VETERINARIAN PROFESSIONAL LIABILITY 11.D.2. Amended "Each Claim Limit" to "Each Incident Limit".</p> |
| PL-34 (9/08) | PL-34 (5/04) | <p>RULE 20. ANIMAL GROOMING PROFESSIONAL LIABILITY 20.D.2. Amended "Each Claim Limit" to "Each Incident Limit".</p> |
| PL-39 (9/08) | PL-39 (5/04) | <p>RULE 25. COUNTY RECORDER AND / OR COUNTY CLERK'S ERRORS AND OMISSIONS 25.B. Declarations page amended from PA 515 to PA 532 and added "County Recorder and/or County Clerk's" to the title.</p> |
| PL-40 (9/08) | PL-40 (1/03) | <p>RULE 26. EMERGENCY MEDICAL TECHNICIAN PROFESSIONAL LIABILITY 26.D.3. Amended "Each Claim Limit" to "Each Incident Limit".</p> |
| PL-42 (9/08) | PL-42 (5/04) | <p>RULE 28. INSURANCE AGENTS ERRORS AND OMISSIONS 28.B., D.2. Declarations page amended from PA 515 to PA 533 and added "Insurance Agents" to the title.</p> <p>Rule 28.D.2. Amended "Each Claim Limit" to "Each Wrongful Act Limit".</p> |
| PL-44 (9/08) | PL-44 (9/03) | <p>RULE 29. LAWYER'S PROFESSIONAL LIABILITY 29.D.2. Amended "Each Claim Limit" to "Each Wrongful Act Limit". Amended "Aggregate Limit" to "General Aggregate Limit".</p> |
| PL-45 (9/08) | PL-45 (1/03) | <p>RULE 30. MISCELLANEOUS HEALTH CARE PROFESSIONAL LIABILITY 30.B. Form titles (PA 106 and PA 506) were revised by adding "Medical Arts Practitioner" for forms PA 522 and PA 106. The description of the use of form PA 106 was clarified.</p> |

| NEW PAGE | OLD PAGE | DESCRIPTION OF CHANGE |
|-----------------|-----------------|---|
| PL-47 (9/08) | PA-47 (1/04) | <p>RULE 30. MISCELLANEOUS HEALTH CARE PROFESSIONAL LIABILITY D.3. Additional Charge for "Partnership, association or corporation" renamed as "Business Entity Professional Liability (Coverage B)". Rules for Coverage A, Coverage B, endorsement PA 320 and endorsement PA 4064 were added.</p> <p>Deleted former rule 30.E. for endorsement that is being withdrawn: PA 495 - Amendment-Combined Aggregate Limit of Insurance.</p> <p>Former rule 30.F. was relettered as 30.E.</p> |
| PL-48 (9/08) | PL-48 (5/04) | <p>RULE 31. CLERGY / COUNSELORS PROFESSIONAL LIABILITY D.2. Amended "Each Claim Limit" to "Each Incident Limit".</p> <p>RULE 33. PRINTERS ERRORS AND OMISSIONS 33.B. Declarations page amended from PA 515 to PA 534 and added "Printers" to the title.</p> |
| PL-50 (9/08) | PL-50 (5/08) | <p>RULE 33. PRINTERS ERRORS AND OMISSIONS D.3. Amended "Each Claim Limit" to "Each Wrongful Act Limit".</p> |
| PL-52 (9/08) | PL-52 (5/08) | <p>RULE 34. REAL ESTATE AGENTS' ERRORS AND OMISSIONS B. Declarations page amended from PA 515 to PA 535 and added "Real Estate" to the title.</p> |
| PL-53 (9/08) | PL-53 (5/04) | <p>RULE 34. REAL ESTATE AGENTS' ERRORS AND OMISSIONS D.2. Amended "Each Claim Limit" to "Each Professional Incident Limit".</p> <p>Deleted rules G. AND H. for endorsements that are being withdrawn: PA 301 - Lead Liability Exclusion and PA 310 - Fungi or Bacteria Exclusion.</p> |
| PL-54 (9/08) | PL-54 (5/04) | <p>RULE 36. SOCIAL SERVICES PROFESSIONAL LIABILITY D.2. Amended "Each Claim Limit" to "Each Incident Limit".</p> |
| PL-55 (9/08) | PL-55 (5/04) | <p>RULE 36. SOCIAL SERVICES PROFESSIONAL LIABILITY D.3.. Added reference to Limited Liability Companies.</p> <p>Deleted former rule 36.E. for endorsement that is being withdrawn: PA 495 - Amendment-Combined Aggregate Limit of Insurance. Former rule 36.F. was relettered as 30.E.</p> |

