

## Disposition for AGNY-125823289

[Close](#)

**SERFF Tracking Number:** AGNY-125823289      **State:** New York  
**Filing Company:** National Union Fire Insurance Company of Pittsburgh, Pa.      **State Tracking Number:** R2008004023  
**Company Tracking Number:** AIC-08-EO-06  
**TOI:** 11.0 Medical Malpractice - Claims Made/Occurrence      **Sub-TOI:** 11.0008 Home Care Service Agencies  
**Product Name:** Healthcare Agency Professional Liability Program  
**Project Name:** Healthcare Agency Professional Liability Program

**Disposition Date:** 09/29/2008

**Effective Date (New):**

**Effective Date (Renewal):**

**Status:** Acknowledged

**Comment:**

This is in reference to your letter September 18, 2008, wherein you submitted the captioned filing to this Department for our review.

We noticed that you wish to replace the company Rate page which was approved for the captioned program under the State Tracking Number of R2008001576 with that submitted in this filing because the base rates contained therein were submitted in error.

With this understanding, the corrected Rate Page submitted is hereby acknowledged effective the date of this letter.

### Company Rate Information

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program :	Premium:	Maximum % Change (where required):	Minimum % Change (where required):
National Union Fire Insurance Company of Pittsburgh, Pa.	%	5.900 %	\$ 61030	6	\$ 1035626	5.900 %	5.900 %

### Schedule Items

Item Type	Item Name	Item Status	Public Access
Supporting Document	Audit Provisions/premium Audit Rules		No
Supporting Document	Consent-to-rate requirements		No
Supporting Document	Explanatory Memorandum		No
Supporting Document	Medical Malpractice Review Standards Checklist		No
Supporting Document	Minimum Premium/Return Premium and Minimum Earned Premium		No

Document	Rules	
Supporting Document	Rates and/or Rating Plans	No
Supporting Document	Renewal Discounts - General Liability and Professional Liability	No
Supporting Document	Cover Letter	No
Rate	Rate Page, Rate Page 1-2	No

Close

**NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA.  
HEALTH CARE AGENCY PROFESSIONAL LIABILITY**

**RATE SHEET  
NEW YORK**

<b>I. OCCURRENCE RATES</b>	
Charge per:	
A. Agency	\$100,000/\$300,000 \$877 \$300,000/\$500,000 \$1,034 \$500,000/\$1,000,000 \$1,122 \$1,000,000/\$1,000,000 \$1,280 \$1,000,000/\$3,000,000 \$1,359
<b>B. Full Time Equivalent Employee:</b>	
Home Health Aide	\$57 \$67 \$73 \$83 \$88
Nurse Aide/Sitter/Companion/ Clerical/Administrative	\$54 \$64 \$70 \$80 \$84
Recreational Therapist/Homemaker	
Dietician/Nutritionist	\$88 \$103 \$112 \$128 \$136
LPN/Dental Hygienist/Pharmacy Ass/Lab Tech/BKG-Ultrasound	\$117 \$139 \$150 \$171 \$182
Tech/Medical Tech/Echocardiogram Tech/X-Ray Tech/Radiology Tech/ Certified Medical Asst.	
Nurse/Enterostomal Therapist/ Social Worker/Dialysis Tech	\$145 \$171 \$186 \$212 \$225
Occupational Therapist/Speech Pathologist	\$173 \$204 \$221 \$252 \$267
Pharmacist	
Physical Therapist/Respiratory Therapist/Phtechologist/Clergy/ Nuclear Medicine Tech/Radiation Therapist	\$257 \$304 \$329 \$376 \$399
	\$335 \$396 \$429 \$490 \$519
Psychologist	\$552 \$651 \$706 \$806 \$855
Nurse Practitioner/Physician Asst/Paramedic/EMT	\$723 \$853 \$925 \$1,035 \$1,120
Medical Director	\$197 \$233 \$253 \$288 \$306
<b>C. Non Medical Office Staff (Rates per \$1,000 payroll):</b>	
\$0-\$500,000	\$1.87 \$2.21 \$2.40 \$2.74 \$2.91
\$500,001-\$2,000,000	\$0.93 \$1.10 \$1.19 \$1.36 \$1.44
\$2,000,001-\$7,000,000	\$0.65 \$0.76 \$0.83 \$0.94 \$1.00
\$7,000,001-\$20,000,000	\$0.29 \$0.34 \$0.37 \$0.42 \$0.44
Over \$20,000,000	\$0.15 \$0.17 \$0.19 \$0.22 \$0.23

The above rates are based on the total payroll of the insured's non medical office staff. Each individual payroll layer should be rated separately and added together, in order to determine the total premium. This premium includes the payroll of all non medical office staff.

**II. RATING METHODOLOGY**

- A. Agency Rate-The rate indicated applies to every risk written under this program.
  - B. Employee Rates-The rate indicated for each category is applied to the number of Full Time Equivalent Employees (FTEs) in each category. The number of FTEs is calculated as follows:
    1. FTEs/Hours-The annual number of hours worked by all employees in each category is divided by 2,000. The number obtained is then multiplied by the rate indicated for that category of employee.
    2. FTEs/Payroll-When the number of hours worked is unavailable or invalid, the number of FTEs is determined using payroll information. The total annual payroll for each category is divided by the estimated average payroll for that category. This number is then multiplied by the rate for that category.
- Average Salaries\***
- |                     |          |
|---------------------|----------|
| Nurse (RN)          | \$33,285 |
| Licensed Prnc Nurse | \$28,479 |
| Physical Ther.      | \$46,335 |
| Occupational Ther.  | \$40,504 |
| Speech Therapist    | \$32,775 |
| Social Worker       | \$37,751 |
| Home Health Aide    | \$16,721 |
- \*Salaries are based on Home Health Agency Compensation Survey Report, Washington, DC, National Association of Home Care (NAHC). Salaries used to calculate FTEs will be revised as the report is updated. Average salaries for categories not listed at the left will be estimated by comparing the educational requirements for unlisted categories with those categories listed.
- C. For agencies that use independent contractors, the number of FTEs are calculated as described above. If the independent contractors are not to be covered, individually, 50% of the rate indicated under I.B is charged. If independent contractors are to be covered individually, 100% of the rate indicated is charged.

**HEALTHCARE AGENCY PROFESSIONAL LIABILITY PROGRAM  
NEW YORK**

**III. SURCHARGES, CREDITS AND DEBITS**

**A. Surcharges**

- |  |   |
|--|---|
| 1. Misplacement-                             | A misplacement surcharge of 20% of the developed premium, before credits and debits, will apply to agencies engaged in supplemental staffing.   |
| 2. Registry-                                 | A registry surcharge of 25% of the developed premium, before credits and debits, will apply to agencies that do 50% or more supplemental staffing. This is in addition to the misplacement surcharge. |
| 3. Background Check-                         | A surcharge of 3% to agencies not performing background checks on their employees and independent contractors.  |
| 4. Nursing Homes & Assisted Living Centers - | A surcharge of 10% of the developed premium, before debits and credits, will apply to agencies that do more than 50% staffing of Nursing Home Facilities or Assisted Living Centers.                  |

**B. Credit/Debit**

(Individual underwriting files shall contain the specific objective criteria relative to the risk being rated and document the particular circumstances that support each debit or credit.)

Debit	Nature of Obstruction	Credit
5%	In operation more than 3 years and less than 5 years	
10%	In operation between 1-3 years	
	In operation more than 25 years and less than 35 years	5%
10%	In operation more than 35 years	10%
	Operations include rehabilitation, infusion therapy, respiratory therapy (other than ventilator care or tracheostomy care), or radiation therapy services	
<b>Risk Management</b>		
Debit		Credit
5%	Overall responsibility for Risk Management is NOT designated to one individual within the administrative structure of the organization	
	Overall responsibility for Risk Management IS designated to one individual within the administrative structure of the organization	5%
5%	Company does not conduct patient/client surveys	
5%	Not accredited by JCAHIO or CHAPS nor a member of any industry association	
	JCAHO or CHAPS Accreditation	5%
	State Association Membership	5%
	NAHC Membership	10%
10%	Company does not utilize a formal written Quality Assurance and Risk Management Program	

Once filed and approved in conformity with the NY regulation, the use of the schedule rating plan shall become mandatory, and shall be applied uniformly in a nondiscriminatory manner for all eligible classes of risk.

**THE OVERALL RATE EFFECT OF SCHEDULED RATING ON ANY INDIVIDUAL INSURED SHALL NOT EXCEED +/15%**

**IV. ADDITIONAL INSUREDS**

For each additional insured charge 25% of the developed premium, before debits/credits are applied; maximum \$1,000. Debits/credits are not applicable to Additional Insureds.

**V. MINIMUM PREMIUMS**

Home Health Agency	\$1,000
Hospice	\$500
Pure Registry	\$1,800

**VI. ADDITIONAL LIMITS AND DEDUCTIBLES**

A. Increased Limits Factors		B. Deductible	
		Deductible	Discount
\$1,000,000/\$1,000,000	1.000		
\$2,000,000/\$2,000,000	1.183	\$1,000	1%
\$2,000,000/\$4,000,000	1.372	\$2,500	2.5%
\$3,000,000/\$3,000,000	1.326	\$5,000	5%
\$3,000,000/\$5,000,000	1.486	\$10,000	10%
\$4,000,000/\$4,000,000	1.444	\$25,000	15%
\$4,000,000/\$5,000,000	1.511	\$50,000	25%
\$5,000,000/\$5,000,000	1.550	\$100,000	50%

**VII. CLAIMS MADE CONVERSION FACTORS & EXTENDED REPORTING PERIOD**

I. Claim Made Factors		% of Occurrence Premium
1 year		0.55
2 year		0.79
3 year		0.91
4 year		0.96
5 year		0.98

**II. Extended Reporting Endorsement**

Unlimited Option at 110% of mature claims made rate



**AIG COMMERCIAL INSURANCE**  
**STATE FILINGS DEPARTMENT**  
175 WATER STREET, 17TH FLOOR  
NEW YORK, NEW YORK 10038

Myron Harry  
Filings Analyst

Telephone: (212) 458-7057  
Facsimile: (212) 458-7077  
E-mail: myron.harry@aig.com

September 16, 2008

Honorable Eric R. Dinallo  
Superintendent of Insurance  
State of New York Insurance Department  
25 Beaver Street  
New York, New York 10004-2319

Attention: Mr. Song Hee Hong  
Insurance Examiner  
Property Bureau

**RE: NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA.**  
NAIC #012-19445 FEIN #25-0687550  
Healthcare Agency Professional Liability Program  
Corrected Rate Page  
**Our Filing Number: AIC-08-EO-06**

Dear Mr. Hong:

National Union Fire Insurance Company has on file with your Department its Healthcare Agency Professional Liability Program (the "Program"). Please be advised that we recently received an approval from your office under your State Tracking Number R2008001576, SERFF filing number AGNY-125593174 for this Program.

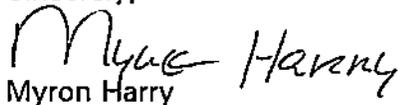
Due to an inadvertent error with the base rates on the approved filing, we wish to replace the Rate Page on file with your Department with the attached corrected Rate Page.

We wish to make this filing effective for all policies August 4, 2008.

We apologize for any inconvenience this may have caused.

Please feel free to contact the undersigned if you have any questions.

Sincerely,

  
Myron Harry

Harry, Myron

---

**From:** McNamara, Peter  
**Sent:** Tuesday, September 09, 2008 9:50 AM  
**To:** Cox, Floreen  
**Cc:** Wadsworth, Margie; Harry, Myron  
**Subject:** FW: Revised NOEF - Filing No. AIC-08-EO-06 - NY

**Attachments:** NEW YORK-HCA-Rate Page-08-28-2008.xls

Myron/Floreen,

Can you please forward the attached rate sheet explaining there was an inadvertent error with the base rates on the rate sheet provided in the last filing? The rate sheet has been corrected to reflect the filed 5.9% increase off of the last approved rate sheet (2003).



NEW  
HCA-Rate Page-08-

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**From:** Wadsworth, Margie  
**Sent:** Wednesday, September 03, 2008 3:38 PM  
**To:** McNamara, Peter  
**Subject:** RE: Revised NOEF - Filing No. AIC-08-EO-06 - NY

Her records showed the same as mine that the 2003 was the last approved rate sheet. I'm sorry. I was out yesterday and things were kind of hectic on the short day Friday.

I meant to ask you to proceed with the new rate sheet revising from the 2003 rates.

*Margie Wadsworth  
Compliance Manager  
AIG Healthcare - Division 97  
AIG Commercial Insurance  
Tel: 212/770-2507  
Fax: 212/809-2030*

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-----Original Message-----

**From:** McNamara, Peter  
**Sent:** Wednesday, September 03, 2008 3:33 PM  
**To:** Wadsworth, Margie  
**Subject:** RE: Revised NOEF - Filing No. AIC-08-EO-06 - NY

Margie,

Have you heard back from Floreen concerning New York? Has this issue been resolved?

