

SERFF Tracking Number: XLAM-126378423 State: Arkansas
Filing Company: Greenwich Insurance Company State Tracking Number: EFT \$100
Company Tracking Number: 09GD-XL-EO03-MU-AR-R
TOI: 11.0 Medical Malpractice - Claims Sub-TOI: 11.0030 Dentists
Made/Occurrence
Product Name: Dentists Professional Liability
Project Name/Number: New Program Filing/09GD-XL-EO03-MU-AR-R

Filing at a Glance

Company: Greenwich Insurance Company
Product Name: Dentists Professional Liability SERFF Tr Num: XLAM-126378423 State: Arkansas
TOI: 11.0 Medical Malpractice - Claims SERFF Status: Closed-Filed State Tr Num: EFT \$100
Made/Occurrence
Sub-TOI: 11.0030 Dentists Co Tr Num: 09GD-XL-EO03-MU-AR-R State Status: Filed-Closed
Filing Type: Rate/Rule Reviewer(s): Betty Montesi, Edith Roberts
Author: Patricia Pollard Disposition Date: 05/10/2010
Date Submitted: 11/11/2009 Disposition Status: Filed
Effective Date Requested (New): 12/15/2009 Effective Date (New):
Effective Date Requested (Renewal): 12/15/2009 Effective Date (Renewal):
State Filing Description:

General Information

Project Name: New Program Filing Status of Filing in Domicile: Pending
Project Number: 09GD-XL-EO03-MU-AR-R Domicile Status Comments:
Reference Organization: Reference Number:
Reference Title: Advisory Org. Circular:
Filing Status Changed: 05/10/2010
State Status Changed: 05/05/2010 Deemer Date:
Created By: Patricia Pollard Submitted By: Patricia Pollard
Corresponding Filing Tracking Number:

Filing Description:

Greenwich Insurance Company is submitting a new Dentists Professional Liability program. The rates and rules included in this submission are new and do not replace any previously filed rates or rules.

The rates and rating rules are based on competitors' rate filings including National Union, Fireman's Fund, Liberty Mutual and Medical Protective.

The corresponding form filing has been submitted under our file number 09GD-XL-EO03-MU-AR.

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Company and Contact

Filing Contact Information

Patricia Pollard, State Filings Supervisor patricia.pollard@xlgroup.com
 505 Eagleview Blvd. 610-968-2745 [Phone]
 Exton, PA 19341 610-458-8635 [FAX]

Filing Company Information

Greenwich Insurance Company CoCode: 22322 State of Domicile: Delaware
 1201 North Market street Group Code: 1285 Company Type:
 Suite 501 Group Name: State ID Number:
 Wilmington, DE 19801 FEIN Number: 95-1479095
 (866) 304-3079 ext. [Phone]

Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Greenwich Insurance Company	\$100.00	11/11/2009	31958710

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed	Edith Roberts	05/10/2010	05/10/2010
Filed	Edith Roberts	05/05/2010	05/05/2010

Objection Letters and Response Letters

Objection Letters

Status	Created By	Created On	Date Submitted
Pending Industry Response	Edith Roberts	03/18/2010	03/18/2010
Pending Industry Response	Edith Roberts	01/11/2010	01/11/2010
Pending Industry Response	Edith Roberts	12/03/2009	12/03/2009

Response Letters

Responded By	Created On	Date Submitted
Patricia Pollard	03/23/2010	03/23/2010
Patricia Pollard	02/18/2010	02/18/2010
Patricia Pollard	12/23/2009	12/23/2009

Amendments

Schedule	Schedule Item Name	Created By	Created On	Date Submitted
Supporting Document	Form MMPCS	Patricia Pollard	05/07/2010	05/07/2010
Rate	Dental Professional Rating Rules	Patricia Pollard	02/18/2010	02/18/2010

SERFF Tracking Number: XLAM-126378423 *State:* Arkansas
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Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Status of Filing	Note To Reviewer	Patricia Pollard	04/09/2010	04/09/2010
Response Reminder	Note To Reviewer	Patricia Pollard	03/18/2010	03/18/2010
Request for Clarification	Note To Reviewer	Patricia Pollard	01/27/2010	01/27/2010
Clarification	Note To Reviewer	Boyd Adams	01/13/2010	01/13/2010

SERFF Tracking Number: XLAM-126378423 State: Arkansas
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 Product Name: Dentists Professional Liability
 Project Name/Number: New Program Filing/09GD-XL-EO03-MU-AR-R

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document (revised)	Form MMPCS	Filed	Yes
Supporting Document	Form MMPCS	Filed	Yes
Supporting Document	Form PROMAL	Filed	Yes
Supporting Document	Form PRONOT	Filed	Yes
Supporting Document	NAIC loss cost data entry document	Filed	Yes
Supporting Document	NAIC Loss Cost Filing Forms (all P&C lines)	Filed	Yes
Supporting Document	Rate Support	Filed	Yes
Rate	Dental Professional Rate Plan - Arkansas	Filed	Yes
Rate (revised)	Dental Professional Rating Rules	Filed	Yes
Rate	Dental Professional Rating Rules	Filed	Yes
Rate	Dental Professional Rating Rules	Filed	Yes
Rate	Dental Professional Rating Rules	Filed	Yes
Rate	Dental Professional Rating Rules	Filed	Yes

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Supporting Document	Form PROMAL	Filed	Yes
Supporting Document	Form PRONOT	Filed	Yes
Supporting Document	NAIC loss cost data entry document	Filed	Yes
Supporting Document	NAIC Loss Cost Filing Forms (all P&C lines)	Filed	Yes
Supporting Document	Rate Support	Filed	Yes
Rate	Dental Professional Rate Plan - Arkansas	Filed	Yes
Rate (revised)	Dental Professional Rating Rules	Filed	Yes
Rate	Dental Professional Rating Rules	Filed	Yes
Rate	Dental Professional Rating Rules	Filed	Yes
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Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 03/18/2010
Submitted Date 03/18/2010

Respond By Date

Dear Patricia Pollard,

Good afternoon!

You had previously sent the wrong response to this filing. I was just making sure you were aware it is still pending a response from you.

Thanks and have a great day!

Edith

Please feel free to contact me if you have questions.

Sincerely,

Edith Roberts

Response Letter

Response Letter Status Submitted to State
Response Letter Date 03/23/2010
Submitted Date 03/23/2010

Dear Edith Roberts,

Comments:

Good Morning,

Response 1

Comments: Attached, please find our revised rating rules.

Changed Items:

No Supporting Documents changed.

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Made/Occurrence
Product Name: Dentists Professional Liability
Project Name/Number: New Program Filing/09GD-XL-EO03-MU-AR-R

No Form Schedule items changed.

Rate/Rule Schedule Item Changes

Exhibit Name	Rule # or Page #	Rate Action	Previous State Filing #
Dental Professional Rating Rules	Sept. 2009	New	
Previous Version Dental Professional Rating Rules	Sept. 2009	Withdrawn	
Dental Professional Rating Rules	Sept. 2009	New	
Dental Professional Rating Rules	Sept. 2009	New	
Dental Professional Rating Rules	Sept. 2009	New	

Please let us know if you need any additional information.

Sincerely,
Patricia Pollard

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Made/Occurrence
Product Name: Dentists Professional Liability
Project Name/Number: New Program Filing/09GD-XL-EO03-MU-AR-R

Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 01/11/2010
Submitted Date 01/11/2010
Respond By Date

Dear Patricia Pollard,

This will acknowledge receipt of the captioned filing.

Since the law states the notice and reminder of the importance of purchasing the ERP must be submitted with termination notice, this provision must state within sixty days after termination and the rules must be stated accordingly. If the should company fail to give notice along with the termination notice , you would be required to put the optional extended reporting period into effect at the end of the sixty days, if the insured requests it and allow additional time to receive the premuim in an effort to correct the error. But contractually, the policy provision cannot be approved with language that departs from the statutory requirements.

Thanks,

Please feel free to contact me if you have questions.

Sincerely,
Edith Roberts

Response Letter

Response Letter Status Submitted to State
Response Letter Date 02/18/2010
Submitted Date 02/18/2010

Dear Edith Roberts,

Comments:
Good Morning,

Response 1

Comments: Attached please find a revised product manual. The percentage ranges have been removed.

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Product Name: Dentists Professional Liability
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Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

Rate/Rule Schedule Item Changes

Exhibit Name	Rule # or Page #	Rate Action	Previous State Filing #
Dental Professional Rating Rules	Sept. 2009	New	
Previous Version			
Dental Professional Rating Rules	Sept. 2009	New	
Dental Professional Rating Rules	Sept. 2009	New	

Please let us know if you need any additional information. Thank you for your assistance with this filing.

Sincerely,
Patricia Pollard

SERFF Tracking Number: XLAM-126378423 State: Arkansas
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Product Name: Dentists Professional Liability
Project Name/Number: New Program Filing/09GD-XL-EO03-MU-AR-R

Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 12/03/2009
Submitted Date 12/03/2009
Respond By Date
Dear Patricia Pollard,

This will acknowledge receipt of the captioned filing.

Please reference 13., EXTENDED REPORTING PERIOD COVERAGE (CLAIMS MADE COVERAGE ONLY)...B. - AR Code Anno. 23-79-306 states the notice and premium amount for the supplemental Extended Reporting period must be given to the insured along with the policy termination notice. Therefore to avoid lapse of coverage between the basic extended reporting period (60) days, the insured must request and pay for the Supplemental extended reporting period by the time that 60 days expires. This is because if the policy limits were near exhaustion, the limits would not be reinstated in accordance with AR Code 23-79-306 (6) and in those cases, the extension to 90 days basic ERP would be detrimental for larger claims.

Also, please refer to D., - The limit of liability for the supplemental extended reporting period must be no less than the greater of the amount of coverage remaining in the expiring policy aggregate or fifty percent (50%) of the aggregate limit at policy inception. §23-79-306 (6)

Please feel free to contact me if you have questions.