| NEW PAGE | OLD PAGE | DESCRIPTION OF CHANGE |
|-----------------------|-----------------------|--|
| PL-57 (9/08) | PL-57 (5/04) | <p>RULE 38. TRAVEL AGENTS ERRORS AND OMISSIONS B. Added "Insurance" to form titles (PA 104 and PA 504).</p> <p>Rule 38.D.2. Amended "Each Occurrence Limit" to "Each Incident Limit".</p> <p>Moved the remainder of rule 38. from page PL-58 to page PL-57.</p> |
| PL-58 (9/08) | PL-58 (1/03) | Moved a portion of rule 50. from page PL-59 to PL-58. |
| PL-59 (9/08) | PL-59 (1/03) | <p>RULE 50. PRIOR ACTS OR OMISSIONS EXTENSION OF COVERAGE B.2. Replaced the reference to generic Prior Acts endorsement PA 444 with a list of new coverage form specific Prior Acts endorsements PA 4055 thru PA 4063.</p> |
| PL-62 & PL-G-4 (9/08) | PL-62 & PL-G-4 (5/04) | <p>RULE 52. INCREASED LIMITS TABLES 2. Amending Dentist's Increased Limit tables with a net effect of (-0.08%) per designation number PR-2006-IALL1.</p> <p>The overall net effect of the above changes is 5.76%.</p> |

**Dentists-Professional Div. 7 Net Effect
Arkansas**

| | Base Rate Change | ILF Change | Combined % Change | Written Premium | Overall Net Effect |
|-----------------------------|-----------------------------|-----------------------|------------------------------|----------------------------|-------------------------------|
| Dentist-Professional | 5.84% | -0.08% | 5.76% | 11,911 | 12,597 |

| | | |
|--|---------|--|
| A. Direct Earned Premium | 274,012 | (4) |
| B. Average Direct Unearned Premium Reserve | 141,512 | [(1)+(2)]/2 |
| C. Commissions Expenses | 26.89% | (5) / (3) |
| D. Taxes, Licenses, & Fees | 2.52% | (6) / (3) |
| E. 50% of Other Acquisition Expenses | 1.52% | [(0.5) X (7)] / (3) |
| F. 50% of General Expenses | 1.80% | [(0.5) X (8)] / (4) |
| G. Total Expenses | 32.72% | (C) + (D) + (E) + (F) |
| H. Total Prepaid Expenses | 46,304 | (B) X (G) |
| I. Subject to Investment | 95,208 | (B) - (H) |
| J. Delayed Remission of Premium | 52,799 | [(23) X (3)] / (29) |
| Expected Loss & LAE Ratio | 62.69% | Permissible Loss Ratio |
| K. Direct Earned Premium | 274,012 | (A) |
| L. Expected Loss Ratio | 62.69% | Permissible Loss Ratio |
| M. Expected Incurred Loss & LAE | 171,769 | (K) X (L) |
| N. Reserve to Incurred Ratio | 3.1491 | $\Sigma(9 \text{ to } 13) / \Sigma(14 \text{ to } 21)$ |
| O. Estimated Loss & LAE Reserve | 540,914 | (M) X (N) |
| P. Net Subject to Investment | 583,323 | (I) - (J) + (O) |
| Q. Policy Surplus | N/A | |
| R. Total | 583,323 | (P) + (Q) |
| S. Average Rate of Return on Invested Assets | 3.63% | (26) / (22) |
| T. Invested Earnings Subject to Investment | 21,186 | (R) X (S) |
| U. Ratio of Investment Earnings to Direct Earned Premiums | 7.73% | (T) / (A) |
| V. Investment Income Factor | 1.0773 | 1.000 + (U) |
| W. Return on Equity (with Policy Surplus & Realized Capital Gains) | 15.00% | (30) |
| X. Return on Policy Surplus | 5.29% | [(24) X (S)] / (29) |
| Y. Return on Realized Capital Gains | 3.06% | {[(27)+(28)]/2}/(29) |
| Z. Return on Equity | 6.65% | (W) - (X) - (Y) |
| AA. Premium to Surplus | 0.7379 | (29)/{[(24)+(25)]/2} |
| BB. Return on Premium | 0.0901 | (Z) / (AA) |
| CC. Before Tax Return on Premium | 0.0773 | (U) |
| DD. Before Tax Return needed from Underwriting Profit | 0.0127 | (BB) - (CC) |
| EE. Commissions Expenses | 26.89% | |
| FF. Other Acquisition Expenses | 3.04% | |
| GG. General Expenses | 3.60% | |
| HH. Taxes, Licenses, & Fees | 2.52% | |
| II. Profit & Contingencies | 1.27% | |
| JJ. Total Expenses | 37.31% | |
| KK. Permissible Loss Ratio | 62.69% | |

