



AIG Programs

Non-Admitted Program Underwriting Authority

Senior Living Program

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Program Administrator:	Glatfelter Underwriting Services, Inc. 183 Leader Heights Road York, PA 17402
Principal(s):	Mark Schmidt, President Insurance Company Operations Arthur B. Seifert, President Glatfelter Program Managers
Program Description:	Not-for-Profit and For-Profit Long Term Care Facilities
Program Manager:	Dana Obrentz: PL/GL/UMB, main contact Gary Scarborough: Property
Program Inception:	January 1, 2015
Division:	66 – AIG Programs
Related PUC Numbers:	0853, 0854, 0855, 0856, 0857, 0858, 0859, 0860, 0861, 0862
Program Territory:	Countrywide
Program Commission:	26% (Includes 3.5% provision for claims)



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NOTICE – PLEASE READ CAREFULLY

The Program Underwriting Authority (the “Authority”) set forth the terms and conditions pursuant to which the program administrator named in Section 5 hereof (referred to hereinafter as the “Program Administrator”, “You” or “Your”) may place business with the insurance companies named in Section 2.1 hereof (collectively referred to hereinafter as the “Company”, “We”, “Us” or “Our”) in accordance with the Program Administrator Agreement between the Company and the Program Administrator.

The Program Administrator employee listed in Section 5, as the person assigned the underwriting authority granted herein is responsible for the coordination with the Program Administrator’s staff of periodic updates to this Authority, including but not limited to updates to rates, rating rules, forms implementation and other underwriting bulletins as the Company may issue from time to time.

Please sign the acknowledgement and acceptance form in Section 5 and return an executed copy of the Program Underwriting Authority to your Program Manager within 30 days.

1. PROGRAM OVERVIEW

1.1 ELIGIBLE BUSINESS – PROGRAM DESCRIPTION

You may underwrite, quote and bind business on behalf of the Company on eligible accounts for ‘**Senior Living Program**’ (Hereinafter, the “Program”) that meet the following eligibility requirements:

- A. **Skilled Nursing Facility** – This is a facility that provides organized and structured skilled nursing care and is licensed by the state in which it is located. The entity will employ or contract with a licensed nursing home administrator, a medical director, licensed registered nurses, licensed vocational nurses and certified nurse assistants, among other healthcare professionals. This type of facility is subject to an annual survey by the state Department of Human Services.
- B. **Assisted Living Facility** – These are also referred to as personal care facilities. Residents of an assisted living facility are ambulatory and require no skilled medical care. Residents can be wheelchair-bound, but they must be able to self-evacuate. Services provided generally include dining, assistance with bathing and dressing, medication reminders and social activities. These facilities are licensed by the state in which they are located, but not all states require annual inspections. Many assisted living facilities specialize in treating residents with Alzheimer’s disease, which warrants special consideration as some Alzheimer’s residents may drink poisons, wander away from the facility (elopement), or become combative.
- C. **Retirement Apartments or Independent Living** – These facilities are not licensed by the states in which they are located and are not subject to annual inspections. Residents of these facilities are ambulatory and no medical care is provided. There are usually monitored call buttons in the rooms, common dining and transportation may be provided to medical appointments, for shopping or other various excursions.
- D. **Continuing Care Retirement Community (CCRC)** – This type of entity will include skilled nursing beds, assisted living beds and retirement and independent living units. Typically, a resident pays an entrance fee and then can live in the community for the rest of their life. They pay a monthly maintenance fee based on the type of services they are receiving.



E. The following risks are eligible for coverage under the Program when they are provided by a Named Insured and are incidental to one of the Eligible Risks in A, B, C or D above.

1. Adult Day Care
2. Home Health Care
3. Hospice Care
4. Children's Day Care when established primarily for the convenience of employees.
5. Meals on Wheels
6. Mental health counseling except as regards the personal acts or omissions of a physician.
7. Pastoral Counseling
8. Chapels/Churches
9. Dwellings

In addition, we require the following account attributes*:

- At least three (3) years in operation. If less than 3 years, please refer to Program Manager.
- Three-year currently valued (within 180 days of the proposed effective date) hard copy loss history provided by the insurance carrier on new business (see Section 3.5 for additional information).
- The loss ratio for the current year, and separately, all lines combined for the past five years, must be 60% or less and have no single loss greater than \$100,000 (Incurred loss) over 5 years..
- Current policy must be active and not in the process of being cancelled or non-renewed.
- D&B credit score of 1, 2 or 3 as obtained from eStart.**

*** Accounts that do not possess each of the above attributes may be deemed acceptable, but must be referred to your Program Manager for review and approval prior to quote.**

****For "Non Profit" Accounts with a D&B score of 0, 4, or 5, if account premium is over \$250,000 must be referred to your Program Manager along with a copy of their current financial statements for approval prior to quote. Financial Statement will be reviewed by Program Manager.**

For "For Profit" Accounts with a D&B score of 0, 4, or 5, must be referred to your Program Manager along with a copy of their current audited financial statements for approval prior to quote. Financial Statement will be reviewed by Program Manager.

1.2 INELIGIBLE BUSINESS

You cannot quote or bind business for accounts that are outside of the parameters established above. The following are also ineligible risks for this program:

- A. Sanitariums, facilities with psychopathic patients, alcohol and/or drug rehabilitation, long term care facilities not properly licensed, Home Healthcare agencies that employ more than 25% Live-In Assistants, and Nurse Registry and Leasing Services are not acceptable.
- B. Refusal or the failure to provide complete and accurate information on any application for Professional Liability insurance.

Property:



- A. Risks with wood shake or shingle roofs;
- B. Risks made with EIFS construction;
- C. All risks with commercial cooking and:
 - a. Without an automatic hood extinguishing system that complies with NFPA and UL300 standards and;
 - b. Without automatic regulating equipment for cooking equipment and;
 - c. Not under contract to service all protective equipment, including contracts for regular cleaning of hoods and vents.

2. AUTHORITY

2.1 INSURANCE COMPANIES

You are authorized to place business in the Program with the Companies set forth below

COMPANY NAME
Lexington Insurance Company (all states except DE) AIG Specialty Insurance Company (DE only)

2.2 LINES OF BUSINESS / PREMIUM / OPERATING SYSTEM

You may underwrite, quote and bind eligible business in the Program for accounts with premiums up to the following amounts using the operating system(s) set forth below.

The premium amounts apply only to business written in the Program and do not apply to any business written with any other company, branch, division or department of AIG Property Casualty, Inc.

LINES OF BUSINESS	PREMIUM AUTHORITY	OPERATING SYSTEM*
Commercial Property/Inland Marine/Crime	\$150,000	Coverall
Professional/Commercial General Liability	\$100,000	Agency System
Healthcare Professional Liability and Healthcare Umbrella Liability	\$ 50,000	Agency System
The sum of all policies and/or coverages written for one insured	\$250,000	

2.3 NAMED INSURED

You must understand the operations of all current and inactive named insured entities and verify that each such entity meets the eligibility as defined for the Program.

Note: Individuals (i.e., natural persons) can be scheduled by endorsement as a "Named Insureds" on Our policies.



Please refer all accounts that are requesting either an individual or a non-qualifying entity to be listed as a “Named Insured” to your Program Manager prior to quote.

2.4 LIMITS AUTHORITY

You may underwrite, quote and bind eligible business in the Program for accounts with limits up to the amounts set forth below subject to the following catastrophe management limitations.

PROPERTY/CRIME COVERAGES	Limits	
PROPERTY		
Commercial Property and/or Inland Marine	\$25,000,000	Maximum Amount Subject (gross) in Protection Class (PC) 1 - 8 Amount subject any location in Protection Class 9 or 10 Total Insured Values (Gross)
	\$ 5,000,000	
	\$75,000,000	
Earthquake – 250 Year MMI Zones of 7.0 through 12 (derived from RiskMeter*), and the entire state of California, Alaska and Hawaii	No Authority	
Earthquake – 250 Year MMI Zones 1 through 6.99 (derived from RiskMeter*),	\$ 2,000,000	
Earthquake Sprinkler Leakage – 250 Year MMI Zones 1 – 6.99 (derived from RiskMeter*),	\$ 2,000,000	
Flood – RiskMeter flood score over 40	No Authority	
Flood – RiskMeter flood score 10 - 40	\$ 2,000,000	
* See Qwiknotes for Information on RiskMeter		
Wind/Coastal Property	\$ 2,000,000	Refer to the Windstorm section of Property Qwik Notes for guidelines for your referral. If the risk exceeds \$2MM see Section 6.1.1 for Equipment Breakdown
Equipment Breakdown	Per Equipment Breakdown Addendum	See Section 6 for Equipment Breakdown Addendum.
Supplemental Limits:	Double the limits shown on form 67069.	Using form 110358, all limits may be increased by 100% except for Coverage Extensions-Newly Acquired or Constructed Buildings/ Business Personal Property or the Additional Coverage-Equipment Breakdown supplemental limits. Ordinance & Law: 10% of the building limit up to \$1,000,000.
CRIME		



Commercial Crime (1):	\$ 250,000	Per Occurrence
Employee Theft		
Forgery or Alteration		
(1) Includes Employee Benefit Plans – when scheduled on the Declarations Page		
Inside the Premises: Theft of Money and Securities	\$ 50,000	
Inside the Premises: Robbery or Safe Burglary of Other Property	\$ 50,000	
Outside the Premises	\$ 50,000	
Computer and Funds Transfer Fraud	\$ 50,000	
Money Orders and Counterfeit Money	\$ 50,000	

All other Commercial Crime	\$ 50,000	Per Occurrence
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GENERAL/PROFESSIONAL LIABILITY, UMBRELLA **Limits**

Commercial General Liability and Products Liability	\$1,000,000 \$3,000,000 \$3,000,000	Each Occurrence General Aggregate Products-Completed Operations Aggregate
Medical Payments	\$ 50,000	
Personal/Advertising Injury	\$1,000,000	Each Occurrence
Damage to Premises Rented to You	\$1,000,000	
Employee Benefits Liability	\$1,000,000	Each Occurrence
	\$1,000,000	Annual Aggregate
Corporate Identity Protection	\$ 250,000	Claims Made
	\$ 250,000	Annual Aggregate
Sexual Misconduct Liability	\$1,000,000	Each Occurrence
	\$1,000,000	Annual Aggregate
Limited Health Insurance Portability and Accountability Act Coverage Extension	\$ 50,000	Annual Aggregate
Limits up to \$100,000 are available.		
Professional Liability	\$1,000,000 \$3,000,000	Per Wrongful Act Annual Aggregate
Administrative Proceedings – Defense Costs	\$ 25,000	Each Administrative Proceeding Limit
	\$ 25,000	Administrative Proceeding Aggregate
Excess Healthcare Professional Liability and Healthcare Umbrella Liability	\$10,000,000 \$10,000,000	Each Occurrence General Aggregate Limit

2.5 WINDSTORM AND EARTHQUAKE CAT MANAGEMENT REFERRALS

Catastrophe modeling is also required when writing property coverage including windstorm and/or earth movement on both new and renewal business for any locations:

1. within Windstorm Control Zones (as defined in the Windstorm section of the Qwik Notes) greater than \$2,000,000 TIV, and
2. for any location(s) with a RiskMeter 250 year MMI rating of 7.0 and above for earth movement.