Sincerely,
Edith Roberts

Response Letter

Response Letter Status Submitted to State
Response Letter Date 12/23/2009
Submitted Date 12/23/2009

Dear Edith Roberts,

Comments:

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Good Afternoon,

Response 1

Comments: The attached revised countrywide manual for Arkansas replaces the previously submitted countrywide manual. Sections 13b and 13d were revised in response to objections.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

Rate/Rule Schedule Item Changes

Exhibit Name	Rule # or Page #	Rate Action	Previous State Filing #
Dental Professional Rating Rules	Sept. 2009	New	
Previous Version			
Dental Professional Rating Rules	Sept. 2009	New	

Please let us know if you need any additional information.

Sincerely,
Patricia Pollard

SERFF Tracking Number: XLAM-126378423 State: Arkansas
Filing Company: Greenwich Insurance Company State Tracking Number: EFT \$100
Company Tracking Number: 09GD-XL-EO03-MU-AR-R
TOI: 11.0 Medical Malpractice - Claims Sub-TOI: 11.0030 Dentists
Made/Occurrence
Product Name: Dentists Professional Liability
Project Name/Number: New Program Filing/09GD-XL-EO03-MU-AR-R

Amendment Letter

Submitted Date: 05/07/2010

Comments:

As we discussed, attached please find the Survey in Excel format. Please let me know if you need any other information.

Changed Items:

Supporting Document Schedule Item Changes:

Satisfied -Name: Form MMPCS

Comment:

MM Survey FORM MMPCS.xls

SERFF Tracking Number: XLAM-126378423 *State:* Arkansas
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TOI: 11.0 Medical Malpractice - Claims *Sub-TOI:* 11.0030 Dentists
Made/Occurrence
Product Name: Dentists Professional Liability
Project Name/Number: New Program Filing/09GD-XL-EO03-MU-AR-R

Note To Reviewer

Created By:

Patricia Pollard on 04/09/2010 08:52 AM

Last Edited By:

Edith Roberts

Submitted On:

05/05/2010 02:02 PM

Subject:

Status of Filing

Comments:

Good Morning Ms. Roberts,

We sent our response to your objection on March 23rd. Please advise if you need any additional information.

Thank you,

Patricia

SERFF Tracking Number: XLAM-126378423 *State:* Arkansas
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Company Tracking Number: 09GD-XL-EO03-MU-AR-R
TOI: 11.0 Medical Malpractice - Claims *Sub-TOI:* 11.0030 Dentists
Made/Occurrence
Product Name: Dentists Professional Liability
Project Name/Number: New Program Filing/09GD-XL-EO03-MU-AR-R

Note To Reviewer

Created By:

Patricia Pollard on 03/18/2010 02:42 PM

Last Edited By:

Edith Roberts

Submitted On:

05/05/2010 02:02 PM

Subject:

Response Reminder

Comments:

Thank you for the reminder; I have forwarded it to our Actuaries. However, we were wondering, what you feel the best way to handle this objection. Should we change the rule page or are there additional changes to the endorsement that are required? The endorsement have already been filed and approved.

Thank you.

SERFF Tracking Number: XLAM-126378423 State: Arkansas
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Company Tracking Number: 09GD-XL-EO03-MU-AR-R
TOI: 11.0 Medical Malpractice - Claims Sub-TOI: 11.0030 Dentists
Made/Occurrence
Product Name: Dentists Professional Liability
Project Name/Number: New Program Filing/09GD-XL-EO03-MU-AR-R

Amendment Letter

Submitted Date: 02/18/2010

Comments:

Please disregard our response - it was met for our Insurance Agent's & Brokers filing which is also pending. Thank you.

Changed Items:

Rate/Rule Schedule Item Changes:

Exhibit Name:	Rule # or Page #:	Rate Action:	Previous State Filing Number:	Attach Document:
Dental Professional Rating Rules	Sept. 2009	Withdrawn		

SERFF Tracking Number: XLAM-126378423 *State:* Arkansas
Filing Company: Greenwich Insurance Company *State Tracking Number:* EFT \$100
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Made/Occurrence
Product Name: Dentists Professional Liability
Project Name/Number: New Program Filing/09GD-XL-EO03-MU-AR-R

Note To Reviewer

Created By:

Patricia Pollard on 01/27/2010 03:25 PM

Last Edited By:

Edith Roberts

Submitted On:

05/05/2010 02:02 PM

Subject:

Request for Clarification

Comments:

We are wondering the best way to handle this objection. Should we change the rule page or are there additional changes to the endorsement that are required?

Thank you.

SERFF Tracking Number: XLAM-126378423 State: Arkansas
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 Company Tracking Number: 09GD-XL-EO03-MU-AR-R
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 Product Name: Dentists Professional Liability
 Project Name/Number: New Program Filing/09GD-XL-EO03-MU-AR-R

Note To Reviewer

Created By:

Boyd Adams on 01/13/2010 01:02 PM

Last Edited By:

Edith Roberts

Submitted On:

05/05/2010 02:02 PM

Subject:

Clarification

Comments:

Dear Ms. Roberts -

Do you need us to change the rule page or are there additional changes to the endorsement that are required?

Rate/Rule Schedule

Schedule Item Status:	Exhibit Name:	Rule # or Page #:	Rate Action	Previous State Filing Attachments Number:
Filed 05/05/2010	Dental Professional Rate Plan - Arkansas	7/2009	New	Arkansas -dental rate GIC.pdf
Filed 05/05/2010	Dental Professional Rating Rules	Sept. 2009	New	Arkansas Rules GIC _Revised 3-22-2010_.pdf

**GREENWICH INSURANCE COMPANY
DENTAL PROFESSIONAL LIABILITY
RATE PLAN
ARKANSAS**

RATES

1. PROFESSIONAL LIABILITY 1ST YEAR CLAIMS MADE BASE PREMIUMS

A.	Limit of Liability	Base Premium
	\$100,000 per occurrence/ \$300,000 aggregate	\$199

B. Territory Relativity Factors

Territory		Relativity
Terr 1	Entire State	1.000

2. CLASS PLAN RELATIVITY FACTORS

Class		Factor
1		1.000
2		1.230
3		3.329
4		5.660
5		6.119

3. POLICY TYPE FACTORS

A.	Claims Made Year	Factor
	Year	
	1	1.00
	2	1.82
	3	2.45
	4	2.73
	5	3.03

B. Occurrence 3.33

4. INCREASED LIMIT FACTORS

A. Increased Limit	Factor
\$100,000/ \$300,000	1.00
\$200,000/ \$600,000	1.14
\$500,000/ \$1,500,000	1.33
\$1,000,000/ \$3,000,000	1.56
\$2,000,000/ \$4,000,000	1.64
\$3,000,000/ \$3,000,000	1.72
\$5,000,000/ \$5,000,000	1.80

5. MINIMUM PREMIUMS

A. Limit of Liability	Minimum
\$100,000/ \$300,000	\$425
\$200,000/ \$600,000	\$485
\$500,000/ \$1,500,000	\$565
\$1,000,000/ \$3,000,000	\$663
\$2,000,000/ \$4,000,000	\$697
\$3,000,000/ \$3,000,000	\$802
\$5,000,000/ \$5,000,000	\$1,000

6. EXTENDED REPORTING PERIOD FACTORS

A. Number of Years of Prior Acts	Factor to be Multiplied by the Mature Claims Made Premium
Year	
1	0.80
2	1.20
3	1.45
4	1.60
5 +	1.80

7. NEW DENTIST DISCOUNT FACTORS

A. Years in Practice	Factor
First year	0.50
Second or Third Year	0.75

8. PART TIME DENTIST DISCOUNT FACTOR

A. Number of Hours in Practice	Factor
20 hours or less per week	0.50
21 hours or more per week	1.00

9. FACULTY DISCOUNT FACTORS

A. Appointment Status	Factor
Full-Time	0.70
Half-Time	0.80
Part-Time	0.90
Zero-Time	1.00

10. WAIVER OF CONSENT DISCOUNT FACTOR

0.90

11. RISK MANAGEMENT EDUCATION FACTOR

0.90

12. CLAIM FREE CREDIT DISCOUNT FACTORS

A. Years	Factor
10 + years claim free	0.90
9 years claim free	0.91
8 years claim free	0.92
7 years claim free	0.93
6 years claim free	0.94
5 years claim free	0.95
4 years claim free	0.96
3 years claim free	0.97
2 years claim free	0.98
1 years claim free	0.99

13. CLAIMS EXPERIENCE DEBIT

A. Total of All Claims	1 loss	2 losses	3 losses	4 losses
\$0 - \$3,000	1.05	1.10	1.15	1.20
\$3,001 - \$10,000	1.10	1.15	1.20	1.25
\$10,001 - \$20,000	1.15	1.20	1.25	1.30
\$20,001 - \$30,000	1.20	1.25	1.30	1.35
\$30,001 - \$40,000	1.25	1.30	1.35	1.40
\$40,001 +	1.30	1.35	1.40	1.50

14. INDIVIDUAL RISK PREMIUM MODIFICATIONS

	Range of Modifications	
	<u>Credits</u>	<u>Debits</u>
Operational controls and procedure mix, such as but not limited to mandatory referrals for extractions, use of consent forms, internal documentation practices, implant procedures and laser use, and extraction of impacted third molars.	10%	25%
Practice Characteristics, such as but not limited to single v. multiple locations, degree of severity presented by area of specialization, volume of patient traffic, number of years of patient experience.	10%	25%

Loss Control procedures, such as but not limited to training and retraining of all employees on the safest way to do their job; promoting safety awareness; conducting frequent safety inspections of all work areas; having an office safety program; using proper sterilization techniques to ensure environmental is free from the possibility of contamination from blood-borne pathogens. 10% 25%

Claim peculiarities, such as but not limited to who was responsible for the loss (Insured Dentist, Employee of Insured Dentists, Partner, Independent Contractor- this is for the respondeat superior or indemnity exposures); frequency or lack of administrative actions such as peer review, office of professional discipline or dental board complaints; frequency or lack of claims for return of fees 10% 25%