Line: Medical Malpractice
 Company: Cincinnati Insurance Group
 Based on Year-End 2004-2006 Statistics

| | CIC 2006 | CCC 2006 | CID 2006 | CIC 2005 | CCC 2005 | CID 2005 | CIC 2004 | CCC 2004 | CID 2004 | Countrywide |
|--|---------------|-------------|-------------|---------------|-------------|-------------|---------------|-------------|-------------|----------------|
| | Countrywide | Countrywide | Countrywide | Countrywide | Countrywide | Countrywide | Countrywide | Countrywide | Countrywide | Countrywide |
| 1. Direct Unearned Premium Reserve (Page 14, Column 5, Current) | 21,446,531 | 0 | 10,705 | 21,505,749 | 0 | 10,329 | 21,099,572 | 150 | 8,748 | 64,081,784 |
| 2. Direct Unearned Premium Reserve (Page 14, Column 5, Prior) | 21,505,749 | 0 | 10,329 | 21,099,572 | 150 | 8,748 | 18,606,691 | 343 | 8,444 | 61,240,027 |
| 3. Direct Written Premium (IEE, Page 6, Column 1) | 45,760,047 | 0 | 111,786 | 47,007,683 | (11) | 150,885 | 44,622,354 | 415 | 113,959 | 137,767,118 |
| 4. Direct Earned Premium (IEE, Page 6, Column 2) | 45,817,454 | 0 | 111,409 | 46,601,506 | 139 | 149,305 | 42,129,473 | 608 | 113,655 | 134,923,549 |
| 5. Direct Commission (IEE, Page 7, Column 12) | 5,255,638 | 0 | 4,611 | 7,386,348 | (2) | 7,260 | 9,551,758 | 199 | 17,150 | 22,222,961 |
| 6. Direct Taxes, License, & Fee (IEE, Page 7, Column 13) | 942,531 | 0 | 215 | 768,827 | (7) | (779) | 672,567 | (21) | 2,040 | 2,385,373 |
| 7. Direct Other Acquisition (IEE, Page 7, Column 14) | 1,752,588 | 0 | 7,197 | 1,461,598 | 0 | 6,394 | 1,412,365 | 8 | 1,442 | 4,641,593 |
| 8. Direct General (IEE, Page 7, Column 15) | 2,193,986 | 0 | 7,735 | 1,724,887 | 0 | 7,187 | 1,426,336 | (6) | (1,356) | 5,358,770 |
| 9. Schedule P, Part 1, Total, Column 13 | 54,900 | 0 | 0 | 57,277 | 0 | 0 | 66,325 | 0 | 0 | 178,502 |
| 10. Schedule P, Part 1, Total, Column 15 | 25,177 | 0 | 0 | 24,862 | 0 | 0 | 29,772 | 0 | 0 | 79,811 |
| 11. Schedule P, Part 1, Total, Column 17 | 6 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 6 |
| 12. Schedule P, Part 1, Total, Column 19 | 32,786 | 0 | 0 | 39,789 | 0 | 0 | 46,000 | 0 | 0 | 118,575 |
| 13. Schedule P, Part 1, Total, Column 23 | 210 | 0 | 0 | 105 | 0 | 0 | 185 | 0 | 0 | 500 |
| 14. Schedule P, Part 1, Last Year, Column 4 | 240 | 0 | 0 | 314 | 0 | 0 | 177 | 0 | 0 | 731 |
| 15. Schedule P, Part 1, Last Year, Column 6 | 198 | 0 | 0 | 135 | 0 | 0 | 175 | 0 | 0 | 508 |
| 16. Schedule P, Part 1, Last Year, Column 10 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 17. Schedule P, Part 1, Last Year, Column 13 | 9,110 | 0 | 0 | 7,671 | 0 | 0 | 8,620 | 0 | 0 | 25,401 |
| 18. Schedule P, Part 1, Last Year, Column 15 | 15,829 | 0 | 0 | 14,858 | 0 | 0 | 20,945 | 0 | 0 | 51,632 |
| 19. Schedule P, Part 1, Last Year, Column 17 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 20. Schedule P, Part 1, Last Year, Column 19 | 12,294 | 0 | 0 | 14,521 | 0 | 0 | 14,453 | 0 | 0 | 41,268 |
| 21. Schedule P, Part 1, Last Year, Column 23 | 110 | 0 | 0 | 82 | 0 | 0 | 111 | 0 | 0 | 303 |
| 22. Cash & Invested Assets (AS, Page 2, Line 9) | 9,671,983,332 | 329,622,861 | 67,067,619 | 8,701,469,796 | 304,341,650 | 70,647,185 | 8,570,053,803 | 302,155,709 | 64,019,956 | 28,081,361,911 |
| 23. Premium & Agents Balance (AS, Page 2, Line 10) | 331,529,504 | 46,060 | 0 | 349,962,641 | (44,911) | 0 | 1,088,784,673 | 5,376,495 | 0 | 1,775,654,462 |
| 24. Surplus as Regards to Policyholders (Page 3, Line 25, Col. 1, Current) | 4,723,368,807 | 281,463,027 | 61,925,302 | 4,219,838,692 | 262,897,192 | 62,721,754 | 4,191,158,948 | 259,323,276 | 60,170,312 | 14,122,867,310 |
| 25. Surplus as Regards to Policyholders (Page 3, Line 25, Col. 1, Prior) | 4,219,838,692 | 262,897,192 | 62,721,754 | 4,191,158,948 | 259,323,276 | 60,170,312 | 2,779,815,671 | 252,518,201 | 56,734,431 | 12,145,178,477 |
| 26. Net Investment Income Earned (AS, Page 4, Line 8, Col. 1, Current) | 377,786,144 | 12,898,633 | 2,619,977 | 323,078,153 | 11,900,904 | 2,924,656 | 274,142,700 | 11,591,746 | 2,965,787 | 1,019,908,700 |
| 27. Net Realized Capital Gain (AS, Page 4, Line 9, Column 1, Current) | 142,669,695 | 3,831,770 | 24,678 | 35,196,362 | 2,226,615 | (183,955) | 195,081,967 | (739,056) | (16,391) | 378,091,685 |
| 28. Net Realized Capital Gain (AS, Page 4, Line 9, Column 1, Prior) | 35,196,362 | 2,226,615 | (183,955) | 195,081,967 | (739,056) | (16,391) | (15,126,001) | (255,593) | (678,697) | 215,505,251 |
| 29. Total Premium Written (AS, Page 9, Part 2B, Line 32, Column 1) | 3,034,850,569 | 189,403,017 | 90,132,986 | 2,970,441,955 | 177,721,011 | 85,472,299 | 2,872,854,049 | 187,317,469 | 83,516,021 | 9,691,709,376 |
| 30. Return on Equity (Surplus) | | | | | | | | | | 15.0% |