All new business falling into either of the above parameters must be submitted to the Program Manager for CAT modeling prior to quoting, except for risks with a TIV equal to or less than \$2,000,000 – See Section 6.1.1. for the wind load table.

As respects renewal business you should use the Average Annual Loss determinations provided to you by your Program Manager as part of the underwriting / referral process.

No new or renewal property coverage subject to modeling may be quoted until required approval is received from the Program Manager.

Note: Risks that develop an AAL wind rate that is greater than 75% of the ISO Group II rate will need to be handled on a non-admitted basis.

2.6 ADHERENCE TO RULES/LOSS COSTS/FORMS

2.6.1 ISO PRODUCTS / AAIS PRODUCTS / PROPRIETARY PRODUCTS

For this program, for the following lines of business, the Company utilizes the following products as set forth below:

INSURANCE SERVICES ORGANIZATION	AAIS	PROPRIETARY PRODUCTS
Commercial Property Commercial Crime	Inland Marine	Enhanced Property Equipment Breakdown Professional Liability Commercial General Liability Excess Healthcare Professional Liability and Healthcare Umbrella Liability

Unless you are advised otherwise by a Program Administrator Bulletin, the Company will automatically adopt all ISO/AAIS products *using their effective dates* as filed for:

- Coverage Forms and Endorsements
- Loss Costs, Expected Loss Potentials and/or Rates
- Increased Limits Factors
- Rating Plans
- Classification Plans
- Manual Rules
- Package Modification Factors

The Cover-All Operating system will maintain all changes in compliance with our Company and product requirements.

If you are using an approved proprietary operating and issuance system, such system must be compliant with all applicable Company and product requirements and you must maintain all rates/loss costs, rules, forms and



loss cost multipliers, and paper company usage as directed by the Company so that you are in compliance with all Company requirements.

2.7 POLICY TERM

Policy periods (including any coverage and rate commitments associated therewith) are for a twelve (12) month term only.

2.8 PRICING AUTHORITY

You have authority to use the pricing plans designated below. You have no authority to use any rates, loss costs, or rating plans other than those made available to you by the Company. When pricing all lines, you must properly document the underwriting file relative to qualification and/or the known risk attributes as required by state regulatory requirements.

PRICING / RATING PLAN

AAIS Rating Plans for the following lines of business:	Approved
Use of ISO Experience and Schedule Rating and IRPM	Approved
ISO 'a' Rating	No Authority
Deviation from ISO 'Increase Limits Factors'	No Authority
ISO Rule 34 – Commercial General Liability	No Authority
ISO Composite Rating	No Authority
Loss sensitive rating or retrospective rating	No Authority
Large or Special Risk Rating	No Authority
Use of any other State Approved "Deregulation" relative to rate or form use	No Authority
Dividend plans: individual risk or entire program	No Authority
Premium deferral or cash-flow programs, or compensating balance programs	No Authority
Rate guarantees beyond the annual policy term	No Authority
Self insured retentions	No Authority
Preferred Risk Property (PropertyOne Rating Plan)	No Authority
Consent to Rate Rules	No Authority

2.8.1 ISO "REFER TO COMPANY" RULES

Anytime ISO has insufficient data to promulgate a rate or loss cost, they defer to the company to create its own rate. Please refer to Section 6, "Refer to Company" rules which are applicable (by product line) for the Program. If we do not address a specific "Refer to Company" issue pertaining to rating an account, please refer the matter to your Program Manager for guidance prior to quote.

2.9 LIMITATIONS TO AUTHORITY

Unless a specific exception is listed in Section 6, you may not place any business in contravention of this Authority with respect to any aspect of the insurance placed pursuant to the Program, including without limitation, types of risk, coverages provided, policy terms and conditions, and pricing techniques.



2.9.1 LIMITATIONS: GENERAL LIMITATIONS

No authority exists to:

1. Quote or bind an account operating pursuant to any chapter of the United States Bankruptcy Code.
2. Quote or bind any account with Commercial Auto exposures of a long-haul nature, defined as a radius of operations greater than 250 miles.
3. Quote or bind any account with overhead transmission/distribution lines either for direct damage or consequential loss, i.e. business interruption or extra expense.
4. Bind any account where Risk Transfer is not self evident, or where the premium for such accounts must be recorded as a deposit.
5. Use any endorsement related to any rating agency downgrade of AIG (Credit Downgrade Endorsement).
6. Captive, pooling, or other risk financing arrangements.
7. Assumed reinsurance.
8. Amendments to any Program Administrator Agreement or other contractual agreement between any company of AIG, Inc., and any duly authorized broker doing business with the AIG Programs Division.
9. Back-dating of coverage more than fifteen (15) business days for New business and more than 30 days for renewal business (and if fifteen days or less, subject to a warranty of no known or reported losses) for renewal business.
10. Requests for facultative reinsurance of any line.
11. Agreement to pay or actual payment of any loss not covered by the policy as it was written at the time of loss.
12. Individual risks, or programs, if AIG Claims Services, or a Lexington approved TPA is not handling all losses and loss adjustment.
13. Revise any premium audit without the express written consent of the Company Premium Audit Division.
14. Binding of coverage prior to receipt of an application. If coverage is bound subject to receipt of an updated and signed application, then the underwriting file must contain documentation of the original application that was received and relied upon to underwrite the account. Updated and signed application must be received within 30 days of binding and must contain information consistent with information upon which the quote was based. If the information is not consistent then refer to Company.
15. Any account that has been involved in a class action suit.
16. If the application is signed and dated more than 90 days prior to the requested policy effective date, then either obtain an updated application with a current signature or obtain a letter from the insured verifying that information provided in the application is still accurate.
17. A facility receiving Department of Health State Inspection report citing Stage III or Stage IV pressure sores affecting two or more residents must be referred to the Company.. Any facility that received a "J tag" (Immediate Jeopardy) or higher on the most recent inspection report must also be referred to the Company.
18. A facility that was required to contract with an outside management company to bring the facility into regulatory compliance.



19. Any risk requesting coverage for more than ten (10) locations.
20. Durable Medical Equipment risks distributing or servicing critical life support systems and other devices for critical life diagnosis and treatment.
21. Requests for deductibles greater than \$50,000.
22. Policies issued for more than 12 months.
23. Midterm requests for increase in the limits of liability. A no loss warranty statement will also be necessary.
24. The applicant or insured has been denied insurance by another carrier, or insurance canceled, non-renewed, restricted, or rejected by prior carrier(s).
25. Any requests for manuscript forms of any kind.
26. When we are providing auto coverage on an Excess Policy, vehicles with a passenger capacity in excess of fifty (50) must be approved by the Company prior to binding. The request for consideration must include the information necessary to determine acceptability of each vehicle submitted for consideration.
27. Any risk requesting \$500,000 Corporate Identity Protection limit
28. Any risk requesting a Sexual Misconduct Liability Coverage aggregate limit greater than \$1,000,000 on primary policies and \$2,000,000 on Umbrella Policies. This does not apply to existing or expiring Glatfelter policies.
29. Any risk requesting Overall Policy Aggregate Limit and Aggregate Limits Per Location Endorsment (115363).

2.9.2 LIMITATIONS: COVERAGES

No authority exists to quote or bind any of the following:

1. Claims Made coverage in a program where the CGL is written on an Occurrence form (excluding Employee Benefits Liability).
2. Occurrence Coverage in a program where the CGL is written on a Claims Made form.
3. Employment Related Practices.
4. Pollution or other Environmental coverages.
5. Liquor Law Liability in states designated as a high hazard (8 or higher) by ISO
6. Railroad Protective Liability.
7. Professional Liability or Errors and Omissions Liability. Limitation not applicable to Professional Liability.
8. Manufacturers Output policies or coverages.
9. Ocean Marine.
10. Product Recall.
11. Foreign coverages (i.e. outside the United States or Canada).
12. Hawaii Auto Coverages.
13. Massachusetts Auto Coverages.
14. Mold/Fungus Coverages.
15. Data Corruption coverage.
16. Policies that provide for Windstorm and/or Flood and/or Earthquake only.



