



## NOTICE OF EFFECTIVE FILING

**TO:** Melissa Jacobson

**FROM:** Andrea Connell

**DATE:** 9/13/23

---

☒ **FORM**      ☒ **RULE**      ☐ **RATE**

---

**BUSINESS UNIT:** Programs Division

**TOI:** 11.1 Med Mal-Occurrence Only      **SUB-TOI:** 11.1029 Other

**PROGRAM NAME:** Psychoanalysts Professional Liability Program

**FILING NUMBER:** AIG-23-EO-02

**STATE:** NEW YORK

**EFFECTIVE DATE:** 9/12/23

---

**CONTENTS INCLUDE:** Psychotherapist Endorsement – 148077 (08/23)

**MODIFICATIONS:**

- Psychoanalyst Professional Liability - Occurrence Rating Rules (New York) DIV 66 (PL-NY-FRU)

**COMMENTS:** None

---

**COMPANY(IES) FILED:**

☒ **AMERICAN HOME ASSURANCE COMPANY**

---

## Disposition for AGNY-133784489

## Filing at a Glance

**State:**

New York

**SERFF Tracking Number:**

AGNY-133784489

**TOI:**

11.1 Med Mal-Occurrence Only

**State Tracking Number:**

R2023003012,R2023003012

**Sub-TOI:**

11.1029 Other

**Company Tracking Number:**

AIG-23-EO-02

**Filing Type:**

Form/Rule

**Product Name:**Psychoanalysts Professional Liability  
Program (151-640-288)**Filing Company:**

American Home Assurance Company

**Project Name:**

Psychotherapist Endorsement

**Destruction Date:****Disposition Date:**

09/12/2023

**Effective Date (New):****Effective Date (Renewal):****Status:** \*

Approved

**Comments:**

This will refer to the captioned filing submitted on August 21, 2023, and your subsequent correspondences including that of September 12, 2023, furnishing additional information.

The form in this submission is hereby approved, and its corresponding rule is acknowledged, for new and renewal business, effective the date of this letter.

Very truly yours,

ADRIENNE A. HARRIS

Superintendent of Financial Services

By:

Ying Victoria Ng

Senior Insurance Examiner

Property Bureau

212-480-5556

email: YingVictoria.Ng@dfs.ny.gov

## Company Rate Information

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for	Number of Policy Holders	Written Premium	Maximum % Change	Minimum % Change
---------------	-----------------------------	------------------------	----------------------------	--------------------------	-----------------	------------------	------------------

			<b>this Program:</b>	<b>Affected for this Program:</b>	<b>for this Program:</b>	<b>(where required):</b>	<b>(where required):</b>
American Home Assurance Company	0.000 %	0.000 %	\$ 0	0	\$ 0	0.000 %	0.000 %

**Change Period for Approved  
Rate:**

<b>Schedule Items</b>			
<b>Item Type</b>	<b>Item Name</b>	<b>Item Status</b>	<b>Public Access</b>
Form	148077, (08/23), Endorsement/Amendment/Conditions, PSYCHOTHERAPIST ENDORSEMENT		Yes
Rate	PSYCHOANALYST PROFESSIONAL LIABILITY - Occurrence Rating Rules (New York), DIV 66 (PL-NY-FRU)		Yes
<i>Rate</i>	<i>PSYCHOANALYST PROFESSIONAL LIABILITY - Occurrence Rating Rules, DIV 66 - PP (PL-MU-FRU)</i>		<i>No</i>
Supporting Document	Audit Provisions/premium Audit Rules		No
Supporting Document	Commercial Liability Insurance Form Filing Compliance Questionnaire		No
Supporting Document	Commercial Lines Cancellation & Nonrenewal Form Filing Compliance Questionnaire (NYIL 3426)		No
Supporting Document	Consent-to-rate requirements		No
Supporting Document	Defense-Within-Limits Policies Form Filing Compliance Questionnaire		No
Supporting Document	Explanatory Memorandum		Yes
Supporting Document	Medical Malpractice Review Standards Checklist		Yes
Supporting Document	Minimum Premium/Return Premium and Minimum Earned Premium Rules		No
Supporting Document	Prior Acts Coverage with an Occurrence Policy		Yes
Supporting Document	Rates and/or Rating Plans		No
Supporting Document	Renewal Discounts - General Liability and Professional Liability		Yes

Supporting Document	Sexual harassment coverage requirements	No
Supporting Document	Form Listing	Yes
Supporting Document	JDG Exhibit	Yes

Sincerely,  
Ying Victoria Ng



aigdbglegalstatefi


Tracking Number:

Filings	Messages	Billing	Settings	Filing Rules	Reports	Templates	Alerts (2)
My Workfolder	My Open Filings	My Draft Filings	Search Filings	Create Filing	Create Paper Filing		

Add Authors Update Compare Attachments Create Reminder Move to Workfolder PDF Pipeline

N

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

 This Filing has been marked as public access.

**Product Name:** Psychoanalysts Professional Liability Program  
(151-640-288)

**TOI:** 11.1 Med Mal-Occurrence Only

**Sub-TOI:** 11.1029 Other

**Filing Type:** Form/Rule

**Effective Date Requested (New):** On Approval

**Effective Date Requested (Renewal):** On Approval

**SERFF Tr Num:** AGNY-133784489

**State Tr Num:** R2023003012,R2023003012

**Co Tr Num:** AIG-23-EO-02

**Date Submitted:** 08/21/2023



**Authors:** Andrea Connell

**SERFF Status:** Closed-Approved

**State Status:** Closed



**Co Status:**

**Disposition Date:** 09/12/2023

General Information		Form Schedule	Rate/Rule Schedule	Supporting Documentation	State Specific	Companies and Contact	Filing Fees	Filing Correspondence			
Form Count: 1											
Item No.		Schedule Item Status	Form Name *	Form Number	Edition Date	Form Type *	Action *	Action Specific Data	Readability Score	Attachments	Submitted
1			PSYCHOTHERAPIST ENDORSEMENT	148077	(08/23)	END	New			 <a href="#">148077 (08-23) Psychotherapist Endorsement.pdf</a>	Date Submit 08/21/2023 By: Andrea C

**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 Compare Attachments Create Reminder Move to Workfolder PDF Pipeline