Maximum Debit/ Credit=25%

15. ADDITIONAL INSUREDS PREMIUM CHARGE FACTOR	Factor
10% Premium Charge	1.10
16. BOARD EXAMINATION AND INTERVIEW COVERAGE PREMIUM CHARGE	
Premium Charge	\$40
17. MEDICAL WASTE DEFENSE EXPENSES REIMBURSEMENT COVERAGE	
Premium Charge	\$50
18. DISABILITY OR LEAVE OF ABSENCE	Factor
75% Premium Discount	0.25
19. ASSOCIATION AND MEMBERSHIP CREDIT	
Association	Credit
American Dental Association	5%
AGD	
Membership	10%
Fellowship	15%
Mastership	20%
20. PREMISES LIABILITY	
Premium charge for each location	\$100,000 per occurrence/ \$300,000 aggregate
Territory	
Terr 1 Entire State	\$75
21. DEDUCTIBLE OPTIONS	Factor
Deductible	
\$0	1.00
\$1,000	0.95
\$2,500	0.90
\$5,000	0.81
\$10,000	0.70
22. GROUP PRACTICES OVER 20 DENTISTS REFER TO COMPANY	

GREENWICH INSURANCE COMPANY
DENTAL PROFESSIONAL AND PREMISES LIABILITY INSURANCE
CLAIMS MADE AND OCCURRENCE RATING RULES

1. COVERAGE

- A. Professional Liability on an occurrence and claims made basis.
- B. Premises Liability coverage for dental offices

2. CLASS DESCRIPTION

Class 1 - General Dentist or Specialists in Orthodontic, Pediatric Dentistry, Periodontics Prosthodontics and Endodontics not performing minor or major surgery.*

Class 2 - Any Dentist performing implants involving osseointegration or minor surgical procedures.* General dentists or Specialists other than Oral Surgeons or Dental Anesthesiologists allowing (hosting) unconscious sedation outside of a hospital, but only if the sedation is administered by an Oral Surgeon, Dental or Medical Anesthesiologist or CRNA.

Class 3 - Specialists in Dental Anesthesiology, Oral Pathology or Dental Radiology.

Class 4 - Specialists in Oral and Maxillofacial Surgery or any Dentist performing major surgical procedures not included in Class 5 (administration of general anesthetic intended to cause unconsciousness must be administered in a hospital).

Class 5 - Specialist in Oral and Maxillofacial Surgery of any Dentist who administers, personally or by an employed/contracted anesthesiologist, any general anesthetic intended to cause unconsciousness if administered outside of a hospital setting, excluding "hosting" dentists under Class 2. Any Dentist performing major surgical procedures and procedures not otherwise classified.

*Procedures do not include the administration of a general anesthetic intended to cause unconsciousness unless administered in a hospital.

GENERAL RULES

3. PREMIUM BASE

Both occurrence and claims made rates apply on a per dentist basis for professional liability.

4. POLICY TERM

Policies will be written for a term of one year and renewed annually thereafter, subject to underwriting review.

5. FORMS PORTFOLIO

Refer to the forms portfolio for coverage forms, state amendatory and other special state endorsements.

6. PREMIUM COMPUTATION

- A. Compute the premium at inception using the rates in effect at that time. At each renewal, compute the premium using rates then in effect.
- B. Prorate the premium when policy is issued for other than one year.
- C. Premiums are calculated as specified for the respective coverage. Rounding to the nearest whole dollar amount (i.e. .50 and greater rounds up; .49 and below rounds down) is done after the computation of the final premium.

GREENWICH INSURANCE COMPANY
DENTAL PROFESSIONAL AND PREMISES LIABILITY INSURANCE
CLAIMS MADE AND OCCURRENCE RATING RULES

- D. Individual Risk Premium Modifications will be added together and applied as one modification to the premium.

7. ADDITIONAL PREMIUM CHARGE

- A. Prorate all changes requiring additional premium.
- B. Apply the rates and rules in effect on the effective date of the change.
- C. Waive additional premium of \$15.00 or less. The waiver only applies to cash exchange due on an endorsement effective date.

8. RETURN PREMIUM CHARGES

- A. Deletion of a mandatory coverage is not permitted unless the entire policy is canceled.
- B. Compute return premium at the rate used to calculate the policy premium.
- C. Compute return premium pro rata when any coverage or exposure is deleted or an amount of insurance is reduced.
- D. Waive return premium of \$15.00 or less. Grant any return premium if requested by the Insured. This waiver only applies to cash exchanges due on the endorsement effective date.

9. POLICY CANCELLATION

- A. Compute return premium pro rata when:
 - 1. A policy is canceled at the Company's request.
 - 2. The Insured no longer has a financial or an insurable interest in the subject of insurance.
 - 3. A policy is canceled and rewritten in the same Company or Company Group.
 - 4. A policy is canceled due to death, disablement or retirement.
- B. If cancellation is for any other reason than stated in A. above, compute the return premium at .90 of the pro rata unearned premium for the one-year period.
- C. Retain the Policy Writing Minimum Earned Premium when the Insured requests cancellation except when a policy is canceled as of the inception date. In the event of a cancellation, the minimum premium will be considered to be the annual premium charge with cancellation premium subject to the policy writing minimum earned premium. The policy writing minimum earned premium shall be \$250.00 per annual or lesser period, unless otherwise specified for the respective coverage.

10. LOCATION OF PRACTICE

The rates as shown in this manual contemplate the exposure as being derived from professional practice within the state and territory. An exception will be allowed for dentists who have a multi-state or multi-territory exposure. We will charge the rate of the state or territory in which the dentist has a majority of his/her practice exposure.

11. MINIMUM PREMIUM

If policy premium does not exceed the minimum premiums as outlined in the Rate Sheet, the minimum premium will be charged for an annual period. The Minimum Premium is not applicable to the New Dentist Discount.

12. TERMINATION OF COVERAGE (CLAIMS MADE COVERAGE ONLY)

GREENWICH INSURANCE COMPANY
DENTAL PROFESSIONAL AND PREMISES LIABILITY INSURANCE
CLAIMS MADE AND OCCURRENCE RATING RULES

Within sixty (60) days after the termination of coverage, as defined below, the Company will advise the Named Insured in writing of the automatic Extended Reporting Period coverage and the availability of, the premium for, and the importance of purchasing additional Extended Reporting Period coverage.

The Named Insured shall have the greater of sixty (60) days from the effective date of termination of coverage, or thirty (30) days from the date of mailing or delivery of such notice, to submit to the Company written acceptance of the Extended Reporting Period coverage.

Termination of Coverage, whether made by the Company or the Named Insured at any time, means either (1) cancellation or nonrenewal of a policy, or (2) decrease in limits, reduction of coverage, increased deductible or self-insured retention, new exclusion or any other change in coverage less favorable to the Insured.

13. EXTENDED REPORTING PERIOD COVERAGE (CLAIMS MADE COVERAGE ONLY)

The availability of Extended Reporting Period coverage shall be governed by the following rules, subject to underwriting approval.

- A.** The available limits of liability shall not exceed those afforded under the current policy.
- B.** In the event of termination of coverage, as defined above, the Insured may purchase this coverage by giving the Company written notice, within sixty (60) days of such termination of coverage, or thirty (30) days from the date of mailing or delivery of such notice, of its intent to purchase, and by paying the appropriate premium. The notice and premium amount for the extended reporting period will be supplied to the Insured with the policy termination notice.
- C.** Extended Reporting Period premiums shall be calculated upon the rates and premiums in effect during the policy period immediately preceding the election to purchase such coverage.
- D.** The Extended Reporting Period coverage shall not increase or reinstate the limits of liability of the terminated policy. The Extended Reporting Period coverage aggregate limit shall be at least the maximum of the coverage remaining in the expiring policy aggregate and 50% of the aggregate limit at policy inception.
- E.** There will be no charge for Extended Reporting Period coverage if the Insured:
 - 1. Dies, or
 - 2. Totally and permanently:
 - a. Becomes disabled; or
 - b. Retires after age 55 and has been insured for 5 consecutive years with the company
- F.** The Extended Reporting Period shall be Unlimited.

COVERAGE RULES

14. NEW DENTIST DISCOUNT

A discount will be applied to premium for New Dentists in year 1 through 3 of practice that meet the following criteria (see rate sheet):

Year 1 - The dentist has completed his or her training in dentistry within the previous six months of applying for coverage, and his or her only contact with patients was in the course of training; or

GREENWICH INSURANCE COMPANY
DENTAL PROFESSIONAL AND PREMISES LIABILITY INSURANCE
CLAIMS MADE AND OCCURRENCE RATING RULES

Years 2 or 3 - The dentist who applies for coverage in his or her second or third year of post graduate practice.

15. PART TIME DENTIST

This discount shall apply to any dentist who works twenty (20) hours or less per week or less than an aggregate of 1,050 hours during the term of an annual policy.

The Part-Time discount is not applied to the Extended Reporting Period Endorsement unless the part-time practice did not exceed an average of 1,050 hours per year over the previous five consecutive policy years with an NSDP sponsored program. See rate sheet.

16. FACULTY DENTIST

A Faculty discount shall be applied to those dentists who are faculty members of an accredited dental school. The amount of the discount will be based on the hours spent teaching at the facility as defined below:

Full Time - 32 hours or more per week
Half Time - 16 to 31 hours per week
Part Time - 15 hours or less per week

To qualify for this discount, the applicant must submit a copy of his/her current letter of faculty appointment. See rate sheet.

17. ASSOCIATION AND MEMBERSHIP CREDIT

A membership credit will be applied for being a member of a nationally recognized association that provides educational and practice management resources. This discount will be available for membership in the American Dental Association (ADA) or Academy of General Dentistry (AGD). See rate sheet.

AGD Credits included are for Membership, Fellowship Mastership. Fellowship requires 500 hours of approved CE credit and Mastership requires 1,100 hours approved CE credit (at least 400 hours in participation courses and 600 hours in required specific disciplines)

18. WAIVER OF CONSENT

By endorsement, a premium discount shall be applied when the insured has waived the consent provision of the Coverage Agreements. This endorsement, and the accompanying premium modification, can not be added to a policy mid-term. See rate sheet.