17. Professional / General Liability or Umbrella for risks other than Retirement Apartments or Independent Living risks located in Kansas

2.9.3 LIMITATIONS: POLICY TERMS AND CONDITIONS

No authority exists to quote or bind any of the following terms or conditions:

1. Individual risk, or programs requesting financial guarantees, e.g. any situation where we would be asked to include language in our policy, or assume obligations in the repayment of indebtedness.
2. Aggregate Limit reinstatement.
3. Requests for mid-term increase in limits of liability (GL only). A “no known loss” warranty may also be required.
4. Extension of cancellation or non-renewal provisions beyond the statutory minimum or 90 days, whichever is greater.
5. Master policies with certificates.
6. Manuscript policies, forms or endorsements, defined as insurance coverage documents, whether written by member companies of AIG or not, that amend policy coverage terms but are not filed or otherwise approved by AIG for your use.
7. Removal of any policy exclusion.
8. Property Loss – Limit forms or coverages.
9. Property (real, personal or inland marine) on a reporting form basis.
10. Property blanket policy limits, subject to referral, see Section 3.1.1. for file requirements
11. Aggregate stop loss on deductibles or approved SIR's

2.10 STATE SURPLUS LINES TAXES, STAMPING FEES, SURCHARGES AND OTHER FEES

You are responsible for ensuring the proper display, billing, collection and remittance of all state required surplus lines taxes, stamping fees, surcharges and other applicable fees. All such amounts associated with these costs are to be remitted directly to the appropriate state/regulatory authority and are not to be remitted to the Company. Please refer to our Underwriting Bulletins or contact your Program Manager for current information regarding all applicable state surcharges and fees (noting that maintaining current information on applicable surplus lines taxes and stamping fees is the responsibility of the surplus lines broker and will not be provided by the Company)

2.11 POLICY ISSUANCE AUTHORITY AND SERVICE STANDARDS

You are authorized to issue policies and on behalf of the Company in accordance with the Authority set forth herein. You must issue and mail all policies (either by USPS or electronically) within thirty (30) days from the effective date of the policy; endorsements must be issued and mailed within thirty (30) days of receipt of the request.



2.12 APPROVED COVERAGE FORMS AND ENDORSEMENT AUTHORITY

Section 6 sets forth the coverage forms and endorsements that are available for use with the Program by line of business by jurisdiction.

This information is current as of the date of this document. However, the actual edition dates are subject to change based upon new forms being filed and approved. You may not use any form or endorsement other than the most current version approved for use by the Company, by line of business, and by jurisdiction.

Anytime you need to use a coverage form or endorsement not set forth in Section 6 herein, you must refer such form to your Program Manager for review and approval prior to use. If such form is approved, we will amend Section 6 accordingly.

2.13 DELEGATION OF AUTHORITY

The person designated in Section 5 (the “Designee”) may delegate the underwriting authority set forth herein to employees of the Program Administrator, provided such employees are under the employ and direct supervision of such designee. Any such delegation of authority must be done in writing, maintained on file at the Program Administrators office and made available to the Company upon request. No person other than the Designee may delegate any underwriting authority nor may the Designee delegate any authority to anyone outside of the employ of the Program Administrator. Any exceptions to any of the foregoing must be expressly approved in writing by your Program Manager prior to initiating the quote process.

Delegation of authority to employees must be done in writing and shall be maintained on file at the Program Administrators office.

2.14 SURPLUS LINES HANDLING AND RELATED CONSIDERATIONS

Surplus lines business can only be placed by a broker that holds a surplus lines license or has surplus lines authority in the “headquarters state” of the insured (see Section 3.10.4). While you may or may not serve in the capacity of surplus lines broker of record on each account, you remain responsible for ensuring that all state required surplus lines obligations/requirements are met and complied with. These requirements include, but are not limited to, proper qualification of surplus lines risks, documentation of diligent search requirements within the admitted market, surplus lines stamping and disclosure to the insured, and the application of state required surplus lines taxes, fees and other charges. If you, as our Program Administrator, are not acting as the surplus lines broker of record, you are responsible for establishing procedures and practices to verify that all state required surplus lines obligations are being met by the surplus lines broker of record. The Company may, if so required, request information from you regarding surplus lines policy handling to satisfy regulatory reporting requests it receives.



3. PROGRAM UNDERWRITING RULES

3.1 UNDERWRITING FILE/DOCUMENTATION REQUIREMENT

You must document the underwriting file to reflect that all issues warranting special consideration have been recognized, evaluated, and found to be in accordance with the Authority delegated to You. Likewise, if any exposures are excluded from coverage, you must document the file accordingly. The underwriting file must contain sufficient information and organized in a manner that will allow anyone to understand the Program Administrator's underwriting intent by reading the file.

The minimum general requirements for contents of an underwriting file are:

- Signed and dated application(s) – see Section 3.2.
- Account reservation (eStart) confirmation page, including the D&B credit score and any credit or underwriting alerts contained therein – see Section 3.3.
- Account summary worksheet - See Section 3.4.
- Loss runs or a letter of no known losses where applicable – see Section 3.5.
- Final rating worksheets.
- Where a policy is ISO 'a' or 'range' rated, documentation supporting the rate selected and where needed, approved by the Program Manager.
- Declarations Page (including full legal address of the insured).
- All correspondence pertaining to coverage or premium, including referrals.
- Referral approvals, declinations, if any.
- All quotes retained in a .pdf format along with the email cover letter.
- All binders, retained in a .pdf format along with the email cover letter.
- Complete copy of the policy, which must include a schedule of forms (either paper or electronic copy)
- Copies of any:
 - a. Mid-term endorsements;
 - b. Notices of cancellation;
 - c. Additional Insured endorsements;
 - d. Non-Renewal notices;
 - e. Renewal notices;
 - f. Premium audits;
 - g. Loss Control Reports.
- When you are acting in the capacity as surplus lines broker of record, all state required surplus lines documentation requirements – See Section 2.14

NOTE: If you also have admitted Underwriting Authority granted by us pursuant to a separate Program Administrator Agreement, you are not permitted to co-mingle policy documentation/files for admitted business with that of surplus lines business.



3.1.1 PROPERTY FILE DOCUMENTATION REQUIREMENT

- a. Signed statement of values (SOV) when the risk is written on an agreed amount, blanket per location or blanket policy basis.

3.1.2 UMBRELLA / EXCESS CASUALTY FILE DOCUMENTATION REQUIREMENT

- a. Umbrella pricing documentation including reason for pricing deviations.
- b. UM/UIM offer, acceptance & rejection forms where required
- c. For all scheduled underlying policies that we do not write:
 1. Loss runs or a letter of 'no known losses' where applicable – see Section 3.5
 2. Declarations pages from non AIG underwriting policies with writing company, premium, limits, policy periods, and for GL, a form schedule.

3.2 APPLICATIONS

A copy of the completed, signed and dated application must be kept in the policy file. Any supplemental applications, questionnaires, or statements of value which are critical to the underwriting of the account must be signed. Umbrella applications are not required to be signed if all of the underlying applications have been signed.

All applications, including supplemental applications used by the Program Administrator, must be approved by the Company. In some cases, supplemental information can be obtained separately from the application. Additional information that is obtained through telephone conversations, email exchanges, or other means may be used to analyze an account, but must be documented in the account file.

Standard ACORD forms and supplemental questionnaire or application approved by the Program Manager are the only applications approved for this Program.

3.3 ACCOUNT CLEARANCE/RESERVATION IN 'E START'

You must enter all accounts and Named Insureds into the AIG reservation system (eSTART) prior to the release of a quote. You must include evidence of the reservation clearance in the underwriting file. You must resolve all Underwriting Alerts, Credit Alerts and Hard Blocks as directed by your Program Manager prior to quote and retained in the file.

In addition, when an account is bound, it must be updated in eStart to reflect a bound status.

3.4 ACCOUNT SUMMARY WORKSHEET

Each Underwriting file must contain a completed "Account Summary Worksheet" (one document) that at includes the following:



- Name and address of the First Named Insured
- Complete list of Named Insureds, a brief summary of each named insured's operations (including any discontinued operations).
- Description of all operations.
- Exposure and hazard analysis.
- Current/expiring premium.
- Loss history summary by line of business, including open claims summary and large loss summary, if applicable.
- Financial analysis or confirmation of D&B Score per guidelines stated under Section 1.1
- Underwriting rationale supporting writing the account.
- Reason for referral to company, if applicable.

3.5 LOSS RUNS/LOSS ANALYSIS

You must analyze loss information prior to quoting any account in accordance with the eligibility requirements set forth in Section 1.1 and documented in the Underwriting file. Loss runs must be from an insurer or Approved Third Party Administrator and must have been produced and currently valued within 180 days of the policy effective date for both new and renewal business.

In addition, for each line of business written, a loss summary must be maintained in file that includes for each year:

- a. Annual premium
- b. Total Number of losses
- c. Total Incurred
- d. Analysis of any claim in excess of \$50,000

3.6 REFERRAL PROCESS / REQUIRED DOCUMENTATION

You must refer any underwriting issue that falls outside of the underwriting authority herein to your Program Manager prior to quoting the account. Such referral must clearly include the following:

- Reason for the referral (including direct reference to Your Authority triggering same).
- Supporting documentation, including a completed, current 'Account Summary Worksheet' (see Section 3.4).
- Your reasons supporting why an exception should be made.
- Due date for a response.

It is incumbent upon you to allow sufficient time for the Program Manager to review all referrals.

Your Program Manager will respond to you with a decision via email, which you must retain in the underwriting file. You may not quote or bind coverage prior to receiving written approval from your Program Manager.



Once the referral is approved, the approval shall remain in effect and, with the exception of the limitations stated below (1), resubmission is not required at each renewal, but only if:

- You have established that there has been no material change to the risk and
- You have properly documented the file (2).

(1) The following exception(s) shall limit referral approval(s) to the current policy term only:

1. When limited by the Program Manager and stated in their approval email; or
2. Deterioration of previously approved three year account loss ratio; or
3. Any referral for rate exceptions; or
4. The premium exceeds your authority as stated in Section 2.2, Premium Authority; or
5. Any approval for property and/or inland marine coverages:
 - For flood and/or earth movement if there are any changes to limit(s) or deductible(s); or.
 - Windstorm in a “wind control zone” (unless otherwise provided in the written approval); or
 - If the key amount subject increases by more than **10%** above the approved amount subject limit; or
 - Any amount subject value over \$40,000,000.

(2) NOTE: All referral approvals pertaining to the in force policy must be kept in the current year policy file.

In addition to the above, please note that any previously approved manuscript endorsements that do not have a specific form number and edition date must be resubmitted at expiration. Once approved, the above will apply if so designated by your Program Manager.