| | CIC 2006 | CCC 2006 | CID 2006 | CIC 2005 | CCC 2005 | CID 2005 | CIC 2004 | CCC 2004 | CID 2004 | State |
|--|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|---------|
| Arkansas | State | State |
| 1. Direct Unearned Premium Reserve Current (Page 14, Column 5) | 53,345 | 0 | 0 | 53,849 | 0 | 0 | 41,402 | 0 | 0 | 148,596 |
| 2. Direct Unearned Premium Reserve Prior (Page 14, Column 5) | 53,849 | 0 | 0 | 41,402 | 0 | 0 | 39,175 | 0 | 0 | 134,427 |
| 3. Direct Written Premium (IEE, Page 6, Column 1) | 117,510 | 0 | 0 | 99,421 | 0 | 0 | 71,251 | 0 | 0 | 288,182 |
| 4. Direct Earned Premium (IEE, Page 6, Column 2) | 118,014 | 0 | 0 | 86,974 | 0 | 0 | 69,024 | 0 | 0 | 274,012 |
| 5. Direct Commission (IEE, Page 7, Column 12) | 17,349 | 0 | 0 | 31,294 | 0 | 0 | 28,837 | 0 | 0 | 77,480 |
| 6. Direct Taxes, License, Fee (IEE, Page 7, Column 13) | 2,876 | 0 | 0 | 1,831 | 0 | 0 | 2,544 | 0 | 0 | 7,251 |
| 7. Direct Other Acquisition (IEE, Page 7, Column 14) | 3,794 | 0 | 0 | 2,527 | 0 | 0 | 2,448 | 0 | 0 | 8,770 |
| 8. Direct General (IEE, Page 7, Column 15) | 4,554 | 0 | 0 | 2,870 | 0 | 0 | 2,426 | 0 | 0 | 9,851 |



EXHIBIT A - RATE LEVEL INDICATION

Company: ALL COMPANIES
 State: ARKANSAS
 Line: MEDICAL MALPRACTICE

Coverage: DENTISTS
 Group1: NONE
 Group2: NONE

Effective Date: 09/01/2008

| | <u>2002</u> | <u>2003</u> | <u>2004</u> | <u>2005</u> | <u>2006</u> | <u>TOTAL</u> |
|--|-------------|-------------|-------------|----------------|-------------|--------------|
| 1. Earned Premium | 4,919 | 5,498 | 9,154 | 13,259 | 14,270 | |
| 2. Current Level Factors | 1.0356 | 1.0378 | 1.0349 | 1.0227 | 1.0102 | |
| 3. Earned Premium @ Current Level | 5,094 | 5,706 | 9,473 | 13,560 | 14,415 | 48,248 |
| 4. Ultimate Incurred Losses and ALAE | 0 | 0 | 43,902 | 0 | 0 | |
| 5. Unallocated Loss Adj Expense Factor | 1.0750 | 1.0740 | 1.0790 | 1.0840 | 1.0240 | |
| 6. Ultimate Incurred Losses and LAE | 0 | 0 | 47,370 | 0 | 0 | |
| 7. Loss Trend Factor | 1.4677 | 1.3912 | 1.3187 | 1.2500 | 1.1848 | |
| 8. Trended Incurred Losses and LAE | 0 | 0 | 62,467 | 0 | 0 | 62,467 |
| 9. Proj Loss and LAE Ratio | 0.0 % | 0.0 % | 659.4 % | 0.0 % | 0.0 % | |
| 10. Proj Loss and LAE Ratio Weights | 20.0 % | 20.0 % | 20.0 % | 20.0 % | 20.0 % | |
| 11. Weighted Projected Loss Ratio | | | | | | 131.9 % |
| 12. Permissible Loss Ratio | | | | | | 62.7 % |
| 13. Indicated Rate Level Change | | | | | | 110.4 % |
| 14. Number of Claims | 0 | 0 | 1 | 0 | 0 | 1 |
| 15. Credibility | | | | | | 3.0 % |
| 16. Annual Trend Factor | | | | AS-PR-2005-138 | | 1.0550 |
| 17. Credibility-Weighted Indicated | | | | | | 8.7 % |