19. RISK MANAGEMENT EDUCATION

A premium discount shall be applied to those dentists who participate in an approved risk management program. Approved risk management programs include but are not limited to completed risk management workshops, seminars, self-study, state dental society courses, accredited national organization courses, and courses completed from a previous insurer. See rate sheet.

20. CLAIM EXPERIENCE

Claim Free Credit

A premium discount will be applied to those dentists who have been without a chargeable loss based on the claim history of an individual dentist over the preceding five-year period. A chargeable loss is determined by adding all loss payments, outstanding reserves and loss adjustment expenses. See rate sheet.

Claim Experience Debit

GREENWICH INSURANCE COMPANY
DENTAL PROFESSIONAL AND PREMISES LIABILITY INSURANCE
CLAIMS MADE AND OCCURRENCE RATING RULES

Based on the claim history of an individual dentist over the preceding five-year period, a debit, based on a chargeable loss, shall be applied to the dentist's rate. A chargeable loss is determined by adding all loss payments, outstanding reserves and loss adjustment expenses. See rate sheet.

Debits will be adjusted each policy year, dependent upon annual review of claims experience.

21. INDIVIDUAL RISK PREMIUM MODIFICATIONS

Individual risk premium modification (IRPM) factors may be applied to reflect account characteristics not otherwise addressed. IRPM's are based on operational controls and procedure mix; practice characteristics; loss control procedures; and claim peculiarities. The total IRPM shall not exceed + or - 25%. See rate sheet.

22. POLICY CHANGE ENDORSEMENT

The policy change endorsement will be used to correct errors or mistakes on the Declarations page.

23. ADDITIONAL INSUREDS

By endorsement, additional insureds can be added to the policy. If the Additional Insured is a Dental Health Maintenance Organization (DHMO) or Preferred Provider Organization (PPO) there is no charge for this coverage. See rate sheet.

24. BOARD EXAMINATION AND INTERVIEW COVERAGE

Coverage can be restricted and provided only for students taking Board Examinations through an accredited institution, or for individuals (not students) who sit for Board Examinations and are candidates for certification and/or licensing as a dentist. Interview coverage extends coverage for those dentists who have successfully completed their board examination and are interview for a position with a dental practice. See rate sheet.

Coverage is to be written on a separate policy as follows:

- A. On an occurrence basis only;
- B. Limits of Liability shall be \$1,000,000 each claim and \$3,000,000 aggregate; and
- C. The policy period will not exceed one year or the length of time of the examination or accepting a position as a practicing dentist.

25. MEDICAL WASTE DEFENSE EXPENSES REIMBURSEMENT COVERAGE

Basic limits of \$5,000 are provided without charge. Optional coverage for Medical Waste Defense Expenses Reimbursement Coverage is available with limits of \$50,000 applicable to defense costs only. See rate sheet.

26. LOCUM TENENS

Coverage for a substitute dentist (120 day maximum). Prior approval required by the Company.

27. MILITARY SERVICE

This rule shall apply to an Insured who is called into active military service.

The policy coverage for the affected individual will continue for those Dental Incidents arising before military service began, with all other policy coverages suspended for the duration of the dentist's military service including payment of premium.

At the time private practice is resumed, the coverage and premium payment will begin with the policy's expiration date adjusted in order to reflect the duration of the individual's intervening military service. The claims made step factor that was applicable at the time of suspension will be the one in effect at the time of coverage resumption.

GREENWICH INSURANCE COMPANY
DENTAL PROFESSIONAL AND PREMISES LIABILITY INSURANCE
CLAIMS MADE AND OCCURRENCE RATING RULES

The Insured must provide the Company with a copy of the affected individual's military papers showing the date in which active duty is to begin. The appropriate endorsement is to be used, as applicable, to suspend the policy coverage.

28. DISABILITY OR LEAVE OF ABSENCE

In contemplation of a reduction in exposure, and for a period of at least 45 days and no greater than 180 days, insured dentists shall be eligible for a "disability and/or leave of absence" premium reduction for the disability or absence period. "Disability or leave of absence" is defined as an injury, disease, medical condition or continuing education sabbatical that prevents an insured dentist from engaging in the practice of dentistry, other than in an emergency situation. This will apply retroactively to the first day of disability or leave of absence. See rate sheet.

29. PREMISE LIABILITY

Premise Liability coverage is provided on an optional basis for an additional premium charge. See rate sheet.

SERFF Tracking Number: XLAM-126378423 State: Arkansas
 Filing Company: Greenwich Insurance Company State Tracking Number: EFT \$100
 Company Tracking Number: 09GD-XL-EO03-MU-AR-R
 TOI: 11.0 Medical Malpractice - Claims Sub-TOI: 11.0030 Dentists
 Made/Occurrence
 Product Name: Dentists Professional Liability
 Project Name/Number: New Program Filing/09GD-XL-EO03-MU-AR-R

Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Form MMPCS	Filed	05/10/2010
Comments:			
Attachment:			
	MM Survey FORM MMPCS.xls		

		Item Status:	Status Date:
Bypassed - Item:	Form PROMAL	Filed	05/05/2010
Bypass Reason:	N/A - new program filing		
Comments:			

		Item Status:	Status Date:
Bypassed - Item:	Form PRONOT	Filed	05/05/2010
Bypass Reason:	N/A - new program filing		
Comments:			

		Item Status:	Status Date:
Satisfied - Item:	NAIC loss cost data entry document	Filed	05/05/2010
Comments:			
Attachment:			
	AR_loss_cost DNIG.pdf		

		Item Status:	Status Date:
Bypassed - Item:	NAIC Loss Cost Filing Forms (all P&C lines)	Filed	05/05/2010
Bypass Reason:	N/A		

SERFF Tracking Number: XLAM-126378423 State: Arkansas
Filing Company: Greenwich Insurance Company State Tracking Number: EFT \$100
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Product Name: Dentists Professional Liability
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Comments:

	Item Status:	Status Date:
Satisfied - Item: Rate Support	Filed	05/05/2010

Comments:

Attachments:

Actuarial Memo.pdf
GIC Dentists Factor Comparison - FINAL.pdf

SERFF Tracking Number: XLAM-126378423 State: Arkansas
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Attachment "MM Survey FORM MMPCS.xls" is not a PDF document and cannot be reproduced here.

NAIC LOSS COST DATA ENTRY DOCUMENT (EFFECTIVE AUG. 16, 2004)

1.	This filing transmittal is part of Company Tracking #	09GD-XL-EO03-MU-AR-R
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2.	If filing is an adoption of an advisory organization loss cost filing, give name of advisory organization and Reference/Item Filing Number	
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		Company Name			Company NAIC Number
3.	A.	Greenwich Insurance Company	B.		22322

		Product Coding Matrix Line of Business (i.e., Type of Insurance)			Product Coding Matrix Line of Insurance (i.e., Sub-type of Insurance)
4.	A.	11	B.		11.030

5.

(A) COVERAGE (See Instructions)	(B) Indicated % Rate Level Change	(C) Requested % Rate Level Change	FOR LOSS COSTS ONLY				
			(D) Expected Loss Ratio	(E) Loss Cost Modification Factor	(F) Selected Loss Cost Multiplier	(G) Expense Constant (If Applicable)	(H) Co. Current Loss Cost Multiplier
Dentists Professional Liability	NA - New Program	NA - New Program					
TOTAL OVERALL EFFECT							

6. 5 Year History Rate Change History

Year	Policy Count	% of Change	Effective Date	State Earned Premium (000)	Incurred Losses (000)	State Loss Ratio	Countrywide Loss Ratio
Est. year 1	20			\$50,000		64.6%	77.9%

7.

Expense Constants	Selected Provisions
A. Total Production Expense	25.0%
B. General Expense	11.0%
C. Taxes, License & Fees	3.0%
D. Underwriting Profit & Contingencies	-3.6%
E. Other (explain)	0%
F. TOTAL	35.4%

- 8.** Apply Lost Cost Factors to Future filings? (Y or N)
- 9.** NA Estimated Maximum Rate Increase for any Insured (%). Territory (if applicable): _____

10. **NA** Estimated Maximum Rate Decrease for any Insured (%) Territory (if applicable): _____

PC RLC

U:LossCostDraft/DataEntry.doc

Greenwich Insurance Company
Dental Professional Liability
Actuarial Memorandum

Greenwich Insurance Company is presenting a new program for Dental Professional Liability. The rates and rating rules are based on competitors' rate filings including National Union, Fireman's Fund, Liberty Mutual and Medical Protective.

Greenwich Insurance Company
Dentists Professional Liability

Class Factor Competitive Comparison Table

Class Factors

Class	Greenwich Selected	Med Prot Florida	Class	NcMic Florida	Natl Union Pennsylv	Liberty Mut Pennsylv	Natl Union Calif	F Fund Florida
1	1.000	1.000	1	1.000	1.000	1.000	1.000	1.000
2	1.230	1.250	2	N/A	1.250	N/A	1.250	1.250
3	3.329	4.000	3	N/A	1.500	2.000	1.500	1.500
4	5.660	5.750	4	4.500	2.770	6.000	2.770	2.000
5	6.119	6.500	5	6.000	8.000	7.000	8.000	8.000

DNIG Class definitions:

- 1 General Dentists of specialists in orthodontics, pediatric dentistry, periodontics, prosthodontics and endodontics not performing minor or major surgery
- 2 Any dentists performing implants involving osseointegration or minor surgical procedures
- 3 specialist in dental anesthesiology, oral pathology or dental radiology
- 4 specialists in oral and maxillofacial surgery or any dentist not performing major surgical procedures
- 5 specialist in oral and maxillofacial surgery or any dentist who administers anesthesia intended to cause unconsciousness outside of a hospital setting

National Union Definitions

- 1 Non invasive or minimally invasive procedures and select specialties: Endo, Ortho, Perio, Pedi, Path, and following procedures: diagnostic, preventative, restorative, cosmetic whitening
- 2 Dental Procedures Level II - 25% or greater practice in specialty areas of prosthodontics, endodontics, surgical periodontics, orthodontics or oral surgery
- 3 Dental Procedures Level III - extraction of full or partial bony impacted teeth, implants
- 4 Anesthesia Class conscious sedation administered by dentist
- 5 Oral and Maxillo surgeons and anesthesiologists with in office general anesthesia, including deep sedation