---

**From:** Wadsworth, Margie

**Sent:** Thursday, August 28, 2008 9:13 AM  
**To:** Cox, Floreen  
**Cc:** McNamara, Peter; Harry, Myron; Mitchell-Alleyne, Teresa  
**Subject:** FW: Revised NOEF - Filing No. AIC-08-EO-06 - NY

Hi Floreen,

Please see Peter's e-mail below. Would you please check State Filings records to see if we did in fact file the 43% increase prior to this filing and if it was approved? I need to know if your records match mine as I have no approval for that filing. We may have filed the wrong rate sheet. I don't understand though how the state would not have picked up that we were filing for 5% but the rate sheet showed a 43% increase.

I have attached what I show as the last approved rate sheet. You have what was just approved last week.

<< File: hcaNYrates-(Ed.6-03).xls >> (AIC-02-PR-02)

Please let me know.

Thanks.

Margie

*Margie Wadsworth*  
*Compliance Manager*  
*AIG Healthcare - Division 97*  
*AIG Commercial Insurance*  
*Tel.: 212/770-2507*  
*Fax: 212/809-2030*

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-----Original Message-----

**From:** McNamara, Peter  
**Sent:** Wednesday, August 27, 2008 4:26 PM  
**To:** Wadsworth, Margie  
**Subject:** RE: Revised NOEF - Filing No. AIC-08-EO-06 - NY

Margie,

I'm not sure how they didn't catch it since they seem to check every little thing. I'd contact state filings to make sure that the rate filing of 43.75 % was never filed. Assuming it wasn't the rate page we sent in was incorrect.

<< OLE Object: Picture (Metafile) >>

**From:** Wadsworth, Margie  
**Sent:** Wednesday, August 27, 2008 3:12 PM  
**To:** McNamara, Peter  
**Subject:** RE: Revised NOEF - Filing No. AIC-08-EO-06 - NY

I still have a question though. Is this the rate sheet that was approved by the state then? NY doesn't exactly push these things through and we did respond to comments. How come they didn't notice the rate sheet was reflecting a 43% increase instead of 5%?

*Margie Wadsworth*

*Compliance Manager*  
*AIG Healthcare - Division 97*  
*AIG Commercial Insurance*  
*Tel.: 212/770-2507*  
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-----Original Message-----

**From:** McNamara, Peter  
**Sent:** Wednesday, August 27, 2008 3:04 PM  
**To:** Wadsworth, Margie  
**Subject:** RE: Revised NOEF - Filing No. AIC-08-EO-06 - NY

Margie,

After review of my files and emails, the rate sheet of 1,953 appears to be incorrect. The rate sheet incorporates a rate change of 43.75% that was prepared by actuarial ratemaking in 2004. The rate filing was intended to combine the proposed increases from the 2003 filing (25%- which was withdrawn) and the 2004 filing (15%) into one filing with actuarial support based on the examiner's previous objections. According to comments on the status sheet by Carol Elliston, this filing was never submitted because the 2003 filing was never approved. This decision was made without informing actuarial ratemaking. I will update the rate page to show the correct rates. Please let me know if you have any questions.

<< OLE Object: Picture (Metafile) >>

**From:** Wadsworth, Margie  
**Sent:** Monday, August 25, 2008 11:15 AM  
**To:** Costantino, Tina; McNamara, Peter  
**Subject:** FW: Revised NOEF - Filing No. AIC-08-EO-06 - NY  
**Importance:** High

Hi Tina,

Welcome back! ☺ Hope you had a nice week.

I have a small problem. The recently approved rate sheet that you will find on docushare link below appears to have a much greater rate increase than the 5.9% that was proposed and I believe subsequently approved (i.e. Agency rate at \$1M/\$3M is \$1,283 and new Agency rate at \$1M/\$3M is \$1,953). Please let me know if I'm missing something here.

I have attached the rate sheet that I show as last approved in NY. Will you please check your records to determine what might be the problem?

Thanks.

Margie

*Margie Wadsworth*  
*Compliance Manager*

*AIG Healthcare - Division 97  
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-----Original Message-----

**From:** Mitchell-Alleyne, Teresa  
**Sent:** Monday, August 25, 2008 9:37 AM  
**To:** Wadsworth, Margie; BONNEAU, JOCELYN  
**Cc:** Cox, Floreen; Harry, Myron  
**Subject:** FW: Revised NOEF - Filing No. AIC-08-EO-06 - NY

<< OLE Object: Picture (Metafile) >>

We have posted a revised NOEF on DocuShare for the Healthcare Agency PL Program, New York. After a review of our filing, we have determined that changes were only made to Rule III B – Credits/Debits, the Selected Rate Level Change remained at 5.9%. We apologize for any inconvenience this may have caused.

The NOEF can be viewed on DocuShare by clicking the following link:

<http://docushare.aig.com/docushare/dsweb/View/Collection-20750>

*Teresa Mitchell-Alleyne  
Administrative Assistant  
AIG Commercial Insurance  
State Filings Department  
175 Water Street, 17<sup>th</sup> Floor  
New York, NY 10038  
☎ (212) 458-7068 / 📠 (212) 458-7077(Fax)  
<mailto:Teresa.Mitchell-Alleyne2@AIG.com>*

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## **Mitchell-Alleyne, Teresa**

---

**From:** Wadsworth, Margie  
**Sent:** Thursday, August 28, 2008 9:13 AM  
**To:** Cox, Floreen  
**Cc:** McNamara, Peter; Harry, Myron; Mitchell-Alleyne, Teresa  
**Subject:** FW: Revised NOEF - Filing No. AIC-08-EO-06 - NY

**Attachments:** hcaNYrates-(Ed.6-03).xls

Hi Floreen,

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hcaNYrates-(Ed.6-03).xls (42 K...  
(AIC-02-PR-02)

Please let me know.

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Margie

*Margie Wadsworth  
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**From:** McNamara, Peter  
**Sent:** Wednesday, August 27, 2008 4:26 PM  
**To:** Wadsworth, Margie  
**Subject:** RE: Revised NOEF - Filing No. AIC-08-EO-06 - NY

Margie,

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*Margie Wadsworth*  
*Compliance Manager*  
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**From:** McNamara, Peter  
**Sent:** Wednesday, August 27, 2008 3:04 PM  
**To:** Wadsworth, Margie  
**Subject:** RE: Revised NOEF - Filing No. AIC-08-EO-06 - NY

Margie,

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**From:** Wadsworth, Margie  
**Sent:** Monday, August 25, 2008 11:15 AM  
**To:** Costantino, Tina; McNamara, Peter  
**Subject:** FW: Revised NOEF - Filing No. AIC-08-EO-06 - NY  
**Importance:** High

Hi Tina,

Welcome back! ☺ Hope you had a nice week.

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determine what might be the problem?

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*Margie Wadsworth  
Compliance Manager  
AIG Healthcare - Division 97  
AIG Commercial Insurance  
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**From:** Mitchell-Alleyne, Teresa  
**Sent:** Monday, August 25, 2008 9:37 AM  
**To:** Wadsworth, Margie; BONNEAU, JOCELYN  
**Cc:** Cox, Floreen; Harry, Myron  
**Subject:** FW: Revised NOEF - Filing No. AIC-08-EO-06 - NY

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The NOEF can be viewed on DocuShare by clicking the following link:

<http://docushare.aig.com/docushare/dsweb/View/Collection-20750>

*Teresa Mitchell-Alleyne  
Administrative Assistant  
AIG Commercial Insurance  
State Filings Department  
175 Water Street, 17<sup>th</sup> Floor  
New York, NY 10038  
☎ (212) 458-7068 / 📠 (212) 458-7077(Fax)  
<mailto:Teresa.Mitchell-Alleyne2@AIG.com>*

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**NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA.  
HEALTH CARE AGENCY PROFESSIONAL LIABILITY**

Exhibit EXP-10 RATE SHEET  
NEW YORK

**1. OCCURRENCE RATES**

Charge per:	\$100,000/\$300,000	\$300,000/\$900,000	\$900,000/\$500,000	\$1,000,000/\$1,000,000	\$1,000,000/\$3,000,000
A. Agency	\$828	\$977	\$1,060	\$1,209	\$1,283

**B. Full Time Equivalent Employee:**

Home Health Aide	\$54	\$84	\$69	\$79	\$83
Nurse Aide/Sitter/Companion/ Clerical/Administrative/ Behavior Therapist/Homemaker	\$51	\$61	\$66	\$75	\$80
Dietician/Nutritionist	\$83	\$98	\$106	\$121	\$128
LP/Dental Hygienist/Pharmacy Asst/Lab Tech/EKG-Ultrasound	\$111	\$131	\$142	\$162	\$172
Technical Medical Tech/Echocardiogram Tech/X-Ray Tech/Radiology Tech/ Certified Medical Asst.	\$137	\$162	\$175	\$200	\$212
Nurse/Enterstomal Therapist/ Social Worker/Dialysis Tech	\$163	\$192	\$209	\$238	\$253
Occupational Therapist/Speech Pathologist	\$243	\$287	\$311	\$355	\$377
Pharmacist	\$317	\$373	\$405	\$462	\$491
Physical Therapist/Respiratory Therapist/Phlebotomist/Clergy/ Nuclear Medicine Tech/Radiation Therapist	\$521	\$615	\$667	\$761	\$807
Psychologist	\$682	\$805	\$874	\$997	\$1,058
Nurse Practitioner/Physician Asst/Paramedic/EMT Medical Director	\$186	\$220	\$238	\$272	\$289

**C. Non Medical Office Staff (Rates per \$1,000 payroll):**

\$0-\$500,000	\$1.77	\$2.09	\$2.27	\$2.59	\$2.74
\$500,001-\$2,000,000	\$0.88	\$1.04	\$1.13	\$1.29	\$1.36
\$2,000,001-\$7,000,000	\$0.61	\$0.72	\$0.78	\$0.89	\$0.95
\$7,000,001-\$20,000,000	\$0.27	\$0.32	\$0.35	\$0.39	\$0.42
Over \$20,000,000	\$0.14	\$0.17	\$0.18	\$0.20	\$0.22

The above rates are based on the total payroll of the insured's non medical office staff. Each individual payroll layer should be rated separately and added together, in order to determine the total premium. This premium includes the payroll of all non medical office staff.

**II. RATING METHODOLOGY**

**A. Agency Rate-**The rate indicated applies to every risk written under this program.

**B. Employee Rates-**The rate indicated for each category is applied to the number of Full Time Equivalent Employees (FTEs) in each category. The number of FTEs is calculated as follows:

1. FTEs/Hours-The annual number of hours worked by all employees in each category is divided by 2,000. The number obtained is then multiplied by the rate indicated for that category of employee.
2. FTEs/Payroll-When the number of hours worked is unavailable or invalid, the number of FTEs is determined using payroll information. The total annual payroll for each category is divided by the estimated average payroll for that category. This number is then multiplied by the rate for that category.

Average Salaries:\*

III. SURCHARGES, CREDITS AND DEBITS

NEW YORK

A. Surcharges

1. Misplacement-
2. Registry-
3. Background Check-
4. Nursing Homes & Assisted Living Centers -

A misplacement surcharge of 20% of the developed premium, before credits and debits, will apply to agencies engaged in supplemental staffing.  
 A registry surcharge of 25% of the developed premium, before credits and debits, will apply to agencies that do 50% or more supplemental staffing. This is in addition to the misplacement surcharge.  
 A surcharge of 5% to agencies not performing background checks on their employees and independent contractors.  
 A surcharge of 10% of the developed premium, before debits and credits, will apply to agencies that do more than 50% staffing of Nursing Home Facilities or Assisted Living Centers.

B. Credit/Debits

(Individual underwriting files shall contain the specific objective criteria relative to the risk being rated and document the particular circumstances that support each debit or credit.)

<u>Debits</u>	<u>Credit</u>
<p>Nature of Operations</p> <ul style="list-style-type: none"> <li>In operation between 3-5 years</li> <li>In operation between 1-3 years</li> <li>In operation between 1-3 years</li> <li>In operation more than 25 years</li> <li>In operation more than 35 years</li> </ul>	<ul style="list-style-type: none"> <li>5%</li> <li>10%</li> <li>5%</li> <li>10%</li> </ul>
<p>Operations include rehabilitation, kelusion therapy, respiratory therapy (other than ventilator care or tracheotomy care), or radiation therapy services</p>	<ul style="list-style-type: none"> <li>10%</li> </ul>
<p>Risk Management</p> <ul style="list-style-type: none"> <li>Overall responsibility for Risk Management is NOT designated to one individual within the administrative structure of the organization</li> <li>Overall responsibility for Risk Management IS designated to one individual within the administrative structure of the organization</li> <li>Company does not conduct patient/client surveys</li> <li>Not accredited by JCAHO or CHAPS nor a member of any industry association</li> <li>JCAHO or CHAPS Accreditation</li> <li>State Association Membership</li> <li>NAHC Membership</li> <li>Company does not utilize a formal written Quality Assurance and Risk Management Program</li> </ul>	<ul style="list-style-type: none"> <li>5%</li> <li>5%</li> <li>5%</li> <li>5%</li> <li>5%</li> <li>5%</li> <li>10%</li> </ul>

Once filed and approved in conformity with the NY regulation, the use of the schedule rating plan shall become mandatory, and shall be applied uniformly in a nondiscriminatory manner for all eligible classes of risk.