3.7 DEDUCTIBLES / SIR PROCEDURES

- A. Deductible options are available, including \$0 deductible to \$5,000, without reduction of premium when possible.
- B. Deductibles greater than \$5,000 are also available. For deductible credits applicable to General and Professional Liability, Section 6.2.1
 1. Deductibles of greater than \$50,000 are a Company referral.
 2. Aggregate Deductibles are not available
 3. Self-Insured Retentions (SIR):
 - a. These are a referral to the Company
 - b. No security is required for an SIR

3.8 QUOTATION

You must issue quote letters for all accounts using a protected pdf format. The saved pdf file name must include the insured’s name and the date the quote was created. The quote letter must be retained in the underwriting file along with the dated cover letter (email) that accompanied the quote. If a request is made to revise the quote prior to binding, you must issue a new quote letter.



At a minimum the quote letter must include the following: date of proposal, name of producer, name of insured, proposed effective date and expiration date, conditions, limits of liability, deductible/self Insured retention if applicable, premium, applicable coverage, description of forms and endorsements, services if applicable, payment options.

3.8.1 SURPLUS LINES REQUIREMENTS FOR QUOTATIONS

All Quotations issued on a surplus lines basis must contain the following wording on the 1st page of the Quotation:

“THIS INSURER IS NOT LICENSED IN THE STATE AND IS NOT SUBJECT TO ITS SUPERVISION”

If you are not acting in the capacity as surplus lines broker of record or are not reflecting the state required surplus lines taxes and other fees, as may be applicable, on the Quotation, you must include the following on your Quotation in the area where the final premium is shown:

“Premium figures do not include surplus lines taxes and fees”

3.9 BINDERS

All requests from a retail broker or applicant to bind coverage must be in writing and received prior to the coverage inception date. If multiple quotes were provided, the bind order must clearly state the quote option selected.

You must issue a binder whenever a policy is not issued and mailed (USPS or electronically) within five (5) business days of the policy’s effective date and outline the final agreed-upon terms and conditions (which may differ from the quote letter assuming the changes are non-monetary). All binders must be converted to a .pdf format, sent via email, and retained in the underwriting file, along with the dated cover letter that accompanied the binder. A binder cannot be issued for a period of more than 30 days without written approval by the Company.

Binders may consist of an ACORD Form 75 or a binder letter, provided, however, that all binder letters must include at least the following information:

- Date of issue
- Quote version number (if replacing an earlier version)
- Type of coverage

All broker binder letters must contain the following language:

“This binder contains a summary of the coverage provided under the policies listed herein and does not include all the terms, conditions, and exclusions of the policy(ies). The policy(ies) contains the full and complete agreement with regard to the coverage provided therein. Please review the policy(ies) thoroughly



with your broker upon receipt and notify us promptly in writing if you have any questions. In the event of any inconsistency between the binder and the policy, the policy language shall control.”

3.9.1 SURPLUS LINES REQUIREMENTS FOR BINDERS

All Binders issued on a surplus lines basis must contain the following wording on the 1st page of the Binder:

“THIS INSURER IS NOT LICENSED IN THE STATE AND IS NOT SUBJECT TO ITS SUPERVISION”

If you are not acting in the capacity as surplus lines broker of record or are not reflecting the state required surplus lines taxes and other fees, as may be applicable, on the Binder you must include the following on your Binder in the area where the final premium is shown:

“Premium figures do not include surplus lines taxes and fees”

3.10 OTHER UNDERWRITING CONSIDERATIONS

3.10.1 DECLINATIONS/NON RENEWALS/CANCELLATIONS

You must provide proper and timely cancellation and/or non-renewal notices to policyholders, and such other entities as required by the policy, any application law, rule, regulation or order, or the Company. Declination of any submitted new business account must be done in writing and in a timely manner. For all cancellations, conditional renewals and non-renewals, use of ODEN Policy Terminator is required to ensure that notices provided comply with each state’s requirements.

3.10.2 MATERIAL CHANGE IN COVERAGE/RATE INCREASES

Many states require notification of any change in premium (including not only base rate changes, but the premiums charged to the individual account) or restrictions in coverage. Some states will require notification to the policyholder prior to renewal, while other states may require a conditional non-renewal. These requirements are applicable to surplus lines business in many states. You must issue such notices as required by applicable law, and forward any questions to your Program Manager.

3.10.3 STATE SPECIFIC AMENDATORY ENDORSEMENTS AND POLICY NOTICES

You must include any/all state amendatory endorsements and policy notices as required by the “Headquarters State” of the insured.

3.10.4 HEADQUARTERS STATE RULE

You must verify that the Program is in compliance and using approved loss costs/rates, rules and forms based upon the ‘headquarters state’ of the first named insured. As used in this document, “headquarters state” is



defined as the state shown in the mailing address of the first Named Insured on the declarations page – the state in which the first Named Insured maintains its headquarters or principle place of business.

3.10.5 TERRORISM RISK INSURANCE ACT (TRIA)

You must comply with provisions of the Federal Terrorism Risk Insurance Act of 2002, as amended.

You must provide a quote for terrorism when providing coverage for Property, General Liability, and/or Excess Casualty lines of business. The Company has taken the position that coverage for terrorism for these lines must be offered with no option to reject coverage, using Form 96556 (02/08) and must clearly show the premium charge. The rate will be a flat charge of 0.1% of the combined Professional/General Liability premium where approved (Refer to Qwiknotes for zip codes where coverage for Terrorism requires a referral.)

Note: the current Federal Terrorism Risk Insurance Act, as amended, is schedule to 'sunset' on 12/31/2014. If it is not renewed, you will be advised to discontinue offering coverage, and instead attach a proprietary terrorism exclusion.

3.10.6 OFFICE OF FOREIGN ASSETS CONTROL (OFAC)

You must attach the approved AIG Coverage Territory Endorsement on all policies (as directed in Section 6).

You must comply with all laws, rules and regulations promulgated by the Office of Foreign Assets Control (OFAC). By clearing the account and any alerts and/or blocks that arise in eStart (see Section 3.3), you are satisfying this requirement.

However, you must refer all matters involving conflicts of this type to your Program Manager immediately to address any potential legal risks under all applicable laws prior to quoting. You are not authorized to bind coverage for any insured included on any list of Specifically Designated Nationals and Blocked Persons promulgated by OFAC.

3.10.7 COMMISSION – POLICYHOLDER NOTICE

You must attach the approved AIG policyholder notice (form 91222 04/13) regarding producer commission to all policies issued pursuant to the Program.

4. ADMINISTRATION AND SERVICE

NEW BUSINESS SURVEYS

Accounts that generate <\$10,000 in total account premium – Underwriter discretion.

Accounts that generate \$10,000 to \$174,999 in total account premium – Underwriting will refer the account to Regional Reporting for a property, premises liability survey.

Accounts that generate \$175,000 or more in annual premium – Underwriting will refer the account to Risk Control internally. Risk Control will determine the appropriate internal or Pendulum consultant to service the



account. These accounts will receive consulting type services to help them evaluate and control significant loss exposures.

Any account where, in the Underwriter's judgment, the exposures or loss history suggests that a risk survey is justified.

RE-SURVEYS

Accounts that generate \$10,000 or more in total account premium are resurveyed every 3 years.

Accounts that generate \$175,000 or more in annual premium will receive ongoing consulting type services following the service plan developed by Risk Control in consultation with Underwriting.

4.1 PREMIUM INSTALLMENTS AND FINANCING

The Program Administrator may offer Premium installments subject to the following:

- A. All installments will be billed and collected by the Program Administrator
- B. Commissions will be deducted proportionally as payments are received by the Program Administrator
- C. Payment terms of either of the following may be offered to insureds:
 - 1. Monthly: 25% due at policy inception and 8 monthly installments at equal percentages , or
 - 2. Quarterly: 40% due at policy inception and 3 quarterly installments due at days 90/180/270 of 20% each.

Semi-Annual is not utilized.



5. ACKNOWLEDGEMENT AND ACCEPTANCE

ACKNOWLEDGEMENT AND ACCEPTANCE

The Program Underwriting Authority and the underwriting authority granted herein, supersede any previous document outlining any and all underwriting requirements and authority. Only the terms of this Authority apply to the conduct of your underwriting responsibility pursuant to the Program. Verbal expressions of underwriting authority do not alter the terms of Your Authority.

Please sign below and return an executed copy of the Program Underwriting Authority to your Program Manager within 30 days.

I acknowledge and accept the terms and conditions set forth in this Program Underwriting Authority.

Acknowledged By:

Delegated By:

Glatfelter Underwriting Services Inc.

AIG, Lexington

Name of Program Administrator

Name of Insurers

John A. Solari

Adam M. Yasan

Name of Recipient/Designee

Name of Grantor

President, Glatfelter Underwriting Svcs
Chief Underwriting Officer

Vice President, Product Line Manager

Title of Recipient/Designee

Title of Grantor

John A. Solari

Adam M. Yasan

Signature of Recipient/Designee

Signature of Grantor

12-5-14

12-8-2014

Date

Date



6. ADDENDA – LINE OF BUSINESS GUIDANCE: LOSS COSTS/RULES/FORMS

Included in this Section is a complete set of forms (and current edition date by jurisdiction) approved for use with this program. This information is current as of the date of this Authority and is subject to change. You must use the current, approved form edition, which may be a new version than appears in this Authority, based upon the Insured's headquarter state. We will use the Cover-All operating system and/or Program Administrator bulletins to keep this information current.