Exhibit B - Incurred Losses

Company: ALL COMPANIES
 State: ARKANSAS
 Line: MEDICAL MALPRACTICE

Coverage: DENTISTS
 Group1: NONE
 Group2: NONE

LOSSES

| <u>Accident Year</u> | <u>m12</u> | <u>m24</u> | <u>m36</u> | <u>m48</u> | <u>m60</u> | <u>m72</u> | <u>m84</u> | <u>m96</u> | <u>m108</u> | <u>m120</u> |
|----------------------|------------|------------|------------|------------|------------|------------|------------|------------|-------------|-------------|
| 1997 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 1998 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 1999 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 2000 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 2001 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 2002 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 2003 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 2004 | 35,000 | 44,429 | 43,902 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 2005 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 2006 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

FACTORS

| <u>Accident Year</u> | <u>m12</u> | <u>m24</u> | <u>m36</u> | <u>m48</u> | <u>m60</u> | <u>m72</u> | <u>m84</u> | <u>m96</u> | <u>m108</u> |
|----------------------|------------|------------|------------|------------|------------|------------|------------|------------|-------------|
| 1997 | | | | | | | | | |
| 1998 | | | | | | | | | |
| 1999 | | | | | | | | | |
| 2000 | | | | | | | | | |
| 2001 | | | | | | | | | |
| 2002 | | | | | | | | | |
| 2003 | | | | | | | | | |
| 2004 | 1.2694 | 0.9881 | | | | | | | |
| 2005 | | | | | | | | | |

Exhibit B - Incurred Losses (continued)

AVERAGES

| <u>Average</u> | <u>m12</u> | <u>m24</u> | <u>m36</u> | <u>m48</u> | <u>m60</u> | <u>m72</u> | <u>m84</u> | <u>m96</u> | <u>m108</u> |
|---|------------|------------|------------|------------|------------|------------|------------|------------|-------------|
| All Years straight average | 1.2694 | 0.9881 | 0.0000 | 0.0000 | 0.0000 | 0.0000 | 0.0000 | 0.0000 | 0.0000 |
| All Years straight average excluding high/low factors | 1.2694 | 0.9881 | 0.0000 | 0.0000 | 0.0000 | 0.0000 | 0.0000 | 0.0000 | 0.0000 |
| 3 year volume-weighted average | 1.2694 | 0.9881 | 0.0000 | 0.0000 | 0.0000 | 0.0000 | 0.0000 | | |
| 5 year volume-weighted average | 1.2694 | 0.9881 | 0.0000 | 0.0000 | 0.0000 | | | | |
| 5 year volume-weighted average excluding high/low factors | 1.2694 | 0.9881 | 0.0000 | 0.0000 | 0.0000 | | | | |
| 9 year volume-weighted average excluding high/low factors | 1.2694 | | | | | | | | |
| Selected user averages | 1.2694 | 0.9881 | 1.0000 | 1.0000 | 1.0000 | 1.0000 | 1.0000 | 1.0000 | 1.0000 |

LOSS DEVELOPMENT FACTORS

| <u>Year</u> | <u>Range</u> | <u>Loss Factor</u> |
|-------------|--------------|--------------------|
| 2002 | 60-Ultimate | 1.0000 |
| 2003 | 48-Ultimate | 1.0000 |
| 2004 | 36-Ultimate | 1.0000 |
| 2005 | 24-Ultimate | 0.9881 |
| 2006 | 12-Ultimate | 1.2543 |



Exhibit C - Paid Losses

Company: ALL COMPANIES
 State: ARKANSAS
 Line: MEDICAL MALPRACTICE

Coverage: DENTISTS
 Group1: NONE
 Group2: NONE

LOSSES

| <u>Accident Year</u> | <u>m12</u> | <u>m24</u> | <u>m36</u> | <u>m48</u> | <u>m60</u> | <u>m72</u> | <u>m84</u> | <u>m96</u> | <u>m108</u> | <u>m120</u> |
|----------------------|------------|------------|------------|------------|------------|------------|------------|------------|-------------|-------------|
| 1997 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 1998 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 1999 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 2000 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 2001 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 2002 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 2003 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 2004 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 2005 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 2006 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

FACTORS

| <u>Accident Year</u> | <u>m12</u> | <u>m24</u> | <u>m36</u> | <u>m48</u> | <u>m60</u> | <u>m72</u> | <u>m84</u> | <u>m96</u> | <u>m108</u> |
|----------------------|------------|------------|------------|------------|------------|------------|------------|------------|-------------|
| 1997 | | | | | | | | | |
| 1998 | | | | | | | | | |
| 1999 | | | | | | | | | |
| 2000 | | | | | | | | | |
| 2001 | | | | | | | | | |
| 2002 | | | | | | | | | |
| 2003 | | | | | | | | | |
| 2004 | | | | | | | | | |
| 2005 | | | | | | | | | |

Exhibit C - Paid Losses (continued)