**THE OVERALL RATE EFFECT OF SCHEDULED RATING ON ANY INDIVIDUAL INSURED SHALL NOT EXCEED +/-15%**

IV. ADDITIONAL INSUREDS

For each additional insured charge 25% of the developed premium, before debits/credits are applied; maximum \$1,000. Debits/credits are not applicable to Additional Insureds.

V. MINIMUM PREMIUMS

- Home Health Agency \$1,000
- Hospice \$500
- Pure Registry \$1,800

VI. ADDITIONAL LIMITS AND DEDUCTIBLES

<u>A. Increased Limits Factors</u>	<u>1,000</u>	<u>1,183</u>	<u>1,372</u>	<u>1,326</u>	<u>1,486</u>	<u>1,444</u>	<u>1,511</u>	<u>1,550</u>
\$1,000,000/\$1,000,000								
\$2,000,000/\$2,000,000								
\$2,000,000/\$4,000,000								
\$3,000,000/\$3,000,000								
\$3,000,000/\$5,000,000								
\$4,000,000/\$4,000,000								
\$4,000,000/\$5,000,000								
\$5,000,000/\$5,000,000								

VII. CLAIMS MADE CONVERSION FACTORS & EXTENDED REPORTING PERIOD

<u>I. Claims Made Factors</u>	<u>1 year</u>	<u>2 year</u>	<u>3 year</u>	<u>4 year</u>	<u>5 year</u>
	0.55	0.79	0.91	0.86	0.88

<u>II. Occurrence Premium % of Occurrence Premium</u>	<u>1%</u>	<u>2.5%</u>	<u>5%</u>	<u>10%</u>	<u>15%</u>	<u>35%</u>	<u>50%</u>

II. Extended Reporting Endorsement  
 Unrated Option at 110% of mature claims made rate

Nurse (RN)	\$33,285
Licensed Prac Nurse	\$28,479
Physical Ther.	\$46,335
Occupational Ther.	\$40,504
Speech Therapist	\$32,775
Social Worker	\$37,751
Home Health Aide	\$16,721

\*Salaries are based on Home Health Agency Compensation Survey Report, Washington, DC, National Association of Home Care (NAHC). Salaries used to calculate FTE's will be revised as the report is updated. Average salaries for categories not listed at the left will be estimated by comparing the educational requirements for unlisted categories with those categories listed.

C. For agencies that use independent contractors, the number of FTE's are calculated as described above. If the independent contractors are not to be covered, Individually, 50% of the rate indicated under I.B is charged. If independent contractors are to be covered Individually, 100% of the rate indicated is charged.

Rev. 6/2003

**Mitchell-Alleyne, Teresa**

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**From:** Mitchell-Alleyne, Teresa  
**Sent:** Monday, August 25, 2008 9:37 AM  
**To:** Wadsworth, Margie; BONNEAU, JOCELYN  
**Cc:** Cox, Floreen; Harry, Myron  
**Subject:** FW: Revised NOEF - Filing No. AIC-08-EO-06 - NY

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We have posted a revised NOEF on DocuShare for the Healthcare Agency PL Program, New York. After a review of our filing, we have determined that changes were only made to Rule III B – Credits/Debits, the Selected Rate Level Change remained at 5.9%. We apologize for any inconvenience this may have caused.

The NOEF can be viewed on DocuShare by clicking the following link:

<http://docushare.aig.com/docushare/dsweb/View/Collection-20750>

*Teresa Mitchell-Alleyne*  
Administrative Assistant  
AIG Commercial Insurance  
State Filings Department  
175 Water Street, 17<sup>th</sup> Floor  
New York, NY 10038  
☎ (212) 458-7068 / 📠 (212) 458-7077(Fax)  
<mailto:Teresa.Mitchell-Alleyne2@AIG.com>

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8/25/2008

We have posted a revised NOEF on DocuShare for the Healthcare Agency PL Program, New York. After a review of our filing, we have determined that changes were only made to Rule III B – Credits/Debits, the Selected Rate Level Change remained at 5.9%. We apologize for any inconvenience this may have caused.

The NOEF can be viewed on DocuShare by clicking the following link:

NOTICE OF EFFECTIVE FILING

TO: Margie Wadsworth  
Jocelyn Bonneau  
DATE: August 20, 2008  
FROM: Myron Harry  
PHONE: (212) 458-7057

PROGRAM: HEALTHCARE AGENCY PROFESSIONAL LIABILITY PROGRAM

CONTENTS: Rate Page  
STATE: NEW YORK  
EFFECTIVE DATE: August 4, 2008  
MODIFICATIONS: None  
COMMENTS: Rate Change of + 5.9%

COMPANY(IES) EFFECTIVE:

- AIU INSURANCE COMPANY
- AMERICAN HOME ASSURANCE COMPANY
- AMERICAN INTERNATIONAL SOUTH INSURANCE COMPANY
- AIG CASUALTY COMPANY
- COMMERCE AND INDUSTRY INSURANCE COMPANY
- GRANITE STATE INSURANCE COMPANY
- ILLINOIS NATIONAL INSURANCE CO.
- NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA.
- NEW HAMPSHIRE INSURANCE COMPANY
- THE INSURANCE COMPANY OF THE STATE OF PENNSYLVANIA

FILING NUMBER: AIC-08-EO-06  
SERFF TRACKING NUMBER: AGNY-125593174

NOTICE OF EFFECTIVE FILING

TO: Margie Wadsworth  
Jocelyn Bonneau  
DATE: August 20, 2008  
FROM: Myron Harry  
PHONE: (212) 458-7057

REVISED 8/21/08

PROGRAM: HEALTHCARE AGENCY PROFESSIONAL LIABILITY PROGRAM

CONTENTS: Rate Page  
STATE: NEW YORK  
EFFECTIVE DATE: August 4, 2008  
MODIFICATIONS: None  
COMMENTS: Rate Change of +5.9%

COMPANY(IES) EFFECTIVE:

- AIU INSURANCE COMPANY
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- ILLINOIS NATIONAL INSURANCE CO.
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- NEW HAMPSHIRE INSURANCE COMPANY
- THE INSURANCE COMPANY OF THE STATE OF PENNSYLVANIA

FILING NUMBER: AIC-08-EO-06  
SERFF TRACKING NUMBER: AGNY-125593174

**NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA.  
HEALTH CARE AGENCY PROFESSIONAL LIABILITY**

**RATE SHEET  
NEW YORK**

<b>I. OCCURRENCE RATES</b>		\$100,000/\$100,000	\$100,000/\$100,000	\$100,000/\$100,000	\$1,000,000/\$1,000,000	\$1,000,000/\$3,000,000
Change per:		\$1,260	\$1,487	\$1,615	\$1,841	\$1,953
A. Agency						
<b>B. Full Time Equivalent Employees:</b>						
Home Health Aide	\$82	\$97	\$105	\$120	\$127	
Nurse Aide/Sitter/Companion	\$78	\$92	\$100	\$114	\$121	
Chemical/Administrative						
Behavioral Therapist/Homemaker						
Dietician/Nutritionist	\$125	\$149	\$161	\$184	\$195	
LPN/Dental Hygienist/Pharmacy	\$169	\$199	\$216	\$246	\$262	
Asst/Lab Tech/EKG-Ultrasound						
Tech/Medical Tech/Echocardiogram						
Tech/X-Ray Tech/Radiology Tech/Certified Medical Asst.						
Nurse/Endocrinologist/Therapist/Social Worker/Dialysis Tech	\$208	\$246	\$267	\$304	\$323	
Occupational Therapist/Speech Pathologist	\$248	\$293	\$317	\$362	\$384	
Pharmacist	\$370	\$437	\$474	\$540	\$573	
Physical Therapist/Respiratory Therapist/Phlebotomist/Clerk/Nuclear Medicine Tech/Radiation Therapist	\$482	\$569	\$617	\$704	\$747	
Psychologist	\$793	\$936	\$1,015	\$1,158	\$1,229	
Nurse Practitioner/Physician Asst/Paramedic/EMT	\$1,039	\$1,226	\$1,330	\$1,517	\$1,610	
Medical Director	\$284	\$335	\$363	\$414	\$440	
<b>C. Non Medical Office Staff (Rates per \$1,000 payroll):</b>						
\$0-\$500,000	\$1.87	\$2.21	\$2.40	\$2.74	\$2.91	
\$500,001-\$2,000,000	\$0.93	\$1.10	\$1.19	\$1.36	\$1.46	
\$2,000,001-\$7,000,000	\$0.65	\$0.76	\$0.83	\$0.94	\$1.00	
\$7,000,001-\$20,000,000	\$0.29	\$0.34	\$0.37	\$0.42	\$0.44	
Over \$20,000,000	\$0.15	\$0.17	\$0.19	\$0.22	\$0.23	

The above rates are based on the total payroll of the insured's non medical office staff. Each individual payroll layer should be rated separately and added together, in order to determine the total premium. This premium includes the payroll of all non medical office staff.

**II. RATING METHODOLOGY**

- A. Agency Rate-The rate indicated applies to every risk written under this program.
  - B. Employee Rate-The rate indicated for each category is applied to the number of Full Time Equivalent Employees (FTEs) in each category. The number of FTEs is calculated as follows:
    1. FTEs/Hours-The annual number of hours worked by all employees in each category is divided by 2,000. The number obtained is then multiplied by the rate indicated for that category of employee.
    2. FTEs/Payroll-When the number of hours worked is unavailable or invalid, the number of FTEs is determined using payroll information. The total annual payroll for each category is divided by the estimated average payroll for that category. This number is then multiplied by the rate for that category.
- Average Salaries\***
- |                          |          |
|--------------------------|----------|
| Nurse (RN)               | \$33,285 |
| Licensed Practical Nurse | \$28,479 |
| Physical Therapist       | \$46,335 |
| Occupational Therapist   | \$40,504 |
| Speech Therapist         | \$32,775 |
| Social Worker            | \$37,751 |
| Home Health Aide         | \$16,721 |
- \*Salaries are based on Home Health Agency Compensation Survey Report, Washington, DC, National Association of Home Care (NAHC). Salaries used to calculate FTEs will be revised as the report is updated. Average salaries for categories not listed at the left will be estimated by comparing the educational requirements for unlisted categories with those categories listed.
- C. For agencies that use independent contractors, the number of FTEs are calculated as described above. If the independent contractors are not to be covered, individually, 50% of the rate indicated under 1B is charged. If independent contractors are to be covered individually, 100% of the rate indicated is charged.

**HEALTHCARE AGENCY PROFESSIONAL LIABILITY PROGRAM  
NEW YORK**

**III. SURCHARGES, CREDITS AND DEBITS**

**A. Surcharges**

- 1. Malplacement-
- 2. Registry-
- 3. Background Check-
- 4. Nursing Homes & Assisted Living Centers -

A malplacement surcharge of 20% of the developed premium, before credits and debits, will apply to agencies engaged in supplemental staffing.  
 A registry surcharge of 25% of the developed premium, before credits and debits, will apply to agencies that do 50% or more supplemental staffing. This is in addition to the malplacement surcharge.  
 A surcharge of 5% to agencies not performing background checks on their employees and independent contractors.  
 A surcharge of 10% of the developed premium, before debits and credits, will apply to agencies that do more than 50% staffing of Nursing Home Facilities or Assisted Living Centers.

**B. Credits/Debits**

(Individual underwriting files shall contain the specific objective criteria relative to the risk being rated and document the particular circumstances that support each debit or credit.)

\*To be used on a mandatory basis for all risks that generate at least \$2500 in basic limits premium.

Debit	Nature of Operations	Credit
5%	In operation more than 3 years and less than 5 years	
10%	In operation between 1-3 years	
	In operation more than 25 years and less than 35 years	5%
	In operation more than 35 years	10%
10%	Operations include rehabilitation, infusion therapy, respiratory therapy (other than ventilator care or tracheotomy care), or radiation therapy services	
	<b>Risk Management</b>	<b>Credit</b>
Debit	Overall responsibility for Risk Management is NOT designated to one individual within the administrative structure of the organization	
5%	Overall responsibility for Risk Management IS designated to one individual within the administrative structure of the organization	5%
5%	Company does not conduct patient/client surveys	
5%	Not accredited by JCAHO or CHAPS or a member of any industry association	
	JCAHO or CHAPS Accreditation	5%
	State Association Membership	5%
	NAHC Membership	10%
10%	Company does not utilize a formal written Quality Assurance and Risk Management Program	

Once filed and approved in conformity with the NY regulation, the use of the schedule rating plan shall become mandatory, and shall be applied uniformly in a non-discriminatory manner for all eligible classes of risk.