Greenwich Insurance Company
 Dentists Professional Liability

Competitive Comparison

Policy type Factor

CIm Made	GIC Selected	Fortress Illinois	Liberty Mut Pennsylv	MLMIC New York	Natl Union Calif	Natl Union Pennsylv	NcMic Florida	Med Prot Florida	F Fund florida
Year 1	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
Year 2	1.82	1.81	1.86	1.92	1.69	1.69	1.88	1.94	1.86
Year 3	2.45	2.30	2.54	2.50	2.37	2.37	2.53	2.56	2.52
Year 4	2.73	2.54	2.79	2.77	2.98	2.98	2.81	2.81	2.79
Year 5	3.03	2.71	3.10	3.00	2.98	2.98	3.13	3.12	3.10
mature			3.48	3.16					3.45
Occurrence	3.33	3.00	3.86		3.00	2.00	3.40	3.49	3.83

Greenwich Insurance Company
Dentists Professional Liability

Competitive Comparison

Increased Limit Factors

	Greenwich Selected	Fortress Illinois	Liberty Mut Pennsylv	MLMIC New York	Natl Union Calif	Natl Union Pennsylv	NcMic Florida	Med Prot Florida	F Fund florida
100,000/300,000	1.00	see	1.00	1.00	1.00	1.00	1.00	1.00	1.00
200,000/600,000	1.14	below	1.14	1.14	1.14	1.14	1.14	1.14	1.14
500,000/1,500,000	1.33		1.21	1.33	1.33	1.33			1.21
1,000,000/3,000,000	1.56		1.28	1.56	1.56	1.56	1.56	1.30	1.28
2,000,000/4,000,000	1.64		1.47		1.64	1.64	1.72	1.40	1.47
3,000,000/3,000,000	1.72				1.72	1.72			
5,000,000/5,000,000	1.80		1.73		1.80	1.80			1.73

Fortress has no 100/300

200/600	1
500/1M	1.167
1M/3M	1.372
2M/6M	1.713

Liberty Mutual and Fireman's Fund have separate, much higher ILF's for oral surgeons
Medical Protective has slightly higher ILF's for classes 2B and 3

Greenwich Insurance Company
Dentists Professional Liability

Competitive Comparison

Extended Reporting Period Factors

Yrs PA	GIC Selected	Med Prot NC	Fortress IL	Lib Mut Pennsyl	Natl Union Calif	Natl Union Pennsyl	NCMIC FL	Med Prot FL	F Fund FL
1 Year	0.80	0.90	0.69	0.79	0.80	0.80	0.65	0.80	0.79
2 Year	1.20	1.65	1.06	1.23	1.20	1.20	0.98	1.30	1.23
3 Years	1.45	2.20	1.22	1.45	1.45	1.45	1.06	1.55	1.45
4 Years	1.60	2.65	1.29	1.57	1.60	1.60	1.09	1.75	1.57
5 or more	1.80		1.31		1.80	1.80			

Greenwich Insurance Company
Dentists Professional Liability

Competitive Comparison

New Dentist Discount

Yrs in Practice	GIC Selected	Cincinatti NC	Fortress IL	Lib Mut Pennsylv	Natl Union CA	Natl Union PA	NcMIC FL	F Fund FL
First Yr	0.50	0.40	0.40	0.40	0.40	0.40	0.50	0.40
2nd Yr	0.75	0.60	0.60	0.60	0.60	0.60	0.70	0.60
3rd Yr	0.75	0.80	0.75	0.80	0.80	0.80	0.90	0.80

Part Time Dentist Discount

	GIC Selected	Cincinatti NC	Fortress IL	Lib Mut PA	Natl Union CA	Natl Union PA	NCMIC FL	F Fund FL
<=20 hrs	0.50	0.50	0.50	0.50	0.50	0.50	0.50	0.50

Faculty Discount Factors

	GIC Selected	Natl Union CA	Natl Union PA
Full time	0.70	0.70	0.70
Half Time	0.80	0.80	0.80
Part Time	0.90	0.90	0.90
Zero Time	1.00	1.00	1.00

Greenwich Insurance Company
Dentists Professional Liability

Deductible Options offered in Competitors' Filings

Deduct	GIC Selected	Natl Union CA/PA	Fire Fund Florida	Lib Mut PA
0	1.00	1.00	1.00	1.00
1000	0.95	0.95	0.95	0.95
2500	0.90	0.90	0.90	0.90
5000	0.81	0.81	0.81	0.81
10000	0.70	0.70	0.70	0.70

Greenwich Insurance Company
Dentists Professional Liability

Competitive Comparison

GIC Claim Experience Factors:

Claims Free Credit Discount Factors		Claims Experience Debit				
# Yrs		Total	Number of losses			
Clms Free	Factor	Incurred	1	2	3	4
10+	0.90	\$0-3000	1.05	1.10	1.15	1.20
9	0.91	\$3001 - 10,000	1.10	1.15	1.20	1.25
8	0.92	\$10,001 - 20,000	1.15	1.20	1.25	1.30
7	0.93	\$20,001 - 30,000	1.20	1.25	1.30	1.35
6	0.94	\$30,001 - 40,000	1.25	1.30	1.35	1.40
5	0.95	\$40,000 +	1.30	1.35	1.40	1.50
4	0.96					
3	0.97					
2	0.98					
1	0.99					

these discounts and debits exactly match the National Union Rate filings

NCMIC has a claims free credit (applies if less than \$10000 incurred indemnity) of 5% for 3-4 yrs, 10% for 5-7 yrs and 15% for 8 or more
The claims debit is 50% for 2 claims and 150% for 3 claims for an individual, and 50% for 3 or 4 claims for a partnership/corporate policy

Fireman's Fund has a claims free credit of 10% if no claim of \$500 or more in the last 5 years

Fireman's Fund claim debit applies to claims in the last four years that are closed indemnity payments over \$3000 or an open reserve over \$5000. The debits are 25% for a claim in the first previous year, 20% in 2nd previous, 15% in 3rd previous and 10% in 4th previous year

SERFF Tracking Number: XLAM-126378423 State: Arkansas
 Filing Company: Greenwich Insurance Company State Tracking Number: EFT \$100
 Company Tracking Number: 09GD-XL-EO03-MU-AR-R
 TOI: 11.0 Medical Malpractice - Claims Sub-TOI: 11.0030 Dentists
 Made/Occurrence
 Product Name: Dentists Professional Liability
 Project Name/Number: New Program Filing/09GD-XL-EO03-MU-AR-R

Superseded Schedule Items

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Creation Date:	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
11/10/2009		Supporting Form MMPCS Document	05/07/2010	MM Survey FORM MMPCS.pdf (Superseded)
02/18/2010	Rate and Rule	Dental Professional Rating Rules	03/23/2010	
02/18/2010	Rate and Rule	Dental Professional Rating Rules	02/18/2010	Product Manual (02-17-2010) no sched ranges.pdf (Superseded)
12/23/2009	Rate and Rule	Dental Professional Rating Rules	02/18/2010	Countrywide Rules GIC AR _Revised 12-19-09_.pdf (Superseded)
11/11/2009	Rate and Rule	Dental Professional Rating Rules	12/23/2009	Countrywide Rules GIC Sept 09.pdf (Superseded)

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

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

NAIC Number:	22322
Company Name:	Greenwich Insurance Company
Contact Person:	Patricia Pollard
Telephone No.:	310-968-2745
Email Address:	Patricia Pollard
Effective Date:	12/15/2009

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

Telephone: 501-371-2800
Email as an attachment to insurance.pnc@arkansas.gov
You may also attach to a SERFF filing or submit on a cdr disk

Physicians

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

Dental

Base Rate	Dentist	Orthodontist	Oral Surgeons
At 100,000/300,000	\$ 199	\$	\$
Discounts and Surcharges			
Claims Free	%	%	%
5 years Experience	%	%	%
Surgery	%	%	%
Other:	%	%	%

Greenwich Insurance Company
Insurance Agents and Brokers Professional Liability
General Rating Rules

I. Eligibility

The Insurance Agents and Brokers Professional Liability Policy may be issued to a licensed insurance agency or broker. The premium charge for this coverage shall be determined in accordance with the rules set forth below. Eligibility rules are as follows:

- Agent must have at least 3 years of meaningful experience in the insurance industry.
- Maximum revenue to be eligible for this program is as follows:
 - a. Up to \$10,000,000 revenue for Property and Casualty (P&C) Agents.
 - b. Up to \$5,000,000 net retained commission income for Managing Agents (MGAs), Wholesalers, Program Administrators (PAs) and Managing Underwriters (MGUs).

II. Base Rates

Basic Limits \$100,000/\$200,000, \$1,000 Deductible

Revenue Range		Rate per \$1,000
First \$100,000	(flat rate)	\$1,725
Next \$400,000	(Up to \$500,000)	6.75
Next \$500,000	(Up to \$1,000,000)	6.00
Next \$1,000,000	(Up to \$2,000,000)	5.70
Next \$1,000,000	(Up to \$3,000,000)	5.00
Next \$2,000,000	(Up to \$5,000,000)	4.50
Next \$2,500,000	(Up to \$7,500,000)	3.90
Next \$2,500,000	(Up to \$10,000,000)	3.50

A flat rate is charged for the first \$100,000 of revenue. A factor is then applied to the revenue within each range.

For example, using these rates the calculation of the base premium for a policy with revenue of \$800,000 would be as follows:

First \$100,000	\$1,725 (flat rate)
Next \$400,000	\$2,700 (400 x 6.75)
Next \$300,000	\$1,800 (300 x 6.00)
Total Base Premium	\$6,225

III. Term

Policies may be issued for a term of one year.

IV. Territory

Refer to the state page for territory definitions and territory rating relativities.

V. Prior Acts Factors:

# of Years of Prior Acts Coverage	Credit
0	40%
1	25%
2	10%
3 or More	0%

The Company will not advance the prior acts exclusion date during a period of continuous coverage under this program, unless requested in writing by the insured.

