



**NOTICE OF EFFECTIVE FILING**

**TO:** Kathleen Ott  
**DATE:** March 10, 2022  
**FROM:** Andrea Connell  
**PHONE:** 718-250-1769

**PROGRAM:** Psychoanalysts Professional Liability Program  
**CONTENTS:** Please refer to SharePoint for copies of the forms included in this filing.  
**STATE:** Oregon  
**EFFECTIVE DATE:** 3/09/22  
**MODIFICATIONS:** None  
**COMMENTS:** None  
**COMPANY(IES) EFFECTIVE:**  
 AMERICAN HOME ASSURANCE COMPANY

**FILING NUMBER: AIG-22-EO-01**

## Disposition for AGNY-133163370

### Filing at a Glance

<b>State:</b> Oregon	<b>SERFF Tracking Number:</b> AGNY-133163370
<b>TOI:</b> 11.1 Med Mal-Occurrence Only	<b>State Tracking Number:</b> AGNY-133163370
<b>Sub-TOI:</b> 11.1029 Other	<b>Company Tracking Number:</b> AIG-22-EO-01
<b>Filing Type:</b> Form	<b>Product Name:</b> Psychoanalysts Professional Liability Program (151-640-288)
<b>Filing Company:</b> American Home Assurance Company	<b>Project Name:</b> Application Revisions
	<b>Destruction Date:</b>

**Disposition Date:** 03/09/2022

**Effective Date (New):** 03/09/2022

**Effective Date (Renewal):** 03/09/2022

**Status:** \* Approved

#### Comments:

Department of Consumer and Business Services  
Division of Financial Regulation - Product Regulation - Rates and Forms

Invitation to Comment on Quality of Service from the Division of Financial Regulation

We strive to provide excellent customer service at all times and invite you to provide written comment regarding your filing experience.

Instructions for submitting a filing are on our website at <http://www.oregon.gov/DCBS/insurance/insurers/rates-forms/Pages/rates-forms.aspx> or contained within SERFF under the Filing Rules tab. Filings that contain errors may be returned without having been accepted for review. Filing errors that are considered include; form numbers that do not match, forms attached under the wrong tab, or missing required documents. If we allow the company to correct a filing error it must be corrected within 24 hours or the filing will be rejected for no response.

If we contact you about compliance-related issues or corrections that need to be made to your filing, we must receive your complete response within 10 calendar days.

Any disapproval for reasons other than filing errors must be supported by our product standards. If you believe we have failed to meet our performance objectives or you believe we have provided outstanding performance, please let us know. We value your comments and will use this information to improve our service.

You may request that your comments be kept confidential; however, be aware that confidential feedback limits our ability to follow up, as your concerns cannot be shared with staff. If you are not requesting confidentially, please include the SERFF or state tracking number with your comments.

Please explain if the Division met its objective. Was your experience positive?

#### Comments:

Thank you,  
Tashia Sizemore  
Division of Financial Regulation  
Insurance Product Regulation and Compliance - Life and Health  
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#### Schedule Items

Item Type	Item Name	Item Status	Public Access
Form	76522 (2-22), [No date], Application/Binder/Enrollment, Psychoanalysts Professional Liability Insurance Application	Approved	Yes
Form	76522 (2-22), [No date], Application/Binder/Enrollment, Psychoanalysts Professional Liability Insurance Application	Replaced	Yes
Form	76523 (2-22), [No date], Application/Binder/Enrollment, Psychoanalysts Professional Liability Insurance Renewal Application	Approved	Yes

Form	76523 (2-22), [No date], Application/Binder/Enrollment, Psychoanalysts Professional Liability Insurance Renewal Application	Replaced	Yes
Form	76532 (2-22), [No date], Application/Binder/Enrollment, Psychoanalysts Professional Liability Policy School/Institute/Society Liability Coverage Application	Approved	Yes
Form	76532 (2-22), [No date], Application/Binder/Enrollment, Psychoanalysts Professional Liability Policy School/Institute/Society Liability Coverage Application	Replaced	Yes
Supporting Document	Cover Letter or Explanatory Memorandum	Reviewed-No Action	Yes
Supporting Document	Cover Letter or Explanatory Memorandum	Disapproved	Yes
Supporting Document	Third party filers letter of authorization	Not Applicable to filing	Yes
Supporting Document	3894 Certification of Compliance	Reviewed-No Action	Yes
Supporting Document	3610 Standards for Personal and Commercial Liability	Information only	Yes
Supporting Document	Highlighted/Redline form version if a replaced, amended or similar forms	Reviewed-No Action	Yes

Sincerely,  
Michael Drummonds  
Rates & Forms Analyst  
Oregon Division of Financial Regulation  
Michael.Drummonds@DCBS.Oregon.gov  
503-931-6986



Filings	Messages	Billing	Settings	Filing Rules	Reports	Templates	<b>Alerts (4)</b>
<b>My Workfolder</b>	My Open Filings	My Draft Filings	Search/Export	Create Filing	Create Paper Filing		

<b>Add Authors</b>	<b>Update</b>	<b>Create Reminder</b>	<b>Move to Workfolder</b>	<b>PDF Pipeline</b>	<b>Clone Filing</b>
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**Oregon**

[View Associated Filings](#) [View General Instructions](#) [View Filing Log](#)

 This Filing has been marked as public access.