AVERAGES

| <u>Average</u> | <u>m12</u> | <u>m24</u> | <u>m36</u> | <u>m48</u> | <u>m60</u> | <u>m72</u> | <u>m84</u> | <u>m96</u> | <u>m108</u> |
|---|------------|------------|------------|------------|------------|------------|------------|------------|-------------|
| All Years straight average | 0.0000 | 0.0000 | 0.0000 | 0.0000 | 0.0000 | 0.0000 | 0.0000 | 0.0000 | 0.0000 |
| All Years straight average excluding high/low factors | 0.0000 | 0.0000 | 0.0000 | 0.0000 | 0.0000 | 0.0000 | 0.0000 | 0.0000 | 0.0000 |
| 3 year volume-weighted average | 0.0000 | 0.0000 | 0.0000 | 0.0000 | 0.0000 | 0.0000 | 0.0000 | | |
| 5 year volume-weighted average | 0.0000 | 0.0000 | 0.0000 | 0.0000 | 0.0000 | | | | |
| 5 year volume-weighted average excluding high/low factors | 0.0000 | 0.0000 | 0.0000 | 0.0000 | 0.0000 | | | | |
| 9 year volume-weighted average excluding high/low factors | 0.0000 | | | | | | | | |
| Selected user averages | 1.0000 | 1.0000 | 1.0000 | 1.0000 | 1.0000 | 1.0000 | 1.0000 | 1.0000 | 1.0000 |

LOSS DEVELOPMENT FACTORS

| <u>Year</u> | <u>Range</u> | <u>Loss Factor</u> |
|-------------|--------------|--------------------|
| 2002 | 60-Ultimate | 1.0000 |
| 2003 | 48-Ultimate | 1.0000 |
| 2004 | 36-Ultimate | 1.0000 |
| 2005 | 24-Ultimate | 1.0000 |
| 2006 | 12-Ultimate | 1.0000 |



Exhibit D - Ratio of Paid ALAE to Paid Losses

Company: ALL COMPANIES
 State: ARKANSAS
 Line: MEDICAL MALPRACTICE

Coverage: DENTISTS
 Group1: NONE
 Group2: NONE

LOSSES

| <u>Accident Year</u> | <u>m12</u> | <u>m24</u> | <u>m36</u> | <u>m48</u> | <u>m60</u> | <u>m72</u> | <u>m84</u> | <u>m96</u> | <u>m108</u> | <u>m120</u> |
|----------------------|------------|------------|------------|------------|------------|------------|------------|------------|-------------|-------------|
| 1997 | 0.0000 | 0.0000 | 0.0000 | 0.0000 | 0.0000 | 0.0000 | 0.0000 | 0.0000 | 0.0000 | 0.0000 |
| 1998 | 0.0000 | 0.0000 | 0.0000 | 0.0000 | 0.0000 | 0.0000 | 0.0000 | 0.0000 | 0.0000 | |
| 1999 | 0.0000 | 0.0000 | 0.0000 | 0.0000 | 0.0000 | 0.0000 | 0.0000 | 0.0000 | | |
| 2000 | 0.0000 | 0.0000 | 0.0000 | 0.0000 | 0.0000 | 0.0000 | 0.0000 | | | |
| 2001 | 0.0000 | 0.0000 | 0.0000 | 0.0000 | 0.0000 | 0.0000 | | | | |
| 2002 | 0.0000 | 0.0000 | 0.0000 | 0.0000 | 0.0000 | | | | | |
| 2003 | 0.0000 | 0.0000 | 0.0000 | 0.0000 | | | | | | |
| 2004 | 0.0000 | 0.0000 | 0.0000 | | | | | | | |
| 2005 | 0.0000 | 0.0000 | | | | | | | | |
| 2006 | 0.0000 | | | | | | | | | |

FACTORS

| <u>Accident Year</u> | <u>m12</u> | <u>m24</u> | <u>m36</u> | <u>m48</u> | <u>m60</u> | <u>m72</u> | <u>m84</u> | <u>m96</u> | <u>m108</u> |
|----------------------|------------|------------|------------|------------|------------|------------|------------|------------|-------------|
| 1997 | | | | | | | | | |
| 1998 | | | | | | | | | |
| 1999 | | | | | | | | | |
| 2000 | | | | | | | | | |
| 2001 | | | | | | | | | |
| 2002 | | | | | | | | | |
| 2003 | | | | | | | | | |
| 2004 | | 1.0946 | | | | | | | |
| 2005 | | | | | | | | | |

Exhibit D - Ratio of Paid ALAE to Paid Losses (continued)