Greenwich Insurance Company
Insurance Agents and Brokers Professional Liability
General Rating Rules

VI. Increased Limit/Deductible Credit Factors

The Base Rate contemplates a limit of \$100,000 per claim and \$200,000 aggregate with a \$1,000 deductible. Coverage for higher limits of liability and deductibles are available with premium determined by modifying the base rates with the factors shown below. Add the ILF and Deductible Factor and multiply the resulting ILF/Ded Factor with the base premium.

Increased Limit Factors

Per Claim/Aggregate	DWL ILF	DOL ILF
\$100,000/\$200,000	1.00	1.10
\$250,000/\$500,000	1.44	1.58
\$300,000/\$600,000	1.53	1.68
\$500,000/\$500,000	1.74	1.91
\$500,000/\$1,000,000	1.79	1.97
\$1,000,000/\$1,000,000	2.07	2.28
\$1,000,000/\$2,000,000	2.13	2.34
\$1,500,000/\$1,500,000	2.31	2.54
\$2,000,000/\$2,000,000	2.36	2.60
\$2,000,000/\$4,000,000	2.43	2.79
\$3,000,000/\$3,000,000	2.58	2.97
\$4,000,000/\$4,000,000	2.76	3.17
\$5,000,000/\$5,000,000	2.92	3.36

Deductible Factors

Deductible	Loss & Expense	With a 3x Aggregate	Loss only	With a 3x Aggregate
1,000	0.00	0.05	0.15	0.20
2,500	-0.06	-0.01	0.08	0.12
5,000	-0.13	-0.09	0.02	0.06
7,500	-0.19	-0.15	-0.03	0.01
10,000	-0.25	-0.21	-0.08	-0.04
15,000	-0.33	-0.30	-0.16	-0.13
20,000	-0.41	-0.38	N/A	N/A
25,000	-0.47	N/A	N/A	N/A
35,000	-0.56	N/A	N/A	N/A
50,000	-0.69	N/A	N/A	N/A
100,000*	-1.00	N/A	N/A	N/A

*\$100,000 deductible is not available with limits less than \$500,000.

VII. Firm Type Rating Schedule

Wholesale/Retail

% of Revenue	Applicable Surcharge %
21-40%	10%
41-60%	20%
61-80%	30%
81-100%	40%

MGAs, PAs and MGUs

% of Revenue	Applicable Surcharge %
6-25%	5%
26-50%	10%
51-100%	25% or Decline

**Greenwich Insurance Company
Insurance Agents and Brokers Professional Liability
General Rating Rules**

VIII. Area of Practice Rating Schedule

Personal Lines

% of Revenue	Applicable Credit %
60-70%	5%
71-80%	10%
81-100%	20%

Professional Liability

% of Revenue	Applicable Surcharge %
6-25%	5%
26-50%	10%
51-100%	25% or Decline

Medical Malpractice

% of Revenue	Applicable Surcharge %
1-25%	25% or Decline
26 to 50%	50% or Decline
51 – 100%	100% or Decline

Long Haul Trucking

% of Revenue	Applicable Surcharge %
6-10%	5%
11-25%	10%
26- 50%	25% or Decline
51 – 100%	40% or Decline

Aviation and Wet Marine

% of Revenue	Applicable Surcharge %
6-10%	5%
11-25%	10%
26- 50%	25% or Decline
51 – 100%	40% or Decline

Energy / Environment / Pollution

% of Revenue	Applicable Surcharge %
1-25%	25%
26 to 50%	50%
51 – 100%	75%

IX. Claims Experience Rating Schedule

Credits and Debits will be applied to premiums under this rating plan according to previous claims history of the insured. For the purposes of this section, incurred loss is equal to paid loss and paid legal expense plus reserves for loss and legal expenses, and loss ratio is equal to incurred loss divided by premium. A minimum of 3 years of verifiable experience is required for this rate schedule, and a maximum of 7 years may be used. Any agent with revenue over \$5M or a claim(s) exceeding \$100,000 incurred loss must be referred to Company.

Incurred Loss Ratio	Firms w/ <\$500K Revenue	Firms w/ \$500K-\$1M Revenue	Firms w/ \$1M-\$5M Revenue
0% (Claims Free)	5% Credit	8% Credit	10% Credit
1-30%	0%	0%	0%
30-60%	5% Debit	8% Debit	10% Debit
60-100%	10% Debit	15% Debit	20% Debit
101%+	15% Debit	20% Debit	25% Debit

Greenwich Insurance Company
Insurance Agents and Brokers Professional Liability
General Rating Rules

X. Schedule Rating Plan

The maximum total percentage of debits/credits is state specific. Refer to state page.
Discretionary pricing will be applied based upon the following risk characteristics:

Classification	Max Credit	Max Debit
Management & Training	-25%	25%
Agency Procedures	-25%	25%
Agent Characteristics	-25%	25%
Business Practices	-25%	25%

XI. Extended Reporting Period

The extended reporting period coverage offers 1, 3, or 6 years of coverage. The factors are as follows:

Years of Coverage	Factor Applied to Annual Premium of Last Policy
1	1.00
3	1.85
6	2.25

XII. Policy Cancellation

Canceled Flat: In the case where the insurance policy is canceled within 10 days of the effective date for any reason, there shall be a full return of premium. The Company must receive evidence of Insured cancellation within the 10 days.

Canceled by Insured: In the case where the insurance policy is canceled by the insured, return premium shall be calculated short rate, unless coverage is concurrently written by the Company, in which cancellation will be pro rata.

XIII. Application of Factors

Unless otherwise specified, factors or multipliers shall be applied multiplicatively and shall not be added together.

XIV. Rounding

Premiums are to be rounded to the nearest whole dollar.

XV. Minimum Premium

The minimum premium is \$1,000.

GREENWICH INSURANCE COMPANY
DENTAL PROFESSIONAL AND PREMISES LIABILITY INSURANCE
CLAIMS MADE AND OCCURRENCE RATING RULES

1. COVERAGE

- A. Professional Liability on an occurrence and claims made basis.
- B. Premises Liability coverage for dental offices

2. CLASS DESCRIPTION

Class 1 - General Dentist or Specialists in Orthodontic, Pediatric Dentistry, Periodontics Prosthodontics and Endodontics not performing minor or major surgery.*

Class 2 - Any Dentist performing implants involving osseointegration or minor surgical procedures.* General dentists or Specialists other than Oral Surgeons or Dental Anesthesiologists allowing (hosting) unconscious sedation outside of a hospital, but only if the sedation is administered by an Oral Surgeon, Dental or Medical Anesthesiologist or CRNA.

Class 3 - Specialists in Dental Anesthesiology, Oral Pathology or Dental Radiology.

Class 4 - Specialists in Oral and Maxillofacial Surgery or any Dentist performing major surgical procedures not included in Class 5 (administration of general anesthetic intended to cause unconsciousness must be administered in a hospital).

Class 5 - Specialist in Oral and Maxillofacial Surgery of any Dentist who administers, personally or by an employed/contracted anesthesiologist, any general anesthetic intended to cause unconsciousness if administered outside of a hospital setting, excluding "hosting" dentists under Class 2. Any Dentist performing major surgical procedures and procedures not otherwise classified.

*Procedures do not include the administration of a general anesthetic intended to cause unconsciousness unless administered in a hospital.

GENERAL RULES

3. PREMIUM BASE

Both occurrence and claims made rates apply on a per dentist basis for professional liability.

4. POLICY TERM

Policies will be written for a term of one year and renewed annually thereafter, subject to underwriting review.

5. FORMS PORTFOLIO

Refer to the forms portfolio for coverage forms, state amendatory and other special state endorsements.

6. PREMIUM COMPUTATION

- A. Compute the premium at inception using the rates in effect at that time. At each renewal, compute the premium using rates then in effect.
- B. Prorate the premium when policy is issued for other than one year.
- C. Premiums are calculated as specified for the respective coverage. Rounding to the nearest whole dollar amount (i.e. .50 and greater rounds up; .49 and below rounds down) is done after the computation of the final premium.

GREENWICH INSURANCE COMPANY
DENTAL PROFESSIONAL AND PREMISES LIABILITY INSURANCE
CLAIMS MADE AND OCCURRENCE RATING RULES

- D.** Individual Risk Premium Modifications will be added together and applied as one modification to the premium.

7. ADDITIONAL PREMIUM CHARGE

- A.** Prorate all changes requiring additional premium.
- B.** Apply the rates and rules in effect on the effective date of the change.
- C.** Waive additional premium of \$15.00 or less. The waiver only applies to cash exchange due on an endorsement effective date.

8. RETURN PREMIUM CHARGES

- A.** Deletion of a mandatory coverage is not permitted unless the entire policy is canceled.
- B.** Compute return premium at the rate used to calculate the policy premium.
- C.** Compute return premium pro rata when any coverage or exposure is deleted or an amount of insurance is reduced.
- D.** Waive return premium of \$15.00 or less. Grant any return premium if requested by the Insured. This waiver only applies to cash exchanges due on the endorsement effective date.

9. POLICY CANCELLATION

- A.** Compute return premium pro rata when:
- 1.** A policy is canceled at the Company's request.
 - 2.** The Insured no longer has a financial or an insurable interest in the subject of insurance.
 - 3.** A policy is canceled and rewritten in the same Company or Company Group.
 - 4.** A policy is canceled due to death, disablement or retirement.
- B.** If cancellation is for any other reason than stated in A. above, compute the return premium at .90 of the pro rata unearned premium for the one-year period.
- C.** Retain the Policy Writing Minimum Earned Premium when the Insured requests cancellation except when a policy is canceled as of the inception date. In the event of a cancellation, the minimum premium will be considered to be the annual premium charge with cancellation premium subject to the policy writing minimum earned premium. The policy writing minimum earned premium shall be \$250.00 per annual or lesser period, unless otherwise specified for the respective coverage.

10. LOCATION OF PRACTICE

The rates as shown in this manual contemplate the exposure as being derived from professional practice within the state and territory. An exception will be allowed for dentists who have a multi-state or multi-territory exposure. We will charge the rate of the state or territory in which the dentist has a majority of his/her practice exposure.