**THE OVERALL RATE EFFECT OF SCHEDULED RATING ON ANY INDIVIDUAL INSURED SHALL NOT EXCEED +/-15%**

**IV. ADDITIONAL INSURED**

For each additional insured charge 25% of the developed premium, before debits/credits are applied; maximum \$1,000. Debits/credits are not applicable to Additional Insureds.

**V. MINIMUM PREMIUMS**

Home Health Agency	\$1,000
Hospice	\$500
Pure Registry	\$1,800

**VI. ADDITIONAL LIMITS AND DEDUCTIBLES**

**A. Increased Limits Factors**

\$1,000,000/\$1,000,000	1.000
\$2,000,000/\$2,000,000	1.183
\$2,000,000/\$4,000,000	1.272
\$3,000,000/\$3,000,000	1.326
\$3,000,000/\$5,000,000	1.486
\$4,000,000/\$4,000,000	1.444
\$4,000,000/\$5,000,000	1.511
\$5,000,000/\$5,000,000	1.550

B. Defensible Deductible	Discount
\$1,000	1%
\$2,500	2.5%
\$5,000	5%
\$10,000	10%
\$25,000	15%
\$50,000	25%
\$100,000	50%

**VII. CLAIMS MADE CONVERSION FACTORS & EXTENDED REPORTING PERIOD**

**I. Claims Made Factors**

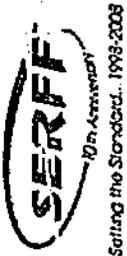
Year	% of Occurrence Premium
1 year	55%
2 year	79%
3 year	91%
4 year	96%
5 year	98%

**II. Extended Reporting Endorsement**

Unlimited Option at 110% of mature claims made rate

**III. Extended Reporting Period Endorsement**

One Year Option at 55% of mature claims made rate  
 Two Year Option at 85% of mature claims made rate  
 Three Year Option at 100% of mature claims made rate  
 Unlimited Option at 110% of mature claims made rate



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## New York

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**Product Name:** \* Healthcare Agency Professional Liability Program

**TOI:** 11.0 Medical Malpractice - Claims Made/Occurrence

**Sub-TOI:** 11.0008 Home Care Service Agencies

**Filing Type:** Rate

**Effective Date Requested (New):** 05/10/2008

**SERFF Tr Num:** AGNY-125593174

**State Tr Num:** R2008001576

**Co Tr Num:** AIC-08-EO-06

**Date Submitted:** 04/03/2008

**Effective Date Requested (Renewal):** 05/10/2008

**SERFF Status:** Closed-Approved

**State Status:** Closed

**Co Status:**

**Disposition Date:** 08/04/2008

**Authors:** Myron Harry

General Information	Form Schedule	Rate/Rule Schedule	Supporting Documentation	State Specific	Companies and Contact	Filing Fees	Filing Correspondence
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**Add Rate Data?** Yes

**Filing Method:**

**Rate Change Type:**

**Overall Percentage of Last Rate Revision:**

**Effective Date of Last Rate Revision:**

**Filing Method of Last Filing:**

Increase  
%  
08/06/2003

### Company Rate Information

Company Name:	Overall % Indicated	Overall % Rate	Written Premium	# of Policy Holders Affected	Premium:	Maximum % Change (where)	Minimum % Change (where)
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Change:	Impact:	Change for this Program:	for this Program:	required):	required):
National Union Fire Insurance Company of Pittsburgh, Pa.	5.900 %	\$ 61,030	6	\$ 1,035,626	5.900 %
<b>Property &amp; Casualty - Rate/Rule Schedule</b> Schedule Item   Exhibit Name: *   Rule# or Page #:   Rate Action: *   Previous State Filing Number:   Attach Document:					
Rate Page	Rate Page 1-2	Replacement			<a href="#">5-08 Rate Sheet - Revised.pdf</a>
<i>Previous Version</i>	Rate Page 1-2	Replacement			<a href="#">4-08 NY Rate Sheet.pdf</a>

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<b>Product Name:</b> * UtilitySure Program - 15164028872017002	<b>SERFF Tr Num:</b> AGNY-125676263	<b>SERFF Status:</b> Closed-Filed
<b>TOI:</b> 05.0 Commercial Multi-Peril - Liability & Non-Liability	<b>State Tr Num:</b>	<b>State Status:</b> Filed
<b>Sub-TOI:</b> 05.0000 CMP Sub-TOI Combinations	<b>Co Tr Num:</b> AIC-08-MP-05	<b>Co Status:</b>
<b>Filing Type:</b> Form	<b>Date Submitted:</b> 06/04/2008	<b>Disposition Date:</b> 06/16/2008
<b>Effective Date Requested (New):</b> 07/15/2008	<b>Effective Date Requested (Renewal):</b> 07/15/2008	<b>Authors:</b> Myron Harry

General Information	Form Schedule	Rate/Rule Schedule	Supporting Documentation	State Specific	Companies and Contact
<a href="#">Filing Fees</a>	<a href="#">Filing Correspondence</a>				

<b>Project Name:</b> UtilitySure Program	<b>Project Number:</b> AIC-08-MP-05
<b>Status of Filing in Domicile:</b> Not Filed	
<b>Domicile Status Comments:</b>	
<b>Filing Status Changed:</b> 06/16/2008	<b>State Status Changed:</b> 06/16/2008
<b>Company Status Changed:</b>	<b>Deemer Date:</b>
<b>Reference Organization:</b>	<b>Reference Number:</b>
<b>Reference Title:</b>	<b>Advisory Org. Circular:</b>
<b>Assigned To:</b> Craig Devitt (primary)	
<b>Created By:</b> Myron Harry	<b>Submitted By:</b> Myron Harry
<b>Corresponding Filing Tracking Number:</b>	
<b>Description:</b> The referenced companies (the "Companies") submit for your review and approval their UtilitySure Program (the "Program"). Coverage for this Program is provided by (1) ISO	

Harry, Myron

---

**To:** McNamara, Peter  
**Subject:** FW: Healthcare Agency PL Program - NY AIC-08-EO-06  
**Attachments:** 5-20-08 NY Comment Letter.pdf

Hi Peter,

Sorry, I forgot to CC you on the attached comment letter from the New York DOI re the Healthcare Agency PL Program.

Myron

---

**From:** Harry, Myron  
**Sent:** Tuesday, May 20, 2008 12:31 PM  
**To:** Wadsworth, Margie  
**Cc:** Cox, Floreen  
**Subject:** Healthcare Agency PL Program - NY AIC-08-EO-06

Hi Margie,

Attached is a comment letter from the New York DOI re the Healthcare Agency PL filing. Could you please address and advise. Also, do you have a copy of the approved manual pages? Let me know if we need to request the prior filing from archive to obtain the manual pages.

**Please note that a response is due by June 19, 2008.**

**Myron Harry**  
*Filings Analyst*  
*AIG Commercial Insurance*  
*State Filings Department*  
*175 Water Street, 17<sup>th</sup> Floor*  
☎ (212) 458-7057 / 📠 (212) 458-7077  
<mailto:myron.harry@aig.com>

Please visit our Website at:  
<http://www.aig.com>

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5/21/2008

Harry, Myron

---

To: Mitchell-Alleyne, Teresa

Subject: Healthcare Agency PL Program - AIC-02-PR-02

Hi Teresa,

Could you please request the following file from Iron Mountain:

Healthcare Agency PL Program - AIC-02-PR-02 - New York

Charge Codes: 0183-0000-0750

Thanks.

**Myron Harry**  
Filings Analyst  
AIG Commercial Insurance  
State Filings Department  
175 Water Street, 17<sup>th</sup> Floor  
☎ (212) 458-7057 / 📠 (212) 458-7077  
<mailto:myron.harry@aig.com>

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5/20/2008

**Harry, Myron**

---

**To:** Wadsworth, Margie  
**Subject:** RE: Healthcare Agency PL Program - NY AIC-08-EO-06

Margie,

Rates effective as of August 6, 2003 was noted on Form 129-B and on the Rate/Rule Schedule. Also, on the Filing Request Form referenced is made to AIC-02-PR-02. I have located the state' filing number for the August 6, effective date, I will request the file from archive to check for the manual pages.

---

**From:** Wadsworth, Margie  
**Sent:** Tuesday, May 20, 2008 2:55 PM  
**To:** Harry, Myron  
**Subject:** RE: Healthcare Agency PL Program - NY AIC-08-EO-06

What filings did we reference in the submission? I just want to make sure I send you the right one. I can tell you though that I would be surprised if I have the state's Department file number anywhere as we are never given copies of the states approval letter. We only receive the NOEF.

I'll check.

*Margie Wadsworth*  
*Compliance Manager*  
*AIG Healthcare - Division 97*  
*Tel: 212/770-2507*  
*Fax: 212/809-2030*

-----Original Message-----

**From:** Harry, Myron  
**Sent:** Tuesday, May 20, 2008 12:31 PM  
**To:** Wadsworth, Margie  
**Cc:** Cox, Floreen  
**Subject:** Healthcare Agency PL Program - NY AIC-08-EO-06

Hi Margie,

Attached is a comment letter from the New York DOI re the Healthcare Agency PL filing. Could you please address and advise. Also, do you have a copy of the approved manual pages? Let me know if we need to request the prior filing from archive to obtain the manual pages.

**Please note that a response is due by June 19, 2008.**

**Myron Harry**  
*Filings Analyst*  
*AIG Commercial Insurance*  
*State Filings Department*  
*175 Water Street, 17<sup>th</sup> Floor*  
*☎ (212) 458-7057 / 📠 (212) 458-7077*  
<mailto:myron.harry@aig.com>

Please visit our Website at:  
<http://www.aig.com>

**IMPORTANT NOTICE:**

5/20/2008



STATE OF NEW YORK  
INSURANCE DEPARTMENT  
25 BEAVER STREET  
NEW YORK, NEW YORK 10004

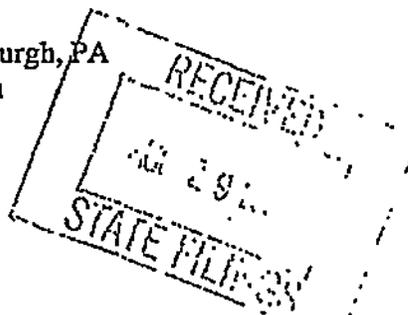
George E. Pataki  
Governor

Gregory V. Serlo  
Superintendent

August 6, 2003

Ms. Carol Elliston  
American International Companies  
DBG Legal Services/State Filings Department  
175 Water Street, 17th Floor  
New York, NY 10038

Re: National Union Fire Insurance Company of Pittsburgh, PA  
Healthcare Agency Professional Liability Program  
Revised Rates filing  
Insurer File #: AIC-02-PR-02  
Department File #R2003003381



Dear Ms. Elliston:

This is in reference to your letters dated June 12, 2003 and July 23, 2003 submitting the captioned filing for approval.

The revised rates are hereby acknowledged effective as of the date of this letter.

Very truly yours,

*Rosemarie Esposito*

Rosemarie Esposito  
Senior Insurance Examiner  
Property Insurance Bureau

### RATE/RULE FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes rate-related items such as Rate; Rule; Rate & Rule; Reference; Loss Cost; Loss Cost & Rule or Rate, etc.)

(Do not refer to the body of the filing for the component/exhibit listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #	AIC-08-EO-06
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2.	This filing corresponds to form filing number (Company tracking number of form filing, if applicable)	
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Rate Increase     
  Rate Decrease     
  Rate Neutral (0%)

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

4a.	Rate Change by Company (As Proposed)
-----	--------------------------------------

Company Name	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change (where required)	Minimum % Change (where required)
National Union Fire Insurance Company of Pittsburgh, Pa.	5.9%	\$61,030	6	\$1,035,626	5.9%	5.9%

4b.	Rate Change by Company (As Accepted) For State Use Only
-----	---

Company Name	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change	Minimum % Change

Overall Rate Information (Complete for Multiple Company Filings only)			
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		COMPANY USE	STATE USE
5a.	Overall percentage rate impact for this filing		
5b.	Effect of Rate Filing – Written premium change for this program		
5c.	Effect of Rate Filing – Number of policyholders affected		

6.	Overall percentage of last rate revision	14.5%
----	--	-------

7.	Effective Date of last rate revision	08/06/03
----	--------------------------------------	----------

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

9.	Rule # or Page # Submitted for Review	Replacement or Withdrawn?	Previous state filing number, if required by state
01	Rate Sheet – 2 pages	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
02		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
03		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	

**Harry, Myron**

---

**To:** Cox, Floreen  
**Subject:** RE: Health Care Agency - New York Rate Filing - 3 Year Requirement

Hi Floreen,

I am putting the filing package together today for sign-off - will file on my return on Tuesday.