Special Underwriting Considerations applicable to all lines of business:

- A. All mandatory state amendatory endorsements must be attached to policies without exception.
- B. The Program Administrator must comply with all requirements in states that have a Patient Compensation Fund. Such states may include but are not necessarily limited to:
 - 1. Indiana
 - 2. Louisiana
 - 3. Nebraska
 - 4. New Mexico
 - 5. Pennsylvania
 - 6. South Carolina
 - 7. Wisconsin
- C. Special Underwriting Considerations: The following items should be considered carefully by the underwriter and the underwriter's thought process should be documented adequately with respect to each item. The following list is not an exhaustive list of special underwriting considerations.
 - 1. **General and Professional Liability**
 - 1. Special Events can be covered by endorsement with proper underwriting and knowledge of the exposure.
 - 2. Additional Insureds: All requests for Additional Insureds can only be granted after careful review and analysis of the circumstances and need.
 - 3. Louisiana – Insured must provide confirmation if they are members of the Louisiana Patient Compensation Fund. Refer to Forms Lists in Section 8. Addenda.
 - 4. Pennsylvania – participation in the MCARE program is mandatory for skilled facilities. The Program Administrator is responsible for MCARE filings. Refer to Forms List in Section 8. Addenda.
 - 2. **Other Underwriting Considerations to focus on in Underwriting accounts**
 - a. Facilities where the ownership has changed in the past five years, or where the Administrator or Director of Nursing has been employed for less than 5 years.
 - b. Facilities that admit Alzheimer residents, but are not equipped with a Wander Guard™ system or secure (locked down) unit.
 - c. Facilities where all employees are hired through employee leasing firms or temporary agencies.
 - d. Facilities where 75% or more of receipts are obtained from Medicaid. Facilities meeting the following criteria are generally less concerning.
 - i. Stable financials for the past three (3) years or greater
 - ii. No reduction in nursing or certified nurse assistant (CNA) staffing for the past three (3) years or greater
 - iii. Facilities with 20% or less turnover in nursing or CNA staffing levels on an annual basis



- e. Facilities where 10% or more of the resident population includes one or more of the following.
 - i. G-Peg tubes
 - ii. Mental Health / Mental Retardation (MHMR) residents
 - iii. Psychiatric residents
 - iv. Heavily skilled care residents (ventilators, tracheotomy care, traumatic brain injury (TBI))
- f. Facilities with 10% or more documented Stage III or Stage IV pressure sores (does not include inherited pressure sores). Facilities previously cited should have a “clean” report for them to be acceptable.
- g. Facilities that use restraints on 10% or more of the resident population.
- h. Skilled beds on upper floors of buildings.
- i. Facilities in the following jurisdictions need extra due diligence and while occurrence coverage is available, claims made coverage is preferred but not mandated
 - i. Nassau, Suffolk, Queens, New York, Kings, Bronx, Richmond and Westchester counties in New York.
 - ii. Cook County, Illinois
 - iii. Philadelphia, Montgomery, Delaware and Bucks counties in Pennsylvania
 - iv. California
 - v. Michigan
 - vi. Arkansas
 - vii. New Mexico
 - viii. Arizona
 - ix. Kentucky
 - x. Alabama,
 - xi. Dade/Broward Counties Florida,
 - xii. Maryland,
 - xiii. Mississippi,
 - xiv. West Virginia
- j. Facilities that are financed by the U.S. Department of Housing and Urban Development (HUD) should follow the following underwriting parameters:
 - **Green Light**
 - 1. Facility has Skilled, AL and/or IL units
 - 2. Located in a good jurisdiction (not in a Judicial Hellhole- <http://www.judicialhellholes.org/> link for difficult jurisdictions*)
 - 3. Financials are in order
 - 4. Claims-free and Fraud Allegation-free**
 - **Yellow Light**
 - 1. Facility is AL or IL stand-alone (must have characteristics of AL/IL units as per our guidelines)
 - 2. Located in a questionable jurisdiction as per our guidelines and Judicial Hellhole report
 - 3. Financials are questionable
 - 4. Facility has loss history
 - **Red Light**



1. Facility is IL stand-alone with no standard IL characteristics (i.e. common dining room, monitored call buttons)
2. Located in a "Judicial Hellhole"
3. Financials are poor
4. Facility has loss history, particularly Fraud claims

6.1 PROPERTY / INLAND MARINE / CRIME

Unless otherwise directed in this section, please refer to the Division 66 Property Qwiknotes.

The company accepts ACORD Applications.

6.1.1 APPROVED RATES AND RULES – PROPERTY / INLAND MARINE / CRIME

Unless directed otherwise, you are to use ISO loss costs or class rates applicable at each location for Property. AAIS Rates apply to Inland Marine Scheduled Personal Property – See the attached.

Premium charge for the "enhanced forms" is: 3% of property premium with minimum \$225. and maximum \$1,000. This charge, as well as the charge for the Human Services endorsement, is included in Coverall.

MINIMUM WIND LOAD RATES*

Up to a maximum TIV of \$2,000,000

State	ISO Construction Types***		
	1 - 2	3	4 - 5
AL**	\$0.501	\$0.435	\$0.392
CT	\$0.458	\$0.398	\$0.359
DE	\$0.077	\$0.067	\$0.060
FL	Excluding	Wind	Only
GA	\$0.062	\$0.054	\$0.049
HI	\$0.368	\$0.320	\$0.288
LA**	\$0.591	\$0.514	\$0.462
MA	\$0.210	\$0.182	\$0.164
MD	\$0.080	\$0.070	\$0.063
ME	\$0.018	\$0.016	\$0.014
MS**	\$0.386	\$0.336	\$0.302
NC	\$0.251	\$0.218	\$0.196
NJ	\$0.049	\$0.043	\$0.039
NY	\$0.229	\$0.199	\$0.179
RI	\$0.475	\$0.413	\$0.372
SC	\$0.267	\$0.232	\$0.209
TX**	\$0.833	\$0.724	\$0.652
VA	\$0.024	\$0.021	\$0.019

DEDUCTIBLE FACTORS

Wind Deductible Amt.	Factor
\$25,000	1.50
\$50,000	1.40
1%	1.20
2%	1.15
3%	1.00
5%	0.95
3%	1.00
5%	0.95

* Add to estimated AOP base rate or to the sum of the Group I, 25% of the Group II and Special base rates.

** See Qwiknotes windstorm rules

*** No greater than 25% of the TIV ISO Class 1 - Wood Frame within 25 miles of the gulf coast



Earthquake Rating – CoverAll:

1. Use the earthquake spreadsheet to determine the total premium for the earthquake sublimit. Although the First Loss Scale is meant to be used on a per location basis, use the total TIV against the earthquake sublimit. This will give you a ballpark figure as to what the overall EQ premium should be
2. Enter EQ policy sub-limit and EQ deductible at building 1 of the key location. Coverall will develop a premium for EQ. Compare the coverall premium to the total premium from your spreadsheet; If the differential is minimal, then coverall is developing an appropriate charge for EQ and no other rate calculations or charges are necessary.
3. If your spreadsheet indicates that you need significantly greater premium for EQ, then we need to get an increase in the overall property premium to account for the quake exposure. Modify the IRPM to build the premium into the overall pricing. The resulting location data for modeling purposes will correctly show the sublimit and the EQ deductible. The earthquake limit will only show at bldg #1 at the key location.
4. Attach CP 1045 Earthquake and Volcanic Eruption Endorsement. In CoverAll, add the following text in the free-form text area to allow the following to print on the Dec: See Form CP 1045. The Earthquake Sublimit as shown for Location #1, Building #1 applies per occurrence and in the aggregate to all buildings, personal property and business income over all scheduled locations.

Flood Rating

Use the same approach as shown above for earthquake and apply the appropriate flood endorsement (CP 1065 for Enhanced Property).

INLAND MARINE RATES – AAIS forms

SCHEDULED PROPERTY FLOATER -- PREMIUM DETERMINATION

Scheduled Premises

If coverage is written for property at a specifically scheduled premises, the following method should be used:

Step 1.E

Basic Load

- a. Obtain the 100% coinsurance business personal property Group I (fire) rate and Group II (extended coverage) rate.
- b. Add the Group I (fire) rate to the Group II (extended coverage) rate.
- c. If coverage involves several locations, determine an average rate. Use the average rate to determine the load for all locations.

Step 2.E

Special Perils Load -- Determine a special causes of loss (perils) load. The following risk features should be considered when determining a load:

- a. Theft exposure
 - 1) covered property not considered target commodity for theft
 - 2) covered property considered potential target commodity for theft
- b. Transit exposure



- 1) property shipped via common carrier, use of full bill of lading
- 2) property shipped in owner's vehicle, vehicle parked overnight in unsecured lot
- c. Off-premises exposures
 - 1) property infrequently moved, property used/stored in secured building
 - 2) property frequently moved, property not used/stored in secured building

Load: .05 - .20

Step 3.E

Earthquake Load -- Determine the load for earthquake, if applicable. MMI - Refers to the Modified Mercalli Intensity scale which is a measurement of the intensity of an earthquake. The following construction features should be considered when determining a load:

- a. wood frame, steel frame, reinforced concrete, combined concrete & steel
- b. concrete, brick or block

250 Year MMI Zones 1 through 6.99:

Load: .005 - .05

Step 4.E

Flood Load -- Determine the load for flood including sewer backup, if applicable. The following risk features should be considered when determining a load:

- a. The potential for sewer backup and seepage
- b. Mix of flood zones
- c. Risk features designed to mitigate flood exposure and water damage

RiskMeter™ - Flood Scores 10 – 40 only:

Load: .01 - .15

Step 5.E

Add the loads together that were developed in Steps 1.E thru 4.E. Multiply the sum by the limit of insurance for each location.

Step 6.E

Multiply the Miscellaneous Floaters rating information shown in Loss Cost Rating Information by the applicable company loss cost multiplier, and then multiply the result by the result of Step 5.E.

Step 7.E

Deductible -- Modify the premium by any applicable deductible modification.

<u>Deductible Amount</u>	<u>Factor</u>
\$250	1.00
\$500	.95
\$1,000	.90

Step 8.E

IRPM -- Modify the premium by any applicable Individual Risk Premium Modification.

Refer to Qwik Notes for specific guidance on approved Marshall & Swift valuations.

When writing Crime Coverage on a Discovery form, you must attach the Retroactive Date endorsement. The date utilized on the endorsements should not be more than one year prior to the effective date for which we issue our original policy to an insured. For subsequent renewals, we can use the same date. If there is a break



in coverage at any point, we must change the retro date to be no more than one year prior to the *new* effective date.

6.1.2 APPROVED FORMS - PROPERTY / INLAND MARINE / CRIME

ISO forms are to be used on most accounts. Public Protection Class must be 1 – 8.