11. MINIMUM PREMIUM

If policy premium does not exceed the minimum premiums as outlined in the Rate Sheet, the minimum premium will be charged for an annual period. The Minimum Premium is not applicable to the New Dentist Discount.

12. TERMINATION OF COVERAGE (CLAIMS MADE COVERAGE ONLY)

GREENWICH INSURANCE COMPANY
DENTAL PROFESSIONAL AND PREMISES LIABILITY INSURANCE
CLAIMS MADE AND OCCURRENCE RATING RULES

Within thirty (30) days after the termination of coverage, as defined below, the Company will advise the Named Insured in writing of the automatic Extended Reporting Period coverage and the availability of, the premium for, and the importance of purchasing additional Extended Reporting Period coverage.

The Named Insured shall have the greater of sixty (60) days from the effective date of termination of coverage, or thirty (30) days from the date of mailing or delivery of such notice, to submit to the Company written acceptance of the Extended Reporting Period coverage.

Termination of Coverage, whether made by the Company or the Named Insured at any time, means either (1) cancellation or nonrenewal of a policy, or (2) decrease in limits, reduction of coverage, increased deductible or self-insured retention, new exclusion or any other change in coverage less favorable to the Insured.

13. EXTENDED REPORTING PERIOD COVERAGE (CLAIMS MADE COVERAGE ONLY)

The availability of Extended Reporting Period coverage shall be governed by the following rules, subject to underwriting approval.

- A.** The available limits of liability shall not exceed those afforded under the current policy.
- B.** In the event of termination of coverage, as defined above, the Insured may purchase this coverage by giving the Company written notice, within sixty (60) days of such termination of coverage, or thirty (30) days from the date of mailing or delivery of such notice, of its intent to purchase, and by paying the appropriate premium. The notice and premium amount for the extended reporting period will be supplied to the Insured with the policy termination notice.
- C.** Extended Reporting Period premiums shall be calculated upon the rates and premiums in effect during the policy period immediately preceding the election to purchase such coverage.
- D.** The Extended Reporting Period coverage shall not increase or reinstate the limits of liability of the terminated policy. The Extended Reporting Period coverage aggregate limit shall be at least the maximum of the coverage remaining in the expiring policy aggregate and 50% of the aggregate limit at policy inception.
- E.** There will be no charge for Extended Reporting Period coverage if the Insured:
 - 1. Dies, or
 - 2. Totally and permanently:
 - a. Becomes disabled; or
 - b. Retires after age 55 and has been insured for 5 consecutive years with the company
- F.** The Extended Reporting Period shall be Unlimited.

COVERAGE RULES

14. NEW DENTIST DISCOUNT

A discount will be applied to premium for New Dentists in year 1 through 3 of practice that meet the following criteria (see rate sheet):

Year 1 - The dentist has completed his or her training in dentistry within the previous six months of applying for coverage, and his or her only contact with patients was in the course of training; or

GREENWICH INSURANCE COMPANY
DENTAL PROFESSIONAL AND PREMISES LIABILITY INSURANCE
CLAIMS MADE AND OCCURRENCE RATING RULES

Years 2 or 3 - The dentist who applies for coverage in his or her second or third year of post graduate practice.

15. PART TIME DENTIST

This discount shall apply to any dentist who works twenty (20) hours or less per week or less than an aggregate of 1,050 hours during the term of an annual policy.

The Part-Time discount is not applied to the Extended Reporting Period Endorsement unless the part-time practice did not exceed an average of 1,050 hours per year over the previous five consecutive policy years with an NSDP sponsored program. See rate sheet.

16. FACULTY DENTIST

A Faculty discount shall be applied to those dentists who are faculty members of an accredited dental school. The amount of the discount will be based on the hours spent teaching at the facility as defined below:

Full Time - 32 hours or more per week
Half Time - 16 to 31 hours per week
Part Time - 15 hours or less per week

To qualify for this discount, the applicant must submit a copy of his/her current letter of faculty appointment. See rate sheet.

17. ASSOCIATION AND MEMBERSHIP CREDIT

A membership credit will be applied for being a member of a nationally recognized association that provides educational and practice management resources. This discount will be available for membership in the American Dental Association (ADA) or Academy of General Dentistry (AGD). See rate sheet.

AGD Credits included are for Membership, Fellowship, Mastership. Fellowship requires 500 hours of approved CE credit and Mastership requires 1,100 hours approved CE credit (at least 400 hours in participation courses and 600 hours in required specific disciplines)

18. WAIVER OF CONSENT

By endorsement, a premium discount shall be applied when the insured has waived the consent provision of the Coverage Agreements. This endorsement, and the accompanying premium modification, can not be added to a policy mid-term. See rate sheet.

19. RISK MANAGEMENT EDUCATION

A premium discount shall be applied to those dentists who participate in an approved risk management program. Approved risk management programs include but are not limited to completed risk management workshops, seminars, self-study, state dental society courses, accredited national organization courses, and courses completed from a previous insurer. See rate sheet.

20. CLAIM EXPERIENCE

Claim Free Credit

A premium discount will be applied to those dentists who have been without a chargeable loss based on the claim history of an individual dentist over the preceding five-year period. A chargeable loss is determined by adding all loss payments, outstanding reserves and loss adjustment expenses. See rate sheet.

Claim Experience Debit

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DENTAL PROFESSIONAL AND PREMISES LIABILITY INSURANCE
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Based on the claim history of an individual dentist over the preceding five-year period, a debit, based on a chargeable loss, shall be applied to the dentist's rate. A chargeable loss is determined by adding all loss payments, outstanding reserves and loss adjustment expenses. See rate sheet.

Debits will be adjusted each policy year, dependent upon annual review of claims experience.

21. INDIVIDUAL RISK PREMIUM MODIFICATIONS

Individual risk premium modification (IRPM) factors may be applied to reflect account characteristics not otherwise addressed. IRPM's are based on operational controls and procedure mix; practice characteristics; loss control procedures; and claim peculiarities. The total IRPM shall not exceed + or - 25%. See rate sheet.

22. POLICY CHANGE ENDORSEMENT

The policy change endorsement will be used to correct errors or mistakes on the Declarations page.

23. ADDITIONAL INSUREDS

By endorsement, additional insureds can be added to the policy. If the Additional Insured is a Dental Health Maintenance Organization (DHMO) or Preferred Provider Organization (PPO) there is no charge for this coverage. See rate sheet.

24. BOARD EXAMINATION AND INTERVIEW COVERAGE

Coverage can be restricted and provided only for students taking Board Examinations through an accredited institution, or for individuals (not students) who sit for Board Examinations and are candidates for certification and/or licensing as a dentist. Interview coverage extends coverage for those dentists who have successfully completed their board examination and are interview for a position with a dental practice. See rate sheet.

Coverage is to be written on a separate policy as follows:

- A. On an occurrence basis only;
- B. Limits of Liability shall be \$1,000,000 each claim and \$3,000,000 aggregate; and
- C. The policy period will not exceed one year or the length of time of the examination or accepting a position as a practicing dentist.

25. MEDICAL WASTE DEFENSE EXPENSES REIMBURSEMENT COVERAGE

Basic limits of \$5,000 are provided without charge. Optional coverage for Medical Waste Defense Expenses Reimbursement Coverage is available with limits of \$50,000 applicable to defense costs only. See rate sheet.

26. LOCUM TENENS

Coverage for a substitute dentist (120 day maximum). Prior approval required by the Company.

27. MILITARY SERVICE

This rule shall apply to an Insured who is called into active military service.

The policy coverage for the affected individual will continue for those Dental Incidents arising before military service began, with all other policy coverages suspended for the duration of the dentist's military service including payment of premium.

At the time private practice is resumed, the coverage and premium payment will begin with the policy's expiration date adjusted in order to reflect the duration of the individual's intervening military service. The claims made step factor that was applicable at the time of suspension will be the one in effect at the time of coverage resumption.

GREENWICH INSURANCE COMPANY
DENTAL PROFESSIONAL AND PREMISES LIABILITY INSURANCE
CLAIMS MADE AND OCCURRENCE RATING RULES

The Insured must provide the Company with a copy of the affected individual's military papers showing the date in which active duty is to begin. The appropriate endorsement is to be used, as applicable, to suspend the policy coverage.

28. DISABILITY OR LEAVE OF ABSENCE

In contemplation of a reduction in exposure, and for a period of at least 45 days and no greater than 180 days, insured dentists shall be eligible for a "disability and/or leave of absence" premium reduction for the disability or absence period. "Disability or leave of absence" is defined as an injury, disease, medical condition or continuing education sabbatical that prevents an insured dentist from engaging in the practice of dentistry, other than in an emergency situation. This will apply retroactively to the first day of disability or leave of absence. See rate sheet.

29. PREMISE LIABILITY

Premise Liability coverage is provided on an optional basis for an additional premium charge. See rate sheet.

GREENWICH INSURANCE COMPANY
DENTAL PROFESSIONAL AND PREMISES LIABILITY INSURANCE
CLAIMS MADE AND OCCURRENCE RATING RULES

1. COVERAGE

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2. CLASS DESCRIPTION

Class 1 - General Dentist or Specialists in Orthodontic, Pediatric Dentistry, Periodontics Prosthodontics and Endodontics not performing minor or major surgery.*

Class 2 - Any Dentist performing implants involving osseointegration or minor surgical procedures.* General dentists or Specialists other than Oral Surgeons or Dental Anesthesiologists allowing (hosting) unconscious sedation outside of a hospital, but only if the sedation is administered by an Oral Surgeon, Dental or Medical Anesthesiologist or CRNA.

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Class 5 - Specialist in Oral and Maxillofacial Surgery of any Dentist who administers, personally or by an employed/contracted anesthesiologist, any general anesthetic intended to cause unconsciousness if administered outside of a hospital setting, excluding "hosting" dentists under Class 2. Any Dentist performing major surgical procedures and procedures not otherwise classified.

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GENERAL RULES

3. PREMIUM BASE

Both occurrence and claims made rates apply on a per dentist basis for professional liability.

4. POLICY TERM

Policies will be written for a term of one year and renewed annually thereafter, subject to underwriting review.