Myron

-----Original Message-----

**From:** Cox, Floreen  
**Sent:** Thursday, March 27, 2008 4:03 PM  
**To:** Harry, Myron  
**Subject:** FW: Health Care Agency - New York Rate Filing - 3 Year Requirement  
**Importance:** High

Myron, let me know how soon you can get this out.

-----Original Message-----

**From:** Wadsworth, Margie  
**Sent:** Thursday, March 27, 2008 4:00 PM  
**To:** Cox, Floreen  
**Cc:** McNamara, Peter; Bernstein, Mike @HealthCare  
**Subject:** RE: Health Care Agency - New York Rate Filing - 3 Year Requirement  
**Importance:** High

Hi Floreen,

Attached is the signed Filing Request Form and the NY RT-3 required for the filing.

Please have this submitted as soon as reasonably possible.

Thanks.

Margie

<< File: DOC080327.pdf >> << File: hcaNY-ExhRT-3-(3-08).doc >>

Margie Wadsworth  
Compliance Manager  
AIG Healthcare - Division 97  
Tel.: 212/770-2507  
Fax: 212/809-2030

-----Original Message-----

**From:** McNamara, Peter  
**Sent:** Wednesday, March 26, 2008 11:56 AM  
**To:** Cox, Floreen  
**Cc:** Wadsworth, Margie  
**Subject:** FW: Health Care Agency - New York Rate Filing - 3 Year Requirement

Floreen,

Attached are the actuarial exhibits and state forms in support of the above captioned program. Per below, the filing request form will be provided by Margie Wadsworth. The filing supports a base rate increase of 5.9% to all classes. Please let me know if you need anything else.

Harry, Myron

From: Cox, Floreen  
Sent: Wednesday, March 26, 2008 12:26 PM  
To: Harry, Myron  
Cc: Caraballo, Angela  
Subject: FW: Health Care Agency - New York Rate Filing - 3 Year Requirement

*Angela, could you please create a folder for this NY filing & print file  
thanks!  
Myron*



NYS-Healthcare Agency Profess...



New York Rate Filing Sequence...



NEW



NEW



VY129-B.xls (49 KB)



NY-EXHIBITS.xls (277 KB)

Myron, I am assigning this Health Care Agency rate filing for New York to you. The filing no. is AIC-08-EO-06.. We do not have the FRF but yet but in the meantime you can go ahead and start preparing the packet for sign-off based on the actuarial documents attached.

Going forward, could you maintain a list of all your NY rate filings. These have to be monitored and every three years we need to review our rates and notify the DOI if we wish to continue using the current rates or file a revision.

Angela, please update my report.

Thanks.

Floreen Cox, Director  
DBG Legal Services/State Filings Department  
American International Companies®  
175 Water Street, 17th Fl.  
New York, NY 10038  
Ph: (212) 458-7055, Fax: (212) 458-7077  
floreen.cox@aig.com

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-----Original Message-----

From: McNamara, Peter  
Sent: Wednesday, March 26, 2008 11:56 AM  
To: Cox, Floreen  
Cc: Wadsworth, Margie  
Subject: FW: Health Care Agency - New York Rate Filing - 3 Year Requirement

Floreen,

Attached are the actuarial exhibits and state forms in support of the above captioned program. Per below, the filing request form will be provided by Margie Wadsworth. The filing supports a base rate increase of 5.9% to all classes. Please let me know if you need anything else.

-----Original Message-----

From: Wadsworth, Margie  
Sent: Friday, February 29, 2008 10:53 AM  
To: McNamara, Peter  
Cc: Bernstein, Mike @HealthCare; Scholtisek, Brian; Zhang, Brian  
Subject: FW: Health Care Agency - New York Rate Filing - 3 Year Requirement

Hi Peter,

Please proceed with the 6.3% filing. I'll send you a filing request form shortly. If you can't start without it, I'll send it next week when I get back from my audit.

Thanks.

Margie Wadsworth  
Compliance Manager  
AIG Healthcare - Division 97  
Tel.: 212/770-2507  
Fax: 212/809-2030

-----Original Message-----

From: Bernstein, Mike @HealthCare  
Sent: Friday, February 29, 2008 10:27 AM  
To: Wadsworth, Margie; Scholtisek, Brian; Zhang, Brian  
Subject: Re: Health Care Agency - New York Rate Filing - 3 Year Requirement

Please have him prepare the ffiling for the 6.3%. Thank you.

-----  
Sent from my BlackBerry Wireless Handheld

----- Original Message -----

From: Wadsworth, Margie  
To: Scholtisek, Brian; Bernstein, Mike @HealthCare; Zhang, Brian  
Sent: Fri Feb 29 10:02:00 2008  
Subject: FW: Health Care Agency - New York Rate Filing - 3 Year Requirement

Here's Peter's response as to what can be supported in New York for HHA. Please advise me how you wish to proceed.

Margie Wadsworth  
Compliance Manager  
AIG Healthcare - Division 97  
Tel.: 212/770-2507  
Fax: 212/809-2030

-----Original Message-----

From: McNamara, Peter  
Sent: Thursday, February 28, 2008 5:05 PM  
To: Wadsworth, Margie  
Subject: RE: Health Care Agency - New York Rate Filing - 3 Year Requirement

Margie,

It appears that the highest rate level increase that can be supported is 6.3%. Please let me know how you would like to proceed.

-----Original Message-----

From: Wadsworth, Margie  
Sent: Thursday, February 28, 2008 10:21 AM  
To: Zhang, Brian  
Cc: McNamara, Peter  
Subject: FW: Health Care Agency - New York Rate Filing - 3 Year Requirement

Hi Brian,

Per our brief discussion, please respond to Peter's request.

Thanks.

Margie Wadsworth  
Compliance Manager  
AIG Healthcare - Division 97  
Tel.: 212/770-2507  
Fax: 212/809-2030

-----Original Message-----

From: McNamara, Peter  
Sent: Wednesday, February 27, 2008 11:58 AM  
To: Wadsworth, Margie  
Subject: FW: Health Care Agency - New York Rate Filing - 3 Year Requirement

Margie,

I'm beginning to look into the rate change that can be supported in New York and I need to know how policy limit breakdown. I believe the last time we filed this program almost all of the policies were being written at a 1M limit. Can you find out from the underwriter if this still is the case? If not can he provide an approximate distribution of policies by limit? Thanks.

-----Original Message-----

From: Costantino, Tina  
Sent: Monday, January 28, 2008 12:57 PM  
To: McNamara, Peter  
Subject: FW: Health Care Agency - New York Rate Filing - 3 Year Requirement

when you have time, can you please see what you think can be supported in NY for below?

-----Original Message-----

From: Wadsworth, Margie

Sent: Monday, January 28, 2008 12:30 PM

To: Costantino, Tina

Cc: Scholtisek, Brian; Bernstein, Mike @HealthCare

Subject: Health Care Agency - New York Rate Filing - 3 Year Requirement

Hi Tina,

Brian asked if we could explore the possibility of a rate increase in New York for the Home Health Care Agency program. The last time we filed and the state closed their file on us was January, 2005. We're due according to the 3 year rule. If you could let us know at some point if there's any chance we could justify an increase, we'd appreciate it.

We are completely aware of your year end workload so when you have a chance.

Thanks.

Margie

Margie Wadsworth

Compliance Manager

AIG Healthcare - Division 97

Tel.: 212/770-2507

Fax: 212/809-2030

### RATE/RULE FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes rate-related items such as Rate; Rule; Rate & Rule; Reference; Loss Cost; Loss Cost & Rule or Rate, etc.)

(Do not refer to the body of the filing for the component/exhibit listing, unless allowed by state.)

<b>1.</b>	This filing transmittal is part of Company Tracking #	
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<b>2.</b>	This filing corresponds to form filing number (Company tracking number of form filing, if applicable)	
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Rate Increase     
  Rate Decrease     
  Rate Neutral (0%)

<b>3.</b>	Filing Method (Prior Approval, File & Use, Flex Band, etc.)	
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<b>4a.</b>	<b>Rate Change by Company (As Proposed)</b>
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Company Name	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change (where required)	Minimum % Change (where required)
National Union Fire Insurance Company of Pittsburgh, Pa.	5.9%	\$61,030	6	\$1,035,626	5.9%	5.9%

<b>4b.</b>	<b>Rate Change by Company (As Accepted) For State Use Only</b>
------------	--

Company Name	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change	Minimum % Change

<b>Overall Rate Information (Complete for Multiple Company Filings only)</b>			
--	--	--	--

		COMPANY USE	STATE USE
<b>5a.</b>	Overall percentage rate impact for this filing		
<b>5b.</b>	Effect of Rate Filing – Written premium change for this program		
<b>5c.</b>	Effect of Rate Filing – Number of policyholders affected		

<b>6.</b>	Overall percentage of last rate revision	14.5%
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<b>7.</b>	Effective Date of last rate revision	08/06/03
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<b>8.</b>	Filing Method of Last filing (Prior Approval, File & Use, Flex Band, etc.)	
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9.	Rule # or Page # Submitted for Review	Replacement or Withdrawn?	Previous state filing number, if required by state
01		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
02		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
03		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	

Harry, Myron

---

**To:** Wadsworth, Margie  
**Cc:** Cox, Floreen  
**Subject:** Healthcare Agency PL Program - NY AIC-08-EO-06  
**Attachments:** 5-20-08 NY Comment Letter.pdf

Hi Margie,

Attached is a comment letter from the New York DOI re the Healthcare Agency PL filing. Could you please address and advise. Also, do you have a copy of the approved manual pages? Let me know if we need to request the prior filing from archive to obtain the manual pages.

**Please note that a response is due by June 19, 2008.**

**Myron Harry**  
*Filings Analyst*  
*AIG Commercial Insurance*  
*State Filings Department*  
*175 Water Street, 17<sup>th</sup> Floor*  
☎ (212) 458-7057 / 📠 (212) 458-7077  
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5/20/2008

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## Objection Letter for AGNY-125593174

<b>SERFF Tracking Number:</b>	AGNY-125593174	<b>State:</b>	New York
<b>Filing Company:</b>	National Union Fire Insurance Company of Pittsburgh, Pa.	<b>State Tracking Number:</b>	R2008001576
<b>Company Tracking Number:</b>	AIC-08-EO-06		
<b>TOI:</b>	11.0 Medical Malpractice - Claims Made/Occurrence	<b>Sub-TOI:</b>	11.0008 Home Care Service Agencies
<b>Product Name:</b>	Healthcare Agency Professional Liability Program		
<b>Project Name:</b>	Healthcare Agency Professional Liability Program		
<b>Objection Letter Status</b>	Pending		
<b>Objection Letter Date</b>	05/20/2008		
<b>Respond By Date</b>			
<b>Submitted Date</b>	05/20/2008 08:56 AM		

Dear Myron Harry,

This refers to your letter dated April 3, 2008 submitting the captioned filing to this Department for our review.

Based on our review of the filing, we have the following comments and/or questions:

1. Please advise us when the manual pages were approved for use. Please also provide us with the Department file number indicating where such manual pages were approved.
2. The criteria for credits/debits in Rule III.B appear overlapping. Please amend.
3. Please provide justification for the claims-made step factors in Rule VII.

We await your prompt reply. In the meantime, the captioned filing is disapproved in New York. Please be advised that pursuant to the Second Supplement to Circular Letter No. 11 (1998), dated December 20, 1999, a substantive reply must be provided by the company within 30 days of the date of this letter. If such response is not received, the file will be considered withdrawn and closed accordingly without further communication. Should the company wish this Department to again review the subject matter of this filing, a new submission that addresses the outstanding issues included in this correspondence, must be made in accordance with the provisions of the Circular Letter.

Sincerely, Song Hee Hong

Close

Harry, Myron

---

**From:** Wadsworth, Margie  
**Sent:** Wednesday, May 14, 2008 4:27 PM  
**To:** Harry, Myron  
**Subject:** RE: Healthcare Agency PL Program - AIC-08-EO-06 NY

Thanks. I love it when a state requires you make a filing and then they sit on it.

*Margie Wadsworth*  
*Compliance Manager*  
*AIG Healthcare - Division 97*  
*Tel.: 212/770-2507*  
*Fax: 212/809-2030*

-----Original Message-----

**From:** Harry, Myron  
**Sent:** Wednesday, May 14, 2008 4:25 PM  
**To:** Wadsworth, Margie  
**Subject:** Healthcare Agency PL Program - AIC-08-EO-06 NY

Hi Margie,

FYI - See attached.