AVERAGES

| <u>Average</u> | <u>m12</u> | <u>m24</u> | <u>m36</u> | <u>m48</u> | <u>m60</u> | <u>m72</u> | <u>m84</u> | <u>m96</u> | <u>m108</u> |
|---|------------|------------|------------|------------|------------|------------|------------|------------|-------------|
| All Years straight average | 0.0000 | 1.0946 | 0.0000 | 0.0000 | 0.0000 | 0.0000 | 0.0000 | 0.0000 | 0.0000 |
| All Years straight average excluding high/low factors | 0.0000 | 1.0946 | 0.0000 | 0.0000 | 0.0000 | 0.0000 | 0.0000 | 0.0000 | 0.0000 |
| 3 year straight average | 0.0000 | 1.0946 | 0.0000 | 0.0000 | 0.0000 | 0.0000 | 0.0000 | | |
| 5 year straight average | 0.0000 | 1.0946 | 0.0000 | 0.0000 | 0.0000 | | | | |
| 5 year straight average excluding high/low factors | 0.0000 | 1.0946 | 0.0000 | 0.0000 | 0.0000 | | | | |
| Selected user averages | 1.0000 | 1.0946 | 1.0000 | 1.0000 | 1.0000 | 1.0000 | 1.0000 | 1.0000 | 1.0000 |

LOSS DEVELOPMENT FACTORS

| <u>Year</u> | <u>Range</u> | <u>Loss Factor</u> |
|-------------|--------------|--------------------|
| 2002 | 60-Ultimate | 1.0000 |
| 2003 | 48-Ultimate | 1.0000 |
| 2004 | 36-Ultimate | 1.0000 |
| 2005 | 24-Ultimate | 1.0946 |
| 2006 | 12-Ultimate | 1.0946 |



Exhibit E - Claim Count

Company: ALL COMPANIES
 State: ARKANSAS
 Line: MEDICAL MALPRACTICE

Coverage: DENTISTS
 Group1: NONE
 Group2: NONE

LOSSES

| <u>Accident Year</u> | <u>m12</u> | <u>m24</u> | <u>m36</u> | <u>m48</u> | <u>m60</u> | <u>m72</u> | <u>m84</u> | <u>m96</u> | <u>m108</u> | <u>m120</u> |
|----------------------|------------|------------|------------|------------|------------|------------|------------|------------|-------------|-------------|
| 1997 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 1998 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 1999 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 2000 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 2001 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 2002 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 2003 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 2004 | 1 | 1 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 2005 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 2006 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

FACTORS

| <u>Accident Year</u> | <u>m12</u> | <u>m24</u> | <u>m36</u> | <u>m48</u> | <u>m60</u> | <u>m72</u> | <u>m84</u> | <u>m96</u> | <u>m108</u> |
|----------------------|------------|------------|------------|------------|------------|------------|------------|------------|-------------|
| 1997 | | | | | | | | | |
| 1998 | | | | | | | | | |
| 1999 | | | | | | | | | |
| 2000 | | | | | | | | | |
| 2001 | | | | | | | | | |
| 2002 | | | | | | | | | |
| 2003 | | | | | | | | | |
| 2004 | 1.0000 | 1.0000 | | | | | | | |
| 2005 | | | | | | | | | |

Exhibit E - Claim Count (continued)

AVERAGES

| <u>Average</u> | <u>m12</u> | <u>m24</u> | <u>m36</u> | <u>m48</u> | <u>m60</u> | <u>m72</u> | <u>m84</u> | <u>m96</u> | <u>m108</u> |
|---|------------|------------|------------|------------|------------|------------|------------|------------|-------------|
| All Years straight average | 1.0000 | 1.0000 | 0.0000 | 0.0000 | 0.0000 | 0.0000 | 0.0000 | 0.0000 | 0.0000 |
| All Years straight average excluding high/low factors | 1.0000 | 1.0000 | 0.0000 | 0.0000 | 0.0000 | 0.0000 | 0.0000 | 0.0000 | 0.0000 |
| 3 year volume-weighted average | 1.0000 | 1.0000 | 0.0000 | 0.0000 | 0.0000 | 0.0000 | 0.0000 | | |
| 5 year volume-weighted average | 1.0000 | 1.0000 | 0.0000 | 0.0000 | 0.0000 | | | | |
| 5 year volume-weighted average excluding high/low factors | 1.0000 | 1.0000 | 0.0000 | 0.0000 | 0.0000 | | | | |
| 9 year volume-weighted average excluding high/low factors | 1.0000 | | | | | | | | |
| Selected user averages | 1.0000 | 1.0000 | 1.0000 | 1.0000 | 1.0000 | 1.0000 | 1.0000 | 1.0000 | 1.0000 |

LOSS DEVELOPMENT FACTORS

| <u>Year</u> | <u>Range</u> | <u>Loss Factor</u> |
|-------------|--------------|--------------------|
| 2002 | 60-Ultimate | 1.0000 |
| 2003 | 48-Ultimate | 1.0000 |
| 2004 | 36-Ultimate | 1.0000 |
| 2005 | 24-Ultimate | 1.0000 |
| 2006 | 12-Ultimate | 1.0000 |