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6. PREMIUM COMPUTATION

- A. Compute the premium at inception using the rates in effect at that time. At each renewal, compute the premium using rates then in effect.
- B. Prorate the premium when policy is issued for other than one year.
- C. Premiums are calculated as specified for the respective coverage. Rounding to the nearest whole dollar amount (i.e. .50 and greater rounds up; .49 and below rounds down) is done after the computation of the final premium.

GREENWICH INSURANCE COMPANY
DENTAL PROFESSIONAL AND PREMISES LIABILITY INSURANCE
CLAIMS MADE AND OCCURRENCE RATING RULES

- D.** Individual Risk Premium Modifications will be added together and applied as one modification to the premium.

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- A.** Prorate all changes requiring additional premium.
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- A.** Deletion of a mandatory coverage is not permitted unless the entire policy is canceled.
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 - 4.** A policy is canceled due to death, disablement or retirement.
- B.** If cancellation is for any other reason than stated in A. above, compute the return premium at .90 of the pro rata unearned premium for the one-year period.
- C.** Retain the Policy Writing Minimum Earned Premium when the Insured requests cancellation except when a policy is canceled as of the inception date. In the event of a cancellation, the minimum premium will be considered to be the annual premium charge with cancellation premium subject to the policy writing minimum earned premium. The policy writing minimum earned premium shall be \$250.00 per annual or lesser period, unless otherwise specified for the respective coverage.

10. LOCATION OF PRACTICE

The rates as shown in this manual contemplate the exposure as being derived from professional practice within the state and territory. An exception will be allowed for dentists who have a multi-state or multi-territory exposure. We will charge the rate of the state or territory in which the dentist has a majority of his/her practice exposure.

11. MINIMUM PREMIUM

If policy premium does not exceed the minimum premiums as outlined in the Rate Sheet, the minimum premium will be charged for an annual period. The Minimum Premium is not applicable to the New Dentist Discount.

12. TERMINATION OF COVERAGE (CLAIMS MADE COVERAGE ONLY)

GREENWICH INSURANCE COMPANY
DENTAL PROFESSIONAL AND PREMISES LIABILITY INSURANCE
CLAIMS MADE AND OCCURRENCE RATING RULES

Within thirty (30) days after the termination of coverage, as defined below, the Company will advise the Named Insured in writing of the automatic Extended Reporting Period coverage and the availability of, the premium for, and the importance of purchasing additional Extended Reporting Period coverage.

The Named Insured shall have the greater of sixty (60) days from the effective date of termination of coverage, or thirty (30) days from the date of mailing or delivery of such notice, to submit to the Company written acceptance of the Extended Reporting Period coverage.

Termination of Coverage, whether made by the Company or the Named Insured at any time, means either (1) cancellation or nonrenewal of a policy, or (2) decrease in limits, reduction of coverage, increased deductible or self-insured retention, new exclusion or any other change in coverage less favorable to the Insured.

13. EXTENDED REPORTING PERIOD COVERAGE (CLAIMS MADE COVERAGE ONLY)

The availability of Extended Reporting Period coverage shall be governed by the following rules, subject to underwriting approval.

- A.** The available limits of liability shall not exceed those afforded under the current policy.
- B.** In the event of termination of coverage, as defined above, the Insured may purchase this coverage by giving the Company written notice, within sixty (60) days of such termination of coverage, or thirty (30) days from the date of mailing or delivery of such notice, of its intent to purchase, and by paying the appropriate premium.
- C.** Extended Reporting Period premiums shall be calculated upon the rates and premiums in effect during the policy period immediately preceding the election to purchase such coverage.
- D.** The Extended Reporting Period coverage shall not increase or reinstate the limits of liability of the terminated policy.
- E.** There will be no charge for Extended Reporting Period coverage if the Insured:
 - 1. Dies, or
 - 2. Totally and permanently:
 - a. Becomes disabled; or
 - b. Retires after age 55 and has been insured for 5 consecutive years with the company
- F.** The Extended Reporting Period shall be Unlimited.

COVERAGE RULES

14. NEW DENTIST DISCOUNT

A discount will be applied to premium for New Dentists in year 1 through 3 of practice that meet the following criteria (see rate sheet):

Year 1 - The dentist has completed his or her training in dentistry within the previous six months of applying for coverage, and his or her only contact with patients was in the course of training; or

Years 2 or 3 - The dentist who applies for coverage in his or her second or third year of post graduate practice.

15. PART TIME DENTIST

GREENWICH INSURANCE COMPANY
DENTAL PROFESSIONAL AND PREMISES LIABILITY INSURANCE
CLAIMS MADE AND OCCURRENCE RATING RULES

This discount shall apply to any dentist who works twenty (20) hours or less per week or less than an aggregate of 1,050 hours during the term of an annual policy.

The Part-Time discount is not applied to the Extended Reporting Period Endorsement unless the part-time practice did not exceed an average of 1,050 hours per year over the previous five consecutive policy years with an NSDP sponsored program. See rate sheet.

16. FACULTY DENTIST

A Faculty discount shall be applied to those dentists who are faculty members of an accredited dental school. The amount of the discount will be based on the hours spent teaching at the facility as defined below:

Full Time - 32 hours or more per week
Half Time -16 to 31 hours per week
Part Time -15 hours or less per week

To qualify for this discount, the applicant must submit a copy of his/her current letter of faculty appointment. See rate sheet.

17. ASSOCIATION AND MEMBERSHIP CREDIT

A membership credit will be applied for being a member of a nationally recognized association that provides educational and practice management resources. This discount will be available for membership in the American Dental Association (ADA) or Academy of General Dentistry AGD). See rate sheet.

AGD Credits included are for Membership, Fellowship Mastership. Fellowship requires 500 hours of approved CE credit and Mastership requires 1,100 hours approved CE credit (at least 400 hours in participation courses and 600 hours in required specific disciplines)

18. WAIVER OF CONSENT

By endorsement, a premium discount shall be applied when the insured has waived the consent provision of the Coverage Agreements. This endorsement, and the accompanying premium modification, can not be added to a policy mid-term. See rate sheet.

19. RISK MANAGEMENT EDUCATION

A premium discount shall be applied to those dentists who participate in an approved risk management program. Approved risk management programs include but are not limited to completed risk management workshops, seminars, self-study, state dental society courses, accredited national organization courses, and courses completed from a previous insurer. See rate sheet.

20. CLAIM EXPERIENCE

Claim Free Credit

A premium discount will be applied to those dentists who have been without a chargeable loss based on the claim history of an individual dentist over the preceding five-year period. A chargeable loss is determined by adding all loss payments, outstanding reserves and loss adjustment expenses. See rate sheet.

Claim Experience Debit

Based on the claim history of an individual dentist over the preceding five-year period, a debit, based on a chargeable loss, shall be applied to the dentist's rate. A chargeable loss is determined by adding all loss payments, outstanding reserves and loss adjustment expenses. See rate sheet.

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DENTAL PROFESSIONAL AND PREMISES LIABILITY INSURANCE
CLAIMS MADE AND OCCURRENCE RATING RULES

Debits will be adjusted each policy year, dependent upon annual review of claims experience.

21. INDIVIDUAL RISK PREMIUM MODIFICATIONS

Individual risk premium modification (IRPM) factors may be applied to reflect account characteristics not otherwise addressed. IRPM's are based on operational controls and procedure mix; practice characteristics; loss control procedures; and claim peculiarities. The total IRPM shall not exceed + or - 25%. See rate sheet.

22. POLICY CHANGE ENDORSEMENT

The policy change endorsement will be used to correct errors or mistakes on the Declarations page.

23. ADDITIONAL INSUREDS

By endorsement, additional insureds can be added to the policy. If the Additional Insured is a Dental Health Maintenance Organization (DHMO) or Preferred Provider Organization (PPO) there is no charge for this coverage. See rate sheet.

24. BOARD EXAMINATION AND INTERVIEW COVERAGE

Coverage can be restricted and provided only for students taking Board Examinations through an accredited institution, or for individuals (not students) who sit for Board Examinations and are candidates for certification and/or licensing as a dentist. Interview coverage extends coverage for those dentists who have successfully completed their board examination and are interview for a position with a dental practice. See rate sheet.

Coverage is to be written on a separate policy as follows:

- A. On an occurrence basis only;
- B. Limits of Liability shall be \$1,000,000 each claim and \$3,000,000 aggregate; and
- C. The policy period will not exceed one year or the length of time of the examination or accepting a position as a practicing dentist.

25. MEDICAL WASTE DEFENSE EXPENSES REIMBURSEMENT COVERAGE

Basic limits of \$5,000 are provided without charge. Optional coverage for Medical Waste Defense Expenses Reimbursement Coverage is available with limits of \$50,000 applicable to defense costs only. See rate sheet.

26. LOCUM TENENS

Coverage for a substitute dentist (120 day maximum). Prior approval required by the Company.

27. MILITARY SERVICE

This rule shall apply to an Insured who is called into active military service.

The policy coverage for the affected individual will continue for those Dental Incidents arising before military service began, with all other policy coverages suspended for the duration of the dentist's military service including payment of premium.

At the time private practice is resumed, the coverage and premium payment will begin with the policy's expiration date adjusted in order to reflect the duration of the individual's intervening military service. The claims made step factor that was applicable at the time of suspension will be the one in effect at the time of coverage resumption.

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The Insured must provide the Company with a copy of the affected individual's military papers showing the date in which active duty is to begin. The appropriate endorsement is to be used, as applicable, to suspend the policy coverage.

28. DISABILITY OR LEAVE OF ABSENCE

In contemplation of a reduction in exposure, and for a period of at least 45 days and no greater than 180 days, insured dentists shall be eligible for a "disability and/or leave of absence" premium reduction for the disability or absence period. "Disability or leave of absence" is defined as an injury, disease, medical condition or continuing education sabbatical that prevents an insured dentist from engaging in the practice of dentistry, other than in an emergency situation. This will apply retroactively to the first day of disability or leave of absence. See rate sheet.

29. PREMISE LIABILITY

Premise Liability coverage is provided on an optional basis for an additional premium charge. See rate sheet.