**Myron Harry**  
*Filings Analyst*  
*AIG Commercial Insurance*  
*State Filings Department*  
*175 Water Street, 17<sup>th</sup> Floor*  
*☎ (212) 458-7057 / 📠 (212) 458-7077*  
<mailto:myron.harry@aig.com>

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5/14/2008

Note To Filer for AGNY-125593174

Close

<b>SERFF Tracking Number:</b>	AGNY-125593174	<b>State:</b>	New York
<b>Filing Company:</b>	National Union Fire Insurance Company of Pittsburgh, Pa.	<b>State Tracking Number:</b>	R2008001576
<b>Company Tracking Number:</b>	AIC-08-EO-06		
<b>TOI:</b>	11.0 Medical Malpractice - Claims Made/Occurrence	<b>Sub-TOI:</b>	11.0008 Home Care Service Agencies
<b>Product Name:</b>	Healthcare Agency Professional Liability Program		
<b>Project Name:</b>	Healthcare Agency Professional Liability Program		

**Created by:**  
Hong, Song Hee on 05/07/2008 08:47 AM

**Last edited by:**  
Hong, Song Hee on 05/07/2008 08:48 AM

**Submitted on:**  
05/07/2008 08:48 AM

**Subject:**  
Filing Status

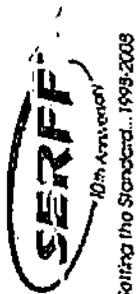
**Comments:**  
This refers to your letter dated April 3, 2008 submitting the captioned filing to this Department for our review.

Please note that the filing is currently being reviewed and any comments and/or questions pertaining to the filing will be forwarded to you shortly.

In the meantime, the captioned filing is considered incomplete and not approved.

Close

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Welcome, Myron Harry.  
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[Help](#) | [Logoff](#)

Tracking Number:

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<a href="#">My Workfolder</a>	<a href="#">My Open Filings</a>	<a href="#">My Draft Filings</a>	<a href="#">Messages</a>	<a href="#">Search</a>
<a href="#">Add Authors</a>	<a href="#">Update</a>	<a href="#">Amend Filing</a>	<a href="#">Move to Workfolder</a>	<a href="#">PDF Pipeline</a>
			<a href="#">Create Filing</a>	<a href="#">EFT Report</a>

## New York

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

**Product Name:** \* Healthcare Agency Professional Liability Program  
**TOI:** 11.0 Medical Malpractice - Claims Made/Occurrence  
**Sub-TOI:** 11.0008 Home Care Service Agencies  
**Filing Type:** Rate  
**Effective Date Requested (New):** 05/10/2008  
**SERFF Tr Num:** AGNY-125593174  
**State Tr Num:**  
**Co Tr Num:** AIC-08-EO-06  
**Date Submitted:** 04/03/2008  
**Effective Date Requested (Renewal):** 05/10/2008  
**SERFF Status:** Submitted to State  
**State Status:**  
**Co Status:**  
**Disposition Date:**  
**Authors:** Myron Harry

General Information	Form Schedule	Rate/Rule Schedule	Supporting Documentation	State Specific	Companies and Contact	Filing Fees	Filing Correspondence
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**Project Name:** Healthcare Agency Professional Liability Program  
**Status of Filing in Domicile:** Authorized  
**Comments:**  
**Filing Status Changed:** 04/03/2008  
**Company Status Changed:**  
**Reference Organization:**

**Project Number:** AIC-08-EO-06  
**State Status Changed:**  
**Deemer Date:**  
**Reference Number:**

<b>Reference Title:</b>	<b>Advisory Org. Circular:</b>
<b>Assigned To:</b>	
<b>Created By:</b> Myron Harry	<b>Submitted By:</b> Myron Harry
<b>Corresponding Filing Tracking Number:</b>	
<b>Filing Description:</b> * National Union Fire Insurance Company of Pittsburgh, Pa., (the "Company") has on file with your Department its Healthcare Agency Professional Liability Program (the "Program"). The Company submits, for your review and approval, its rates to be used with this Program. Please be advised that this filing replaces the rates currently on file with your Department.	

<b>Add Authors</b>	<b>Update</b>	<b>Amend Filing</b>	<b>Move to Workfolder</b>	<b>PDF Pipeline</b>
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**NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA.**  
**HEALTH CARE AGENCY PROFESSIONAL LIABILITY**  
 RATE SHEET  
 NEW YORK

**I. OCCURRENCE RATES**

Charge per:	\$100,000/\$500,000	\$300,000/\$500,000	\$500,000/\$500,000	\$1,000,000/\$1,000,000	\$1,000,000/\$3,000,000
A. Agency	\$1,260	\$1,487	\$1,613	\$1,841	\$1,953

**B. Full Time Equivalent Employees:**

Home Health Aide	\$82	\$97	\$105	\$120	\$127
Nurse Aide/Sitter/Companion/ Clerical/Administrative/ Behavior Therapist/Homemaker	\$78	\$92	\$100	\$114	\$121
Dietician/Nutritionist	\$126	\$149	\$161	\$184	\$195
LPN/Dental Hygienist/Pharmacy Asst/Lab Tech/MEKG-Ultrasound	\$169	\$199	\$216	\$246	\$262
Tech/Medical Tech/Echocardiogram Tech/X-Ray Tech/Radiology Tech/ Certified Medical Asst.	\$208	\$246	\$267	\$304	\$323
Nurse/Entiretional Therapist/ Social Worker/Dialysis Tech	\$248	\$293	\$317	\$362	\$384
Publicist					
Pharmacist	\$370	\$437	\$474	\$540	\$573
Physical Therapist/Respiratory Therapist/Phlebotomist/Clerg/ Nuclear Medicine Tech/Radiation Therapist	\$482	\$569	\$617	\$704	\$747
Psychologist	\$793	\$926	\$1,015	\$1,158	\$1,229
Nurse Practitioner/Physician Asst/Paramedic/EMT	\$1,039	\$1,226	\$1,330	\$1,517	\$1,610
Medical Director	\$284	\$335	\$363	\$414	\$440

**C. Non Medical Office Staff (Rates per \$1,000 payroll):**

\$0-\$300,000	\$1.87	\$2.21	\$2.40	\$2.74	\$2.91
\$300,001-\$2,000,000	\$0.93	\$1.10	\$1.19	\$1.36	\$1.44
\$2,000,001-\$7,000,000	\$0.65	\$0.76	\$0.83	\$0.94	\$1.00
\$7,000,001-\$20,000,000	\$0.29	\$0.34	\$0.37	\$0.42	\$0.44
Over \$20,000,000	\$0.15	\$0.17	\$0.19	\$0.22	\$0.23

The above rates are based on the total payroll of the insured's non medical office staff. Each individual payroll layer should be rated separately and added together, in order to determine the total premium. This premium includes the payroll of all non medical office staff.

**II. RATING METHODOLOGY**

- A. Agency Rate-The rate indicated applies to every risk written under this program.  
 B. Employee Rates-The rate indicated for each category is applied to the number of Full Time Equivalent Employees (FTE's) in each category. The number of FTE's is calculated as follows:
1. FTE's/Hours-The annual number of hours worked by all employees in each category is divided by 2,000. The number obtained is then multiplied by the rate indicated for that category of employee.
  2. FTE's/Payroll-When the number of hours worked is unavailable or invalid, the number of FTE's is determined using payroll information. The total annual payroll for each category is divided by the estimated average payroll for that category. This number is then multiplied by the rate for that category.

**Average Salaries:**

Nurse (RN)	\$33,285	*Salaries are based on Home Health Agency Compensation Survey Report, Washington, DC, National Association of Home Care (NAHC). Salaries used to calculate FTE's will be revised as the report is updated. Average salaries for categories not listed at the left will be estimated by comparing the educational requirements for unlisted categories with those categories listed.
Licensed Prac Nurse	\$28,479	
Physical Ther.	\$46,335	
Occupational Ther.	\$40,504	
Speech Therapist	\$32,775	
Social Worker	\$37,751	
Home Health Aide	\$16,721	

C. For agencies that use independent contractors, the number of FTE's are calculated as described above. If the independent contractors are not to be covered, individually, 50% of the rate indicated under 1.B is charged. If independent contractors are to be covered individually, 100% of the rate indicated is charged.

## Disposition for AGNY-125593174

[Close](#)

**SERFF Tracking Number:** AGNY-125593174 **State:** New York  
**Filing Company:** National Union Fire Insurance Company of Pittsburgh, Pa. **State Tracking Number:** R2008001576  
**Company Tracking Number:** AIC-08-EO-06  
**TOI:** 11.0 Medical Malpractice - Claims Made/Occurrence **Sub-TOI:** 11.0008 Home Care Service Agencies  
**Product Name:** Healthcare Agency Professional Liability Program  
**Project Name:** Healthcare Agency Professional Liability Program

**Disposition Date:** 08/04/2008

**Effective Date (New):**

**Effective Date (Renewal):**

**Status:** Approved

**Comment:**

This is in reference to your letter dated April 3, 2008, wherein you submitted the captioned filing to this Department for our review and to your subsequent correspondences of June 19, 2008 and July 16, 2008, furnishing additional information and amending the original filing.

The revised rates are hereby acknowledged effective as of the date of this letter.

Acceptance of this filing does not necessarily imply that the Department agrees with National Union Fire's ratemaking methodology for the following reasons:

The company has selected loss development factors (LDF) based on the more general Health Professional Liability Program, whereas we believe the selection of LDF's should be based on the program specific LDF's for Healthcare Agency Professional Liability as displayed on Exhibit 3B.

Due to the limited credibility of the experience provided (15.8%), we believe it is inappropriate to apply 80% weight to the two most recent immature years' experience to develop Ultimate Trended Loss and LAE Ratio.

Very truly yours,

Eric R. Dinallo  
 Superintendent of Insurance

By:  
 Song Hee Hong  
 Insurance Examiner  
 Property Bureau  
 212-480-5554  
 shong@ins.state.ny.us

### Company Rate Information

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program :	Premium:	Maximum % Change (where required):	Minimum % Change (where required):
National Union Fire Insurance Company of Pittsburgh,	%	5.900 %	\$ 61030	6	\$ 1035626	5.900 %	5.900 %

*NO REF. E.H. 8/4/08 Nath*

Pa.

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**Schedule Items**

Item Type	Item Name	Item Status	Public Access
Supporting Document	Audit Provisions/premium Audit Rules		No
Supporting Document	Consent-to-rate requirements		No
Supporting Document	Explanatory Memorandum		No
Supporting Document	Medical Malpractice Review Standards Checklist		No
Supporting Document	Minimum Premium/Return Premium and Minimum Earned Premium Rules		No
Supporting Document	Rates and/or Rating Plans		No
Supporting Document	Renewal Discounts - General Liability and Professional Liability		No
Supporting Document	Actuarial Exhibits - RT-1 - RT-3, EXP-1 - EXP-6		No
Supporting Document	Cover Letter		No
Supporting Document	Rate Sheet - revised 5-08		No
Supporting Document	<i>Rate Sheet - revised 5-08</i>		No
Supporting Document	Approval Letter		No
Rate	Rate Page, Rate Page 1-2		No
Rate	<i>Rate Page, Rate Page 1-2</i>		No

Close
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## Status Sheet - Healthcare Agency Professional Liability Program

<p><b>Our Filing No.:</b> AIC-08-EO-06</p> <p><b>CROSS REFERENCE:</b> AIC-02-PR-02</p> <p><b>COMPANIES FILED:</b> National Union Fire Insurance Company of Pittsburgh, Pa.</p> <p><b>NOTE:</b> Filings were made for all companies listed above, EXCEPT as noted on the Modifications Page.</p> <p><b>DESCRIPTION OF FILING:</b> This is a 3 year required New York rate filing for Healthcare Agency Professional Liability Program.</p> <p><b>CONTENTS OF FILING:</b>  Rate Page Explanatory Memorandum</p> <p><b>STATE FILINGS DEPARTMENT CONTACT:</b> Myron Harry Phone No. (212) 458-7057</p> <p><b>BUSINESS CONTACT:</b> Margie Wadsworth Phone No. (212) 770 2507</p> <p><b>LAST UPDATED:</b> 8-04-08</p> <p><b>KEY TO STATUS</b> P=Pending; E=Effective; DA=Deemed Approved; X=Exempt from filing requirements or deregulated; M=Modifications apply (see Modifications Page) WD=Withdrawn; DIS=Disapproved; NF=No Filing *Includes states that are E, DA and X, with or without modifications **Includes states that are DIS and WD</p>	STATE	STATUS	DATE
	Alabama		
	Alaska		
	Arizona		
	Arkansas		
	California		
	Colorado		
	Connecticut		
	Delaware		
	Dist. of Col.		
	Florida		
	Georgia		
	Hawaii		
	Idaho		
	Illinois		
	Indiana		
	Iowa		
	Kansas		
	Kentucky		
	Louisiana		
	Maine		
	Maryland		
	Massach.		
	Michigan		
	Minnesota		
	Mississippi		
	Missouri		
	Montana		
	Nebraska		
	Nevada		
	N. Hampshire		
	N. Jersey		
	N. Mexico		
	New York	E	08-04-08
	N. Carolina		
	N. Dakota		
	Ohio		
	Oklahoma		
	Oregon		
	Pennsylvania		
	Rhode Island		
	S. Carolina		
	S. Dakota		
	Tennessee		
	Texas		
	Utah		
	Vermont		
	Virginia		
	Washington		
	W. Virginia		
	Wisconsin		
	Wyoming		
	<b>TOTALS</b>		
	Pending	0	
	Effective*	1	
	Disapproved**	0	

DBG Legal Services - State Filings Department  
175 Water Street, 17th Floor  
New York, NY 10038

## Status Sheet - Healthcare Agency Professional Liability Program

**Cell: C34**

**Comment: New York**

5-07-08 Note received from the NY DOI - filing pending review.