CALCULATION OF ULTIMATE INCURRED LOSSES AND ALAE

Company: ALL COMPANIES
 State: ARKANSAS
 Line: MEDICAL MALPRACTICE

Coverage: DENTISTS
 Group1: NONE
 Group2: NONE

| <u>Year</u> | <u>Paid Losses To Date</u> | <u>Cumulative LDF</u> | <u>Estimated Ultimate Losses</u> | <u>Incurred Losses To Date</u> | <u>Cumulative LDF</u> | <u>Estimated Ultimate Losses</u> |
|-------------|----------------------------|-----------------------|----------------------------------|--------------------------------|-----------------------|----------------------------------|
| 2002 | 0 | 1.0000 | 0 | 0 | 1.0000 | 0 |
| 2003 | 0 | 1.0000 | 0 | 0 | 1.0000 | 0 |
| 2004 | 0 | 1.0000 | 0 | 43,902 | 1.0000 | 43,902 |
| 2005 | 0 | 1.0000 | 0 | 0 | 0.9881 | 0 |
| 2006 | 0 | 1.0000 | 0 | 0 | 1.2543 | 0 |

| <u>Year</u> | <u>Selected Ultimate Losses</u> | <u>Ratio of Paid ALAE to Paid Losses</u> | <u>Cumulative LDF</u> | <u>Estimated Ultimate Ratio of Paid to Paid</u> | <u>Selected Ultimate Ratio of Paid to Paid</u> | <u>Estimated Ultimate ALAE</u> |
|-------------|---------------------------------|--|-----------------------|---|--|--------------------------------|
| 2002 | 0 | 0.0000 | 1.0000 | 0.0000 | 0.0000 | 0 |
| 2003 | 0 | 0.0000 | 1.0000 | 0.0000 | 0.0000 | 0 |
| 2004 | 43,902 | 0.0000 | 1.0000 | 0.0000 | 0.0000 | 0 |
| 2005 | 0 | 0.0000 | 1.0946 | 0.0000 | 0.0000 | 0 |
| 2006 | 0 | 0.0000 | 1.0946 | 0.0000 | 0.0000 | 0 |



RAW DATA

Company: ALL COMPANIES
 State: ARKANSAS
 Line: MEDICAL MALPRACTICE

Coverage: DENTISTS
 Group1: NONE
 Group2: NONE

PAID

| <u>Accident Year</u> | <u>m12</u> | <u>m24</u> | <u>m36</u> | <u>m48</u> | <u>m60</u> | <u>m72</u> | <u>m84</u> | <u>m96</u> | <u>m108</u> | <u>m120</u> |
|----------------------|------------|------------|------------|------------|------------|------------|------------|------------|-------------|-------------|
| 1997 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 1998 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 1999 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 2000 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 2001 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 2002 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 2003 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 2004 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 2005 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 2006 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

EXPENSE

| <u>Accident Year</u> | <u>m12</u> | <u>m24</u> | <u>m36</u> | <u>m48</u> | <u>m60</u> | <u>m72</u> | <u>m84</u> | <u>m96</u> | <u>m108</u> | <u>m120</u> |
|----------------------|------------|------------|------------|------------|------------|------------|------------|------------|-------------|-------------|
| 1997 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 1998 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 1999 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 2000 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 2001 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 2002 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 2003 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 2004 | 0 | 5,570 | 527 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 2005 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 2006 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

RAW DATA (continued)

RESERVE

| <u>Accident Year</u> | <u>m12</u> | <u>m24</u> | <u>m36</u> | <u>m48</u> | <u>m60</u> | <u>m72</u> | <u>m84</u> | <u>m96</u> | <u>m108</u> | <u>m120</u> |
|----------------------|------------|------------|------------|------------|------------|------------|------------|------------|-------------|-------------|
| 1997 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 1998 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 1999 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 2000 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 2001 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 2002 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 2003 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 2004 | 35,000 | 44,429 | 43,902 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 2005 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 2006 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

CLAIM COUNT

| <u>Accident Year</u> | <u>m12</u> | <u>m24</u> | <u>m36</u> | <u>m48</u> | <u>m60</u> | <u>m72</u> | <u>m84</u> | <u>m96</u> | <u>m108</u> | <u>m120</u> |
|----------------------|------------|------------|------------|------------|------------|------------|------------|------------|-------------|-------------|
| 1997 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 1998 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 1999 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 2000 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 2001 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 2002 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 2003 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 2004 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 2005 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 2006 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

ULAE Factors

| | |
|----------|----------------------------------|
| Company: | The Cincinnati Insurance Company |
| State: | Countrywide |
| Line: | Medical Malpractice |

| | 2002 | 2003 | Year 2004 | 2005 | 2006 |
|--|-------------|-------------|--------------|-------------|-------------|
| 1) Direct Loss and Allocated Loss Adjustment Expense Paid | 19,731,192 | 23,684,937 | 23,307,566 | 25,359,401 | 22,853,099 |
| 2) Direct Unallocated Loss Adjustment Expense | 1,481,688 | 1,748,458 | 1,851,376 | 2,120,796 | 554,875 |
| 3) Ratio of ULAE to Losses and ALAE ((2)/(1)) | 7.5% | 7.4% | 7.9% | 8.4% | 2.4% |
| 4) Five Year Average | | | | | 6.7% |
| 5) Proposed Provision | 7.5% | 7.4% | 7.9% | 8.4% | 2.4% |