PROPERTY FORM TITLE		LIMITATIONS
MANDATORY ATTACHMENTS – ALL POLICIES		
91222 (04/13)	Policyholder Notice - Commission	None
IL 0017 (11/98)	Common Policy Conditions – ISO CPP (only)	All states except WA
IL 0146 (08/10)	Common Policy Conditions – ISO CPP (only) - WA	WA
89644 (06/13)	Economic Sanctions Endorsement (OFAC)	All states except AK
118019 (07/14)	Economic Sanctions Endorsement (OFAC) - AK	AK
96556 (02/08)	Policyholder Disclosure Notice of Terrorism Insurance Coverage	
102214 (06/10)	Georgia Diminution of Value Exclusion	Mandatory if GA Locations
PLUS ALL REQUIRED STATE AMENDATORY ENDORSEMENTS		
"ENHANCED" PROPERTY BASE FORMS:		
97100 (05/08)	Commercial Property Conditions	
97101 (05/08)	Common Policy Conditions (Use IL 0017 for Package Policies)	
97069 (03/08)	Supplemental Declarations	
97064 (03/08)	Business and Personal Property Cov Form	
97072 (03/08)	Cause of Loss – Special Form	
100381 (12/08)	Cov for Loss to the Undamaged Portion of Bldg	
100380 (12/08)	Ordinance or Law Amendatory Endorsement	
99079 (05/08)	Exclusion of Loss Due to Virus or Bacteria	Except NY, MA
OPTIONAL ENDORSEMENTS (ISO and ENHANCED UNLESS OTHERWISE NOTED)		
97070 (05/10)	Business Income (and Extra Expense) Coverage Form	
CP 1065 (10/12)	Flood Coverage Endorsement	Except CA, HI, TX
CP 1065 (06/07)	Flood Coverage Endorsement	CA, HI, TX
CP 1045 (10/12)	Earthquake and Volcanic Eruption (Sub Limit Form)	Except CA, HI, OR, TX
CP 1045 (08/99)	Earthquake and Volcanic Eruption (Sub Limit Form)	CA, HI, TX
CP 1045 (02/00)	Earthquake and Volcanic Eruption (Sub Limit Form)	OR
97065 (05/08)	Equipment Breakdown Exclusion (mandatory when not providing Equipment breakdown coverage)	



97081 (04/08)	Equipment Breakdown-Other Conditions Endt	
99127 (06/08)	Mortgagee Clause - Washington	WA
97091 (03/10)	Blanket Limits Per Premises Endorsement	
97092 (05/08)	Margin Clause	
90610 (11/08)	Windstorm or Hail Deductible Endorsement	Limited to AL, CT, DC, DE, GA, HI, MA, MD, ME, MO, NC, NH, NJ, RI, SC, TX, VA
CP 0320 (10/92)	Multiple Deduct (Fixed Dollar Deduct) OR:	All other states .
CP0321 (10/12)	Windstorm or Hail (Percentage) Deductible Endorsement	All other states
100382 (12/08)	Windstorm or Hail Deductible Endorsement with Named Storm Definition	Limited to AL, CT, DC, DE, GA, HI, MA, MD, ME, MO, NC, NH, NJ, RI, SC, TX, VA
101139 (04/09)	Windstorm or Hail Deductible Endorsement with Named Storm Definition - SC	SC
CP 1054 (06/07)	Windstorm or Hail Exclusion NY - you cannot exclude Windstorm or Hail on an Admitted basis	Except NC, NY, SC, TX, WA
CP 1061 (06/07)	Windstorm or Hail Exclusion	NC
CP 1059 (06/07)	Windstorm or Hail Exclusion	SC
CP 1057 (06/07)	Windstorm or Hail Exclusion	TX
CP 1063 (06/07)	Windstorm or Hail Exclusion	WA
97036 (02/08)	Upgrade to Green	Except CT
99712 (08/08)	Upgrade to Green - CT	CT
110286 (06/12)	Ordinary Payroll Exclusion	
110358 (05/12)	Supplemental Dec – Limit/Deductible Changes	
113680 (05/13)	Guests Property Endorsement	
70630 (04/08)	Additional Coverages - Human Services	
106379 (10/10)	Evacuation Response	
106360 (09/10)	Surface Water Amendatory	
106361 (09/10)	Limited Coverage for Virus and Bacteria	Except NY
108012 (04/11)	Limited Coverage for Virus and Bacteria	NY
CP 1036 (10/12)	Limitations on Coverage for Roof Surfacing	Except CA, CT, CO, HI, IL, IN, MA, MO, NH, TX, WY
115114 (10/13)	Limitations on Coverage for Roof Surfacing	CA, CO, IL, TX,
CP 1048 (10/12)	Limitations on Coverage for Roof Surfacing - MO	MO
CP 1022 (10/12)	ACV for Roof Surfacing - CT	CT
CP 1023 (10/12)	ACV for Roof Surfacing - MA	MA
CP 1025 (11/13)	ACV for Roof Surfacing - IN	IN
CP 1049 (01/12)	ACV for Roof Surfacing - WY	WY
	<i>NOTE: no "Roof Surfacing" endorsements are available in HI, NH.</i>	
115262 (04/14)	Food Contamination and Communicable Disease Coverage	



FORM #	INLAND MARINE	LIMITATIONS
	INLAND MARINE OPTIONAL FORMS	
IM 7500 (10/09)	Scheduled Property Floater	
IM 7088 (01/12)	Windstorm Deductible	All states ex. MN
IM 7088 (02/12)	Windstorm Deductible	MN
IM 7977 (08/12)	Theft Deductible Endorsement	
IM 7978 (08/12)	Theft Exclusion	
IM 108087 (05/12)	Bridge Endorsement	
IM CL0100	Conditions	

FORM #	CRIME	LIMITATIONS
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It is our intent to migrate our Crime policies to the Actual Loss Sustained form as follows:

Effective immediately, all *new* Crime business should be written using ISO's Actual Loss Sustained coverage form (CR 0021).

In the event there is a desire to write a new Crime policy on the 'Discovery' form, it requires a referral and prior approval by the Program Manager utilizing a retroactive date that is concurrent with the inception date of our policy. However, use of this form is strongly discouraged.

Renewals of existing business currently written on the 'Discovery' form (CR 0020) may continue as long as form CR 2005, Retroactive Date Endorsement, is attached and properly completed (no earlier than the original date AIG assumed coverage on consecutive renewals.)

CRIME BASE FORM POLICIES

CRDS 01 (08/13)	Crime & Fidelity Part Declarations	Except CA, CO, FL, LA, MD, NY
CRDS 01 (08/07)	Crime & Fidelity Part Declarations	MD
CRDS 01 (07/02)	Crime & Fidelity Part Declarations	CA, CO, FL, LA, NY
CR 0021 (08/13)	Commercial Crime Coverage Form – Loss Sustained Form	Except CA, CO, FL, LA, MD, NY
CR 0021 (05/06)	Commercial Crime Coverage Form – Loss Sustained Form	CA, CO, FL, LA, MD, NY
CR 0020 (08/13)	Commercial Crime Coverage Form - Discovery	Except CA, CO, FL, LA, MD, NY
CR 0020 (05/06)	Commercial Crime Coverage Form - Discovery	CA, CO, FL, LA, MD, NY
CR 2005 (10/10)	Retroactive Date Endorsement	Except CA, CO, FL, LA, MD, NY
CR 2005 (05/06)	Retroactive Date Endorsement	CA, CO, FL, LA, MD, NY

MANDATORY ENDORSEMENTS

CR 2028 (08/07)	Add Protective Devices or Services	Except CA, CO, DE, FL, HI, LA, IL, MA, MN, NY, TX
CR 0147 (08/07)	Add Protective Devices or Services - MN	MN



OPTIONAL ENDORSEMENTS

CR 0413 (08/13)	Destruction of Electronic Data or Computer Programs	Except CA, CO, FL, LA, MD, NY
CR 0413 (05/06)	Destruction of Electronic Date or Computer Programs	CA, CO, FL, LA, MD, NY
	PLUS ALL REQUIRED STATE AMENDATORY ENDORSEMENTS	

6.2 GENERAL AND PROFESSIONAL LIABILITY

6.2.1 RATES/LOSS COSTS/LOSS COST MULTIPLIERS – PROFESSIONAL/GENERAL LIABILITY

The Minimum Threshold base class rates below are based on occurrence/aggregate liability limits of \$1,000,000 /\$3,000,000 on a combined PL/GL basis. These rates are based on licensed beds and independent living units, and include a provision for Sexual Misconduct Liability and Fire Legal Liability coverage at no additional charge.

Overall rate is based upon multiple risk factors and rate need as determined by program.

Minimum Threshold Base Class Rates

State	For-Profit			Not-For-Profit		
	SK	AL	IL	SK	AL	IL
Alabama	\$350	\$250	\$75	\$300	\$200	\$50
Arizona	\$325	\$200	\$50	\$300	\$175	\$50
Arkansas	\$350	\$250	\$75	\$300	\$200	\$50
California	\$300	\$199	\$50	\$300	\$175	\$50
California (Los Angeles)	\$500	\$500	\$50	\$500	\$500	\$50
Colorado	\$350	\$250	\$80	\$300	\$200	\$50
Connecticut	\$350	\$250	\$80	\$300	\$200	\$50
Delaware	\$350	\$250	\$75	\$300	\$200	\$50
Florida	\$850	\$500	\$85	\$800	\$450	\$80
Georgia	\$300	\$150	\$50	\$300	\$150	\$50
Idaho	\$325	\$149	\$75	\$300	\$149	\$50
Illinois (non-Cook Cty)	\$300	\$150	\$70	\$300	\$150	\$50
Illinois (Cook Cty)	Referral			Referral		
Indiana	\$350	\$200	\$74	\$300	\$150	\$50
Iowa	\$300	\$150	\$50	\$300	\$150	\$50
Kansas	\$350	\$250	\$70	\$300	\$200	\$50
Kentucky	\$350	\$250	\$70	\$300	\$200	\$50