5-20-08 - Comment letter received from the NY DOI, and forwarded to Margie.

6-19-08 Response to comment letter submitted to the state.

7-07-08 Comment letter received and forwarded to Margie.

7-16-08 Response to comment letter submitted to the State.

8-4-08 Approval received.

## Response Letter for AGNY-125593174

Submit	Edit	Delete	Close	View Objection Letter
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<b>SERFF Tracking Number:</b>	AGNY-125593174	<b>State:</b>	New York
<b>Filing Company:</b>	National Union Fire Insurance Company of Pittsburgh, Pa.	<b>State Tracking Number:</b>	R2008001576
<b>Company Tracking Number:</b>	AIC-08-EO-06		
<b>TOI:</b>	11.0 Medical Malpractice - Claims Made/Occurrence	<b>Sub-TOI:</b>	11.0008 Home Care Service Agencies
<b>Product Name:</b>	Healthcare Agency Professional Liability Program		
<b>Project Name:</b>	Healthcare Agency Professional Liability Program		

Status : Draft

Dear Song Hee Hong,

**Response 1:****Comments:**

Dear Song Hee Hong,

In response to your comment letter dated July 3, 2008, we offer the following:

1. Attached please find a copy of an approval letter dated August 6, 2003, your department number on the approval letter is R2003003381.

2. We have revised Rule III.B, attached please find revised rate pages.

Please let us know if we can be of any further assistance.

Myron Harry

**Changed Items:****Supporting Document Schedule Item Changes**** Name: Approval Letter****Comment**

Attached is an approval letter dated August 6, 2003.

 [Approval 6-03.pdf](#)** Name: Rate Sheet - revised 5-08****Comment**

Attached please find a Revised Rate Page.

 [7-08 Rate Sheet - Revised.pdf](#)**Previous Version**** Name: Rate Sheet - revised 5-08****Comment**

Attached please find a Revised Rate Page.

 [5-08 Rate Sheet - Revised.pdf](#)

No Form Schedule Items changed.

Close

## Objection Letter for AGNY-125593174

<b>SERFF Tracking Number:</b>	AGNY-125593174	<b>State:</b>	New York
<b>Filing Company:</b>	National Union Fire Insurance Company of Pittsburgh, Pa.	<b>State Tracking Number:</b>	R2008001576
<b>Company Tracking Number:</b>	AIC-08-EO-06		
<b>TOI:</b>	11.0 Medical Malpractice - Claims Made/Occurrence	<b>Sub-TOI:</b>	11.0008 Home Care Service Agencies
<b>Product Name:</b>	Healthcare Agency Professional Liability Program		
<b>Project Name:</b>	Healthcare Agency Professional Liability Program		

<b>Objection Letter Status</b>	Pending
<b>Objection Letter Date</b>	07/03/2008
<b>Respond By Date</b>	
<b>Submitted Date</b>	07/03/2008 02:24 PM

Dear Myron Harry,

This refers to your letter dated April 3, 2008 submitting the captioned filing to this Department for our review and to your correspondence of June 19, 2008 furnishing additional information.

A review of your June 19, 2008 correspondence indicates that you did not fully respond to our questions as follows:

1. The approval letter indicated in Item 1 of your correspondence is missing. Please furnish this information.
2. Rule III.B is still overlapping. For examples, an insured with 3 years in operation may receive a debit of either 5% or 10%; or an insured with 30 years in operation may receive a credit of 5% or 10%.

In addition, "in operation between 1-3 years" appears twice. Please amend to remove.

We await your prompt reply. In the meantime, the captioned filing is disapproved in New York. Please be advised that a substantive reply must be provided by the company within 15 days of the date of this letter. If such response is not received, the file will be considered withdrawn and closed accordingly without further communication. Should the company wish this Department to again review the subject matter of this filing, a new submission that addresses the outstanding issues included in this correspondence, must be made in accordance with the provisions of the Second Supplement to Circular Letter No. 11 (1998), dated December 1999.

Sincerely, Song Hee Hong

Close

**Harry, Myron**

---

**From:** Wadsworth, Margie  
**Sent:** Tuesday, July 15, 2008 10:44 AM  
**To:** Harry, Myron; McNamara, Peter  
**Subject:** FW: Healthcare Agency Professional Liability Program - AIC-08-EO-06 -NY  
**Attachments:** NEW YORK-HCA-Rate Page-07-08-2008.xls

Sorry. I should have kept reading. ☺ This is the correct rate page to send.

Thanks.

*Margie Wadsworth  
Compliance Manager  
AIG Healthcare - Division 97  
AIG Commercial Insurance  
Tel.: 212/770-2507  
Fax: 212/809-2030*

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-----Original Message-----

**From:** McNamara, Peter  
**Sent:** Tuesday, July 08, 2008 9:36 AM  
**To:** Harry, Myron; Wadsworth, Margie  
**Subject:** RE: Healthcare Agency Professional Liability Program - AIC-08-EO-06 -NY

Sorry, I had to make one more change. Please ignore the attachment in the last email.

---

**From:** McNamara, Peter  
**Sent:** Tuesday, July 08, 2008 9:32 AM  
**To:** Harry, Myron; Wadsworth, Margie  
**Subject:** RE: Healthcare Agency Professional Liability Program - AIC-08-EO-06 -NY

Margie,

Since you are out on vacation I attempted to change the rate page per the examiner's objections. See the attached file. Please let Myron know if it is ok to send to the state when you get back. Thanks.

---

**From:** Harry, Myron  
**Sent:** Monday, July 07, 2008 4:46 PM  
**To:** Wadsworth, Margie; McNamara, Peter  
**Subject:** Healthcare Agency Professional Liability Program - AIC-08-EO-06 -NY

Margie & Peter,

7/15/2008

Attached is a comment letter from the DOI New York re the Healthcare Agency PL Program, State Filings would address item 1, could you please address item 2 and advise. Thanks.

Please note that a response is due by July 17, 2008.

Myron Harry  
Filings Analyst  
AIG Commercial Insurance  
State Filings Department  
175 Water Street, 17<sup>th</sup> Floor  
☎ (212) 458-7057 / 📠 (212) 458-7077  
<mailto:myron.harry@aig.com>

Please visit our Website at:  
<http://www.aig.com>

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7/15/2008

Harry, Myron

---

To: Wadsworth, Margie; McNamara, Peter

Subject: Healthcare Agency Professional Liability Program - AIC-08-EO-06 -NY

Margie & Peter,

Attached is a comment letter from the DOI New York re the Healthcare Agency PL Program, State Filings would address item 1, could you please address item 2 and advise. Thanks.

Please note that a response is due by July 17, 2008.

Myron Harry  
Filings Analyst  
AIG Commercial Insurance  
State Filings Department  
175 Water Street, 17<sup>th</sup> Floor  
☎ (212) 458-7057 / 📠 (212) 458-7077  
<mailto:myron.harry@aig.com>

Please visit our Website at:  
<http://www.aig.com>

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7/7/2008

### Response Letter for AGNY-125593174

<a href="#">Submit</a>	<a href="#">Edit</a>	<a href="#">Delete</a>	<a href="#">Close</a>	<a href="#">View Objection Letter</a>
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**SERFF Tracking Number:** AGNY-125593174      **State:** New York

**Filing Company:** National Union Fire Insurance Company of Pittsburgh, Pa.      **State Tracking Number:** R2008001576

**Company Tracking Number:** AIC-08-EO-06

**TOI:** 11.0 Medical Malpractice - Claims Made/Occurrence      **Sub-TOI:** 11.0008 Home Care Service Agencies

**Product Name:** Healthcare Agency Professional Liability Program

**Project Name:** Healthcare Agency Professional Liability Program

Status : Draft

Dear Song Hee Hong,

**Response 1:**

**Comments:**

Dear Song Hee Hong,

In response to your comment letter dated May 20, 2008, we offer the following:

1. Attached please find a copy of an approval letter dated August 6, 2003, your department number on the approval letter is R2003003381.
2. Please find attached a revised rate sheet addressing Rule III.B.
3. Please be advised that there has been no change to the filed and approved claims made factors. There was an inadvertent error with the formatting of the rate page.

Please let us know if we can be of any further assistance.

Myron Harry

**Changed Items:**

Supporting Document Schedule Item Changes
<p> <b>Name: Rate Sheet - revised 5-08</b></p> <p><b>Comment</b> Attached please find a Revised Rate Page.</p> <p> <a href="#">5-08 Rate Sheet - Revised.pdf</a></p>

No Form Schedule Items changed.

Rate Schedule Item Changes				
Exhibit Name:	Rule# or Page #:	Rate Action:	Previous State Filing Number:	Attach Document:
Rate Page	Rate Page 1-2	Replacement		<a href="#">5-08 Rate Sheet - Revised.pdf</a>
<b>Previous Version</b>				
Rate Page	Rate Page 1-2	Replacement		

 [4-08 NY  
Rate  
Sheet.pdf](#)

Sincerely, Pending Submission.

<a href="#">Submit</a>	<a href="#">Edit</a>	<a href="#">Delete</a>	<a href="#">Close</a>	<a href="#">View Objection Letter</a>
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**NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA.  
HEALTH CARE AGENCY PROFESSIONAL LIABILITY**

**RATE SHEET  
NEW YORK**

I. OCCURRENCE RATES		\$100,000/\$300,000	\$300,000/\$500,000	\$500,000/\$1,000,000	\$1,000,000/\$1,000,000	\$1,000,000/\$3,000,000
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Bereavement Therapist/Homemaker						
Dietician/Nutritionist	\$126	\$149	\$161	\$184	\$195	
LPN/Dental Hygienist/Pharmacy Ass/Lab Tech/EKG-Ultrasound	\$169	\$199	\$216	\$246	\$262	
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Over \$20,000,000	\$0.15	\$0.17	\$0.19	\$0.22	\$0.23	

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  - FTEs/Payroll-When the number of hours worked is unavailable or invalid, the number of FTEs is determined using payroll information. The total annual payroll for each category is divided by the estimated average payroll for that category. This number is then multiplied by the rate for that category.

**Average Salaries\***  
 Nurse (RN) \$33,285  
 Licensed Prac Nurse \$28,479  
 Physical Ther. \$46,335  
 Occupational Ther. \$40,504  
 Speech Therapist \$32,775  
 Social Worker \$37,751  
 Home Health Aide \$16,721

\*Salaries are based on Home Health Agency Compensation Survey Report, Washington, DC, National Association of Home Care (NAHC). Salaries used to calculate FTEs will be revised as the report is updated. Average salaries for categories not listed at the left will be estimated by comparing the educational requirements for unlisted categories with those categories listed.

C. For agencies that use independent contractors, the number of FTEs are calculated as described above. If the independent contractors are not to be covered, individually, 50% of the rate indicated under LB is charged. If independent contractors are to be covered individually, 100% of the rate indicated is charged.

**HEALTHCARE AGENCY PROFESSIONAL LIABILITY PROGRAM  
NEW YORK**

**III. SURCHARGES, CREDITS AND DEBITS**

**A. Surcharges**

- 1. Malplacement - A malplacement surcharge of 20% of the developed premium, before credits and debits, will apply to agencies engaged in supplemental staffing.
- 2. Registry - A registry surcharge of 25% of the developed premium, before credits and debits, will apply to agencies that do 50% or more supplemental staffing. This is in addition to the malplacement surcharge.
- 3. Background Check - A surcharge of 5% to agencies not performing background checks on their employees and independent contractors.
- 4. Nursing Homes & Assisted Living Centers - A surcharge of 10% of the developed premium, before debits and credits, will apply to agencies that do more than 50% staffing of Nursing Home Facilities or Assisted Living Centers.

**B. Credits/Debits**

(individual underwriting files shall contain the specific objective criteria relative to the risk being rated and document the particular circumstances that support each debit or credit.)