<b>Product Name:</b> Psychoanalysts Professional Liability Program (151-640-288)	<b>SERFF Tr Num:</b> AGNY-133163370	<b>SERFF Status:</b> Closed-Approved
<b>TOI:</b> 11.1 Med Mal-Occurrence Only	<b>State Tr Num:</b> AGNY-133163370	<b>State Status:</b> Under review
<b>Sub-TOI:</b> 11.1029 Other	<b>Co Tr Num:</b> AIG-22-EO-01	<b>Co Status:</b>
<b>Filing Type:</b> Form	<b>Date Submitted:</b> 02/28/2022	<b>Disposition Date:</b> 03/09/2022
<b>Effective Date Requested (New):</b> On Approval	<b>Authors:</b> Andrea Connell	
<b>Effective Date Requested (Renewal):</b> On Approval		

General Information	Form Schedule	Rate/Rule Schedule	Supporting Documentation	State Specific	Companies and Contact	Filing Fees	Filing Correspondence
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Form Count: 3											
Item No.	Schedule Item Status	Form Name *	Form Number	Edition Date	Form Type *	Action *	Action Specific Data	Readability Score	Attachments	Submitted	
1	Approved 03/09/2022	Psychoanalysts Professional Liability Insurance Application	76522 (2-22)		ABE	Replaced	Previous Filing # <a href="#">AGNY-131402540</a> Replaced Form # <a href="#">76522</a> (1/18) Replaced Edition Date		 <a href="#">Show All Files</a>	Date Submitted: 03/08/2022 By: Andrea Connell	
<b>Previous Version</b>											
	Replaced 03/08/2022	Psychoanalysts Professional Liability Insurance Application	76522 (2-22)		ABE	Replaced	Previous Filing # <a href="#">AGNY-131402540</a> Replaced Form # <a href="#">76522</a> (1/18) Replaced Edition Date		 <a href="#">76522 (2-22) CW Application.pdf</a>	Date Submitted: 02/28/2022 By: Andrea Connell	
2	Approved 03/09/2022	Psychoanalysts Professional Liability Insurance Renewal Application	76523 (2-22)		ABE	Replaced	Previous Filing # <a href="#">AGNY-131402540</a> Replaced Form # <a href="#">76523</a> (1/18) Replaced Edition Date		 <a href="#">Show All Files</a>	Date Submitted: 03/08/2022 By: Andrea Connell	
<b>Previous Version</b>											
	Replaced 03/08/2022	Psychoanalysts Professional Liability Insurance Renewal Application	76523 (2-22)		ABE	Replaced	Previous Filing # <a href="#">AGNY-131402540</a> Replaced Form # <a href="#">76523</a> (1/18) Replaced Edition Date		 <a href="#">76523 (2-22) CW Renewal Application.pdf</a>	Date Submitted: 02/28/2022 By: Andrea Connell	
3	Approved 03/09/2022	Psychoanalysts Professional Liability Policy School/Institute/Society Liability Coverage Application	76532 (2-22)		ABE	Replaced	Previous Filing # <a href="#">CO 2125 00</a> Replaced Form # <a href="#">76532</a> (8/00) Replaced Edition Date		 <a href="#">Show All Files</a>	Date Submitted: 03/08/2022 By: Andrea Connell	
<b>Previous Version</b>											
	Replaced 03/08/2022	Psychoanalysts Professional Liability Policy School/Institute/Society Liability Coverage Application	76532 (2-22)		ABE	Replaced	Previous Filing # <a href="#">AIC-00-PR-09</a> Replaced Form # <a href="#">76532</a> (8/00) Replaced Edition Date		 <a href="#">76532 (2-22) Sch-Inst-Soc Application.pdf</a>	Date Submitted: 02/28/2022 By: Andrea Connell	

- Form Type Legend:**
- **ADV** = Advertising
  - **BND** = Bond
  - **CER** = Certificate
  - **DSC** = Disclosure/Notice
  - **END** = Endorsement/Amendment/Conditions
  - **PCF** = Policy/Coverage Form
  - **ABE** = Application/Binder/Enrollment
  - **CNR** = Canc/NonRen Notice
  - **DEC** = Declarations/Schedule
  - **ERS** = Election/Rejection/Supplemental Applications
  - **OTH** = Other

**Icon Legend:** 📄 - Draft Schedule Item 📄 - Open Objection

Add Authors

Update

Create Reminder

Move to Workfolder

PDF Pipeline

Clone Filing