Minimum Threshold Base Class Rates

State	For-Profit			Not-For-Profit		
	SK	AL	IL	SK	AL	IL
Louisiana	\$350	\$275	\$80	\$300	\$250	\$75
Maine	\$350	\$250	\$75	\$300	\$200	\$50
Maryland	\$350	\$275	\$80	\$300	\$200	\$50
Massachusetts	\$400	\$250	\$75	\$375	\$200	\$50
Michigan	\$350	\$275	\$80	\$300	\$200	\$50
Minnesota	\$350	\$275	\$80	\$300	\$200	\$50
Mississippi	\$350	\$250	\$75	\$300	\$200	\$50
Missouri	\$325	\$200	\$60	\$300	\$200	\$50
Montana	\$350	\$275	\$80	\$300	\$200	\$50
Nebraska	\$300	\$200	\$60	\$275	\$200	\$50
Nevada	\$350	\$250	\$75	\$300	\$200	\$50
New Hampshire	\$350	\$250	\$75	\$300	\$200	\$50
New Jersey	\$300	\$200	\$60	\$275	\$200	\$50
New Mexico	\$325	\$250	\$75	\$300	\$200	\$65
New York City Boroughs		Referral			Referral	
New York - Other	\$300	\$200	\$75	\$300	\$200	\$60
North Carolina	\$350	\$250	\$75	\$300	\$200	\$50
North Dakota	\$350	\$250	\$75	\$300	\$200	\$50
Ohio	\$350	\$275	\$70	\$300	\$200	\$50
Oklahoma	\$300	\$200	\$75	\$300	\$175	\$50
Oregon	\$350	\$250	\$70	\$300	\$200	\$50
Pennsylvania	\$350	\$275	\$75	\$300	\$250	\$50
Rhode Island	\$350	\$250	\$75	\$300	\$200	\$50
South Carolina	\$300	\$200	\$50	\$250	\$150	\$50
South Dakota	\$350	\$250	\$75	\$300	\$200	\$50
Tennessee	\$300	\$200	\$75	\$300	\$200	\$60
Texas	\$350	\$250	\$75	\$300	\$200	\$50
Utah	\$350	\$250	\$75	\$300	\$200	\$50
Vermont	\$350	\$250	\$75	\$300	\$200	\$50
Virginia	\$350	\$225	\$75	\$300	\$200	\$50
Washington	\$350	\$250	\$75	\$300	\$200	\$50
Washington DC	\$350	\$250	\$75	\$300	\$200	\$50
West Virginia	\$350	\$250	\$75	\$300	\$200	\$50
Wisconsin	\$350	\$250	\$80	\$300	\$200	\$50
Wyoming	\$350	\$250	\$75	\$300	\$200	\$50



SK = Skilled Nursing, AL = Assisted Living, IL = Independent Living

RATES AND PREMIUM CALCULATION

The rates and rating rules in these sections factor into the premium calculation formula in the table below:

Primary Premium Calculation Formula

Premium Variable	Description
[No. of Skilled Beds] * [Skilled Bed Base Rate]	See rates above
+ [No. of Asst. Living Beds] * [Asst. Living Bed Base Rate]	See rates above
+ [No. of Independent Living Units] * [Independent Living Unit Base Rate]	See rates above
+ [Home Health Ratable Exposure] * [Home Health Rate]	See rates below
+ [Hospice Ratable Exposure] * [Hospice Rate]	See rates below
+ [Adult Day Care Ratable Exposure] * [Adult Day Care Rate]	See rates below
+ [Children's Day Care Ratable Exposure] * [Children's Day Care Rate]	See rates below
+ [Druggist Liability Ratable Exposure] * [Druggist Liability Rate]	See rates below
+ [Meals on Wheels Ratable Exposure] * [Meals on Wheels Rate]	See rates below
= Unmodified Base Premium	
X Increased Limit Factor	Enter ILF for Limits being quoted
X Claims Made Step Factor	Enter CM Step Factor Corresponding to CM Year
X Deductible Factor	Enter appropriate Deductible Factor (See Rating Rules)
X Program Discount Factors	Enter Program Discount Factor (See Rating Rules)
X Defense within the Limit Endorsement Factor	If endorsement is attached to policy then .90, otherwise 1.0
= Modified Premium Before Additional Coverages	
+ [Nose Coverage Rate] * [Modified Premium before Add'l Charges]	See below
+ Beauty and Barber Professional Flat Charge	See below
+ Employee Benefits Liability Flat Charge	See below
+ Employers' Liability- Stop Gap Flat Charge	See below
+ Corporate Identify Protection Coverage	See below
+ Limited Health Insurance Portability and Accountability Act – Add'l Limit	See below
= Final Modified Premium	
+ Nose Coverage Premium	See below
+ Terrorism Premium	



PREMIUM MODIFIERS

Should you encounter a 'refer to company' issue not addressed above, please refer to your program manager for guidance.

A. Home Health

Coverage can only be provided when the home health entity is a wholly owned subsidiary of an eligible long term care facility. The base premium should be calculated by charging a rate of between **\$5 and \$7 per \$1,000 of home health revenue**. The final rate selected will depend upon the underwriter's assessment of the riskiness of the home health services.

B. Hospice

If rating a hospice facility use the Skilled Bed rates set forth above. If the hospice services are in-home use the Home Health rates set forth above.

C. Adult Day Care

The base premium should be calculated by charging a rate of between **\$25 and \$50 per person OR a rate of between \$5 and \$7 per \$1,000 of adult day care revenue**. The final rate selected will depend upon the underwriter's assessment of the riskiness of the adult day care services. In general, the underwriter should charge more if the facility provides transportation to adult day care clients.

D. Children's Day Care

The base premium should be calculated by charging a rate of between **\$50 and \$75 per person OR a rate of between \$10 and \$25 per \$1,000 of child day care revenue**. The final rate selected will depend upon the underwriter's assessment of the riskiness of the child day care services. In general, the underwriter should charge more if the facility provides transportation to child day care clients

E. Druggist Liability

The base premium should be calculated by charging a rate of between **\$3 and \$7 per \$1,000 in pharmacy receipts**. Rate for this exposure if the insured operates a pharmacy. This is a different exposure than the nursing home obtaining prescriptions from a pharmacy to disperse to residents. Consideration should be given to whether or not the facility restricts the sales to residents or sells to the general public. If the facility sells to the general public then the underwriter should decide the druggist liability represents a disproportionately large exposure. If it does, then the underwriter should exclude coverage and recommend the insured buy a standalone policy for the exposure.

F. Meals on Wheels

The base premium should be calculated by charging a rate of between **\$3 and \$5 per \$1,000 in meals on wheels receipts**. Consider whether the meals are served on the premises or whether owned vehicles are used for deliveries. The higher end of the rate range should be charged if owned vehicles are used for deliveries. The underwriter should also consider who prepares the meals and whether or not that impacts the exposure.



RATING RULES

A. Increased Limits Factors

<u>Limits</u>	<u>Increased Limit Factor</u>
\$100,000 / \$300,000	.717
\$200,000 / \$600,000	.833
\$250,000 / \$750,000	.862
\$500,000 / \$1,500,000	.942
\$1,000,000 / \$3,000,000	1.000

Refer to Company for additional Limit of Liability options.

B. Claims Made Step Factors

<u>Claims Made Year</u>	<u>Cumulative Step Factor</u>
1 st Year Factor	60% of Occurrence Rate
2 nd Year Factor	80% of Occurrence Rate
3 rd Year Factor	95% of Occurrence Rate
4 th Year Factor	100% of Occurrence Rate

C. Deductible Factors

<u>Deductible Amount</u>	<u>Deductible Factor</u>
\$0 or \$5,000	1.000
\$10,000	0.960
\$25,000	0.880
\$50,000	0.820

Refer to Company for additional deductible options.

D. Program Discount Factors

The following program credits are allowable. The Program Discount *Factor* is equal to the value of 1 minus the sum of the credits.

CARF-CCAC accreditation 5 % to 10%

Insured must have the Continuing Care Accreditation Commission accreditation.



E. Specialty Coverages

Coverage	Rate	Notes
Beauty and Barber Professional.....	\$100	Flat Charge. Include by endorsement. Included as long as the primary clients are residents. If coverage is provided for non-residents, a separate policy should be obtained. See primary PL forms list below.
Crisis Response Coverage	No Charge	Include by endorsement. This form covers crisis response costs and crisis management costs. Limits include \$100,000 crisis response costs, and \$50,000 crisis management costs. Coverage is triggered by man-made emergency situations, such as arson, bombings, intentional contamination of food or pharmaceuticals.
Employee Benefits Liability	\$200	Flat charge. Include by endorsement.
Employers' Liability – Stopgap Endorsement.....	\$200	Flat charge. Include by Endorsement. Use only in North Dakota, Ohio, Washington or Wyoming. NOTE: If we are writing umbrella and primary then include limits of \$500/\$500/\$500. If we are writing primary only then include limits of \$100/\$500/\$100. Lastly, do not include when insured does not purchase Workers Compensation insurance.
Evacuation Expense Reimbursement.....	No Charge	Include by endorsement. Use when this coverage enhancement is requested by an insured. The maximum limits offered should include \$25,000 Aggregate Limit of Liability and \$25,000 Each Occurrence Limit of Liability. The Self Insured Retention can be set to \$0.
Administrative Hearing	No Charge	Include by endorsement. Use when you extend this coverage enhancement to an insured. The maximum limits offered should not exceed \$25,000 Aggregate Limit of Insurance and \$25,000 Each Legal Event Limit of Insurance. The Self-Insured Retention can be set to \$0. The Retroactive Date should follow the date on which the coverage enhancement was first effective.
Corporate Identity Protection	see pricing below.....	Include by endorsement. Use when this coverage enhancement is requested by an insured. The



maximum limits offered should include \$250,000 Aggregate Limit of Liability and \$250,000 Each Occurrence Limit of Liability. As per Division Guidelines.