Debit	Nature of Operations	Credit
5%	In operation more than 3 years and less than 5 years	
10%	In operation between 1-3 years	
	In operation more than 25 years and less than 35 years	5%
10%	In operation more than 35 years	10%
	Operations include rehabilitation, infusion therapy, respiratory therapy (other than ventilator care or tracheotomy care), or radiation therapy services	
Debit	Risk Management	Credit
5%	Overall responsibility for Risk Management is NOT designated to one individual within the administrative structure of the organization	
	Overall responsibility for Risk Management IS designated to one individual within the administrative structure of the organization	5%
5%	Company does not conduct patient/client surveys	
5%	Not accredited by JCAHO or CHAPS nor a member of any industry association	
	JCAHO or CHAPS Accreditation	5%
	State Association Membership	5%
	NAHC Membership	10%
10%	Company does not utilize a formal written Quality Assurance and Risk Management Program	

Once filed and approved in conformity with the NY regulation, the use of the schedule rating plan shall become mandatory, and shall be applied uniformly in a nondiscriminatory manner for all eligible classes of risk.

**THE OVERALL RATE EFFECT OF SCHEDULED RATING ON ANY INDIVIDUAL INSURED SHALL NOT EXCEED +/-15%**

**IV. ADDITIONAL INSURED**

For each additional insured charge 25% of the developed premium, before debits/credits are applied; maximum \$1,000. Debits/credits are not applicable to Additional Insureds.

**V. MINIMUM PREMIUMS**

Home Health Agency	\$1,000
Hospice	\$500
Pure Registry	\$1,800

**VI. ADDITIONAL LIMITS AND DEDUCTIBLES**

**A. Increased Limits Factors**

		B. Deductible	
		Deductible	Discount
\$1,000,000/\$1,000,000	1.000	\$1,000	1%
\$2,000,000/\$2,000,000	1.183	\$2,500	2.5%
\$2,000,000/\$4,000,000	1.372	\$5,000	5%
\$3,000,000/\$3,000,000	1.326	\$10,000	10%
\$3,000,000/\$5,000,000	1.486	\$25,000	15%
\$4,000,000/\$4,000,000	1.444	\$50,000	35%
\$4,000,000/\$5,000,000	1.511	\$100,000	50%
\$5,000,000/\$5,000,000	1.550		

**VII. CLAIMS MADE CONVERSION FACTORS & EXTENDED REPORTING PERIOD**

**I. Claims Made Factors**

	% of Occurrence Premium
1 year	55%
2 year	79%
3 year	91%
4 year	96%
5 year	98%

**II. Extended Reporting Endorsement**

Unlimited Option at 110% of mature claims made rate

**III. Extended Reporting Period Endorsement**

- One Year Option at 55% of mature claims made rate
- Two Year Option at 85% of mature claims made rate
- Three Year Option at 100% of mature claims made rate
- Unlimited Option at 110% of mature claims made rate

**Harry, Myron**

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**From:** McNamara, Peter  
**Sent:** Thursday, May 22, 2008 3:37 PM  
**To:** Harry, Myron  
**Cc:** Wadsworth, Margie  
**Subject:** RE: Healthcare Agency PL Program - NY AIC-08-EO-06  
**Attachments:** NEW YORK-HCA-Rate Page-05-22-2008.xls

Myron,

Please see the attached rate sheet that has been updated per the examiner's objection 2. Please respond with the following for number 3. Someone from state filings will have to respond to #1.

There has been no change to the filed and approved claims made factors. There was an inadvertent error with the formatting of the rate page.

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**From:** Harry, Myron  
**Sent:** Wednesday, May 21, 2008 3:38 PM  
**To:** McNamara, Peter  
**Subject:** FW: Healthcare Agency PL Program - NY AIC-08-EO-06

Hi Peter,

Sorry, I forgot to CC you on the attached comment letter from the New York DOI re the Healthcare Agency PL Program.

Myron

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**From:** Harry, Myron  
**Sent:** Tuesday, May 20, 2008 12:31 PM  
**To:** Wadsworth, Margie  
**Cc:** Cox, Floreen  
**Subject:** Healthcare Agency PL Program - NY AIC-08-EO-06

Hi Margie,

Attached is a comment letter from the New York DOI re the Healthcare Agency PL filing. Could you please address and advise. Also, do you have a copy of the approved manual pages? Let me know if we need to request the prior filing from archive to obtain the manual pages.

Please note that a response is due by June 19, 2008.

**Myron Harry**  
*Filings Analyst*  
*AIG Commercial Insurance*  
*State Filings Department*  
*175 Water Street, 17<sup>th</sup> Floor*  
☎ (212) 458-7057 / 📠 (212) 458-7077

5/22/2008

<mailto:myron.harry@aig.com>

Please visit our Website at:

<http://www.aig.com>

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**NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA.  
HEALTH CARE AGENCY PROFESSIONAL LIABILITY**

RATE SHEET  
NEW YORK

I. OCCURRENCE RATES		\$100,000/\$200,000	\$200,000/\$500,000	\$500,000/\$1,000,000	\$1,000,000/\$3,000,000
Charges per:		\$1,260	\$1,487	\$1,613	\$1,841
A. Agency					\$1,953
B. Full Time Equivalent Employees:					
Home Health Aide		\$82	\$97	\$105	\$120
Nurse Aide/Sitter/Companion/ Clerical/Administrative/		\$78	\$92	\$100	\$114
Bereavement Therapist/Homemaker					
Dietician/Nutritionist		\$126	\$149	\$161	\$184
LPN/Dental Hygienist/Pharmacy		\$169	\$199	\$216	\$246
Ass/VLab Tech/EKG-Ultrasound					
Tech/Medical Tech/Echocardiogram					
Tech/X-Ray Tech/Radiology Tech/ Certified Medical Ass't					
Nurse/Enterostomal Therapist/ Social Worker/Dialysis Tech		\$208	\$246	\$267	\$304
Occupational Therapist/Speech		\$248	\$293	\$317	\$362
Pathologist					
Pharmacist		\$370	\$437	\$474	\$540
Physical Therapist/Respiratory Therapist/Phlebotomist/Clergy/ Nuclear Medicine Tech/Radiation Therapist		\$482	\$560	\$617	\$704
Psychologist					
Nurse Practitioner/Physician Ass/Paramedic/EMT		\$793	\$936	\$1,015	\$1,158
Medical Director		\$1,039	\$1,226	\$1,330	\$1,517
		\$784	\$935	\$963	\$1,114
					\$440
					\$2,229
					\$1,610
					\$440
					\$2,91
					\$1,44
					\$1,00
					\$0,44
					\$0,23

The above rates are based on the total payroll of the insured's non medical office staff. Each individual payroll layer should be rated separately and added together, in order to determine the total premium. This premium includes the payroll of all non medical office staff.

**II. RATING METHODOLOGY**

- A. Agency Rate-The rate indicated applies to every risk written under this program.
  - B. Employee Rates-The rate indicated for each category is applied to the number of Full Time Equivalent Employees (FTEs) in each category. The number of FTEs is calculated as follows:
    - 1. FTEs/Hours-The annual number of hours worked by all employees in each category is divided by 2,000. The number obtained is then multiplied by the rate indicated for that category of employee.
    - 2. FTEs/Payroll-When the number of hours worked is unavailable or invalid, the number of FTEs is determined using payroll information. The total annual payroll for each category is divided by the estimated average payroll for that category. This number is then multiplied by the rate for that category.
- Average Salaries\*\**
- |                     |          |
|---------------------|----------|
| Nurse (RN)          | \$33,285 |
| Licensed Prac Nurse | \$28,479 |
| Physical Ther.      | \$46,335 |
| Occupational Ther.  | \$40,504 |
| Speech Therapist    | \$32,775 |
| Social Worker       | \$37,751 |
| Home Health Aide    | \$16,721 |
- \*\*Salaries are based on Home Health Agency Compensation Survey Report, Washington, DC, National Association of Home Care (NAHC). Salaries used to calculate FTEs will be revised as the report is updated. Average salaries for categories not listed at the left will be estimated by comparing the educational requirements for unlisted categories with those categories listed.
- C. For agencies that use independent contractors, the number of FTEs are calculated as described above. If the independent contractors are not to be covered, individually, 50% of the rate indicated under I.B is charged. If independent contractors are to be covered individually, 100% of the rate indicated is charged.

**HEALTHCARE AGENCY PROFESSIONAL LIABILITY PROGRAM  
NEW YORK**

**III. SURCHARGES, CREDITS AND DEBITS**

**A. Surcharges**

- 1. Malplacement - A malplacement surcharge of 20% of the developed premium, before credits and debits, will apply to agencies engaged in supplemental staffing.
- 2. Registry - A registry surcharge of 25% of the developed premium, before credits and debits, will apply to agencies that do 50% or more supplemental staffing. This is in addition to the malplacement surcharge.
- 3. Background Check - A surcharge of 3% to agencies not performing background checks on their employees and independent contractors.
- 4. Nursing Homes & Assisted Living Centers - A surcharge of 10% of the developed premium, before debits and credits, will apply to agencies that do more than 50% staffing of Nursing Home Facilities or Assisted Living Centers.

**B. Credits/Debit**

\*To be used on a mandatory basis for all risks that generate at least \$2500 in basic limits premium.  
(individual) underwriting files shall contain the specific objective criteria relative to the risk being rated and document the particular circumstances that support each debit or credit.)

Debit	Nature of Operations	Credit
3%	In operation between 3-5 years	
10%	In operation between 1-3 years	
10%	In operation between 1-3 years	
	In operation more than 25 years	5%
	In operation more than 35 years	10%
10%	Operations include rehabilitation, infusion therapy, respiratory therapy (other than ventilator care or tracheotomy care), or radiation therapy services	
<b>Debit</b>	<b>Risk Management</b>	<b>Credit</b>
3%	Overall responsibility for Risk Management is NOT designated to one individual within the administrative structure of the organization	
	Overall responsibility for Risk Management IS designated to one individual within the administrative structure of the organization	5%
3%	Company does not conduct patient/client surveys	
5%	Not accredited by JCAHO or CHAPS nor a member of any industry association	
	JCAHO or CHAPS Accreditation	5%
	State Association Membership	5%
	NAHC Membership	10%
10%	Company does not utilize a formal written Quality Assurance and Risk Management Program	

Once filed and approved in conformity with the NY regulation, the use of the schedule rating plan shall become mandatory, and shall be applied uniformly in a nondiscriminatory manner for all eligible classes of risk.

**THE OVERALL RATE EFFECT OF SCHEDULED RATING ON ANY INDIVIDUAL INSURED SHALL NOT EXCEED +/-15%**

**IV. ADDITIONAL INSUREDS**

For each additional insured charge 25% of the developed premium, before debits/credits are applied; maximum \$1,000. Debits/credits are not applicable to Additional Insureds.

**V. MINIMUM PREMIUMS**

Home Health Agency	\$1,000
Hospice	\$500
Pure Registry	\$1,800

**VI. ADDITIONAL LIMITS AND DEDUCTIBLES**

**A. Increased Limits Factors**

\$1,000,000/\$1,000,000	1.000
\$2,000,000/\$2,000,000	1.183
\$2,000,000/\$4,000,000	1.372
\$3,000,000/\$3,000,000	1.326
\$3,000,000/\$5,000,000	1.486
\$4,000,000/\$4,000,000	1.444
\$4,000,000/\$5,000,000	1.511
\$5,000,000/\$5,000,000	1.550

**B. Deductible**

Deductible	Discount
\$1,000	1%
\$2,500	2.5%
\$5,000	5%
\$10,000	10%
\$25,000	15%
\$50,000	35%
\$100,000	50%

**VII. CLAIMS MADE CONVERSION FACTORS & EXTENDED REPORTING PERIOD**

**I. Claims Made Factors**

	% of Occurrence Premium
1 year	55%
2 year	70%
3 year	91%
4 year	96%
5 year	98%

**II. Extended Reporting Endorsement**

Unlimited Option at 110% of mature claims made rate

**III. Extended Reporting Period Endorsement**

- One Year Option at 55% of mature claims made rate
- Two Year Option at 85% of mature claims made rate
- Three Year Option at 100% of mature claims made rate
- Unlimited Option at 110% of mature claims made rate

### NY Withdrawal Plan

1. Accounts will be non-renewed as per their natural expiration date with notice being given in compliance with NY requirements.
2. Notice will be given to the NY Superintendent of Insurance 45 days prior to commencement of the plan, with no non-renewals to be effective prior to 6 months after the initial 45 day period has been completed.
3. Notice of non-renewal will be based on inability to obtain adequate returns on the profitability of the business underwritten.

9/10/08

S/W Song Hee Hong

State would not reopen

Filing - since this is A

base rate change - we have

to resubmit filing notice or

Filing Tracking # & SERFF Nos

of the approved Filing. -

Their Actuary have to review

Filing.

M.H.

212-480-5554