



NOTICE OF EFFECTIVE FILING

TO: Melissa Jacobson

FROM: Andrea Connell

DATE: 9/14/23

☒ **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: OREGON

EFFECTIVE DATE: 9/14/23

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

MODIFICATIONS: None

COMMENTS: None

COMPANY(IES) FILED:

☒ **AMERICAN HOME ASSURANCE COMPANY**

Disposition for AGNY-133792216

Filing at a Glance

State:

Oregon

SERFF Tracking Number:

AGNY-133792216

TOI:

11.1 Med Mal-Occurrence Only

State Tracking Number:

AGNY-133792216

Sub-TOI:

11.1029 Other

Company Tracking Number:

AIG-23-EO-02

Filing Type:

Form

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

American Home Assurance Company

Project Name:

Psychotherapist Endorsement

Destruction Date:**Disposition Date:**

09/14/2023

Effective Date (New):

09/14/2023

Effective Date (Renewal):

09/14/2023

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
E-mail: tashia.sizemore@dcbs.oregon.gov
Telephone: 503-947-7270
Fax: 503-378-4351

Cassie Soucy
Division of Financial Regulation
Insurance Product Regulation and Compliance - Property Casualty
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Telephone: 503-983-3895
Fax: 503-378-4351

Schedule Items

Item Type	Item Name	Item Status	Public Access
Form	148077 (08/23), [No date], Endorsement/Amendment/Conditions, PSYCHOTHERAPIST ENDORSEMENT	Approved	Yes
Supporting Document	Cover Letter or Explanatory Memorandum	Reviewed-No Action	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	Not Applicable to filing	Yes
Supporting Document	Forms Listing	Reviewed-No Action	Yes

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



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		

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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

Effective Date Requested (New): On Approval

Effective Date Requested (Renewal): On Approval

SERFF Tr Num: AGNY-133792216

State Tr Num: AGNY-133792216

Co Tr Num: AIG-23-EO-02

Date Submitted: 08/30/2023

Authors: Andrea Connell

SERFF Status: Closed-Approved

State Status: Review completed

Co Status:

Disposition Date: 09/14/2023

General Information	Form Schedule	Rate/Rule Schedule	Supporting Documentation	State Specific	Companies and Contact	Filing Fees	Filing Correspondence
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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	Approved 09/14/2023	PSYCHOTHERAPIST ENDORSEMENT	148077 (08/23)		END	New			148077 (08-23) Psychotherapist Endorsement.pdf	Date Subm 08/30/2023 By: Andrea

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

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