\$50,000 Limit.....\$261
 \$100,000 Limit....\$470
 \$250,000 Limit....\$940

Limited Health Insurance Portability and.....No Charge.....include by endorsement to every policy.
 Accountability Act ("HIPAA") Defense Only

Coverage pays up to \$50,000 for defense costs arising from a violation of regulations promulgated by the Department of Health and Human Services ("HHS") pursuant to the authority given to HHS under HIPAA. HIPAA DEFENSE **COVERAGE Increased**
Limit Option: \$100,000 Additional Premium \$300

F. Nose Coverage Pricing: By referral Only.

G. Extended Reporting Period Coverage

The percentages in the following table shall be applied to the mature claims made premium to calculate the premium for the extended reporting period. Refer to the policy provisions for the availability of extended reporting periods.

<u>Extended Reporting Period</u>	<u>Additional Premium as Percentage of Mature Claims Made Premium</u>
1-Year Reporting Period.....	200% of Mature CM Premium
3-Year Reporting Period.....	225% of Mature CM Premium
5-Year Reporting Period.....	250% of Mature CM Premium

6.2.2 APPROVED RULES – PROFESSIONAL/GENERAL LIABILITY

A. Other Rules and Guidelines

1. Retroactive Coverage:
 - a. If Claims Made coverage is offered, retroactive coverage can be provided to the insured's previous policy retroactive date provided that the insured's prior policy is a claims-made policy and provided that insured verifies the retroactive date by providing a copy of their current declaration page.
 - b. Prior Acts, or Nose Coverage, is also available for insureds switching from Claims Made PL to Occurrence PL. - Nose Coverage is by referral only.
2. Premium Computation and Rounding
 - a. All premiums are for an annual period.



- b. Rounding to the nearest dollar amount is done at each step of the computation process, as opposed to rounding the final premium. (Round a premium involving \$.50 or over to the next higher whole dollar; less than \$.50 to the previous whole dollar.)

3. Coverage Change Requests

- a. The premium and rules in effect on the effective date of the requested change apply. Premium changes will be computed on a pro-rata basis.
- b. Endorsements: Any mid-term change in coverage must be submitted by the named insured in writing.

4. Policy Cancellation and Return Premium Policy

- a. Premium will be computed for policy cancellation utilizing the annualized premium (including any A/P's and R/Ps).
- b. When any coverage is deleted or an amount of insurance is reduced then the return premium will be computed pro-rata by rounding to the next higher whole dollar.
- c. When a policy is cancelled by an Insured then return premium is computed short-rate and rounded to the next higher whole dollar.
- d. When a policy is cancelled for non-payment of premium then return premium is computed short-rate and rounded to the next higher whole dollar.
- e. A policy canceled for non-payment of premium will not be reinstated unless the total amount of outstanding premium is received. If payment is received after the effective date of cancellation, the policy may be reinstated with a satisfactory underwriting review and approval from the Company.

6.2.3 APPROVED FORMS – PROFESSIONAL/GENERAL LIABILITY

<u>LONG TERM CARE</u> <u>Primary Policy Forms</u>					
					M = Mandatory O = Optional H/O = Home Office Approval Required D = De-selectable
NAME	NEW FORM #	ED. DATE	ALIAS #	M/O	COMMENT
DECLARATIONS					
Lexington - Long Term Care Facilities	113460	5/14	HC0717	M	Attach to every policy
COVERAGE PARTS					



Lexington - Healthcare Professional Liability and Healthcare General Liability General Policy Provisions and Conditions	113397	5/14	HC0715	M	Attach to every policy except in Delaware
Healthcare General Liability Claims Made	113393	1/13	HC0711	O	Attach to every GL CM policy
Healthcare General Liability Occurrence	113394	1/13	HC0712	O	Attach to every GL OCC policy
Healthcare Professional Liability Claims Made	113395	1/13	HC0713	O	Attach to every PL CM policy
Healthcare Professional Liability Occurrence					
Healthcare Professional Liability Occurrence	113396	1/13	HC0714	O	Attach to every PL OCC policy
Addendum to the Declarations	78713	5/13		M	Attach to every policy
NOTICES					
Policy Holder Notice	91222	4/13		M	Attach to every policy
Claims Reporting				M	Attach to every policy
ENDORSEMENTS					
Forms Schedule	CI0226				Attach to every policy
Additional Insured Endorsement	115577	6/13	HC0830	O	Adds Additional Insureds but only at Scheduled Locations on policy
Additional Insured Endorsement	113904	5/13	HC0828	O	Adds Additional Insureds to GL and or PL for those AI's that are scheduled and required to be added by contract
Additional Insured Lessors of Premises & Lessors of Leased Equipment	113779	3/13	HC0737	O	Adds Lessors of Premises & Lessors of Leased Equipment on a blanket basis
Amendatory Endorsement for Long Term Care Facilities	PRG 3737	6/14		M	Amends General policy provisions definition and amends M & A Section to accommodate 90 days
Audit Premium	113773	3/13	HC0731	O	Shows basis for how premium to be audited
Barber/Beautician and Pastoral professional Liability	115359	5/13	HC0816	O	Amends Professional Services Definition to include these services



Cancellation of Policy	113774	3/13	HC0732	O	Indicates return premium and cancellation date of policy
Crisis Response Coverage Extension	104381	5/11	HC0647	O	Provides coverage and a sublimit. Should not be used if there is an excess/umbrella policy with us
Deletion End't	113962	5/13	HC0810	O	Deletes a prior issued end't
Employee Benefit Liability Coverage - Claims Made	113776	3/13	HC0734	O	Adds coverage to the policy with its own aggregate
Evacuation Expense Reimbursement	115361	5/13	HC0818	O	Adds coverage to the policy
Good Samaritan End't	113780	3/13	HC0738	O	Provides coverage for good Samaritan acts
Insuring Agreement C - Medical Expense endorsement	113911	5/13	HC0759	O	Adds coverage for medical expenses. Limit is no more than \$50,000, with no Deductible. There is no A/P to include end't .
Legal/Public relations Expenses Reimbursement coverage	115362	4/14	HC0819	O	Reimburses for legal/public relations expenses
Administrative Proceedings Defense Costs Coverage Endorsement	113905	4/14	HC0829	O	Reimburses for administrative proceeding defense expenses
Limits of Insurance applicable to Multiple retroactive Dates	113920	5/13	HC0768	O	Show applicable limits when there are multiple retro dates
Optional Extended Reporting Period with Additional Premiums Determined at inception end't	113923	5/13	HC0771	O	Shows specific % amounts for ERP 1, 3, and 5 year options
Optional Extended Reporting Period endorsement (Applicable to Insured Individual, Insured Entity or Insured Location) (No Reinstatement of Limit)	113924	5/13	HC0772	O	Applicable to GL and PL



Optional Extended Reporting Period endorsement (No Reinstatement of Limit)	113925	5/13	HC0773	O	Applicable to claims made portion of policy
Optional Extended Reporting Period end't (Reinstatement of Limit)	113926	5/13	HC0774	H/O	Applicable to claims made portion of policy
Overall Professional Liability and General Liability Aggregate Limit of Insurance Endorsement	113781	5/14	HC0739	O	Provides a Total Policy Aggregate limit for PL and GL policy
Overall Policy Aggregate Limit and Aggregate Limits Per Location End't	115363	5/13	HC0820	O	Provides a Total Policy Aggregate limit per location for PL and GL
Penalties Amendatory	113927	5/13	HC0775	O	Deletes reference to punitive, exemplary or multiple damages
Physicians and/or Other Healthcare Providers end't	113928	5/13	HC0776	O	Provides coverage to healthcare professionals that are on file with us. This list needs to be accurate to confirm coverage
Policy Declarations Change end't	113912	5/13	HC0760	O	Amends items on Declarations Page after issuance
Policy Declarations First Named Insured Amendment	113931	5/13	HC0779	O	Amends First Named Insured on Declarations Page
Policy declarations Address Amendment	113929	5/13	HC0777	O	Amends Address on Declarations Page
Policy Declarations Policy Period Amendment	113934	5/13	HC0782	O	Amends Policy Period on Declarations Page
Policy Declarations retroactive Date(s) Amendment	113937	5/13	HC0785	O	Amends Retroactive Dates on Declarations Page
Policy Declarations Description of Operations Amendment	113930	5/13	HC0778	O	Amends Description of Operations on Declarations Page
Policy declarations Limits of Insurance Amendment	113933	5/13	HC0781	O	Amends Limits on declarations Page
Policy Declarations premium Amendment	113935	5/13	HC0783	O	Amends Premium on Declarations Page
Policy Declarations Forms and Endorsements Amendment	113932	5/13	HC05/83	O	Amends Forms and Endorsements on declarations Page



Policy Declarations Producer Name and Address Amendment	113936	5/13	HC0784	O	Amends producer on declarations Page
Resident Rights Amendatory Endorsement for Long Term Care Facilities	115364	5/13	HC0821	M	Amends professional services definition to include in violation of residents rights laws or regulations
Schedule of Divested Locations	113783	3/13	HC0741	O	Coverage included for occurrences/medical incidents after retro date and prior to divesture date
Schedule of Excluded Entities	113784	3/13	HC0742	O	No coverage for scheduled entities
Schedule of Excluded Individuals	113785	3/13	HC0743	O	Excludes from coverage all listed individuals
Schedule Excluded Services	113940	5/13	HC0788	O	Excludes scheduled services
Schedule of Locations	113786	3/13	HC0744	O	GL and PL coverage only provided to scheduled locations
Changes to Schedule of Locations	115458	6/13	HC0824	O	Amends Schedule of locations
Schedule of Named Insureds (claims made policy)	113941	5/13	HC0789	O	Provides Schedule of Named Insureds
Changes to the Schedule of Named Insureds (claims made)	113908	5/13	HC0756	O	Amends Named Insured schedule
Schedule of Physicians and/or Healthcare Providers end't	113943	5/13	HC0791	O	Amends PL and GL for scheduled employed or contracted physician and/or healthcare providers
Schedule of Physicians and/or Other Healthcare Providers terminated with continued reporting end't	113942	5/13	HC0790	O	Provides coverage to scheduled employed or contracted healthcare providers after the retro date and prior to termination date
Schedule of Terminated Physicians and/or Other healthcare providers endorsement	113945	5/13	HC0793	O	Provides coverage to scheduled physicians and/or other healthcare providers prior to termination date with no continued reporting