

SERFF Tracking Number: MDPC-125832247 State: Arkansas
Filing Company: The Medical Protective Company State Tracking Number: EFT \$50
Company Tracking Number: 08-BOTOX-01
TOI: 11.0 Medical Malpractice - Claims Sub-TOI: 11.0000 Med Mal Sub-TOI Combinations
Made/Occurrence
Product Name: Dentists
Project Name/Number: DDS Botox Form Filing/08-Botox-01

Filing at a Glance

Company: The Medical Protective Company

Product Name: Dentists

TOI: 11.0 Medical Malpractice - Claims

Made/Occurrence

Sub-TOI: 11.0000 Med Mal Sub-TOI

Combinations

Filing Type: Form

SERFF Tr Num: MDPC-125832247 State: Arkansas

SERFF Status: Closed

State Tr Num: EFT \$50

Co Tr Num: 08-BOTOX-01

State Status: Fees verified and received

Co Status:

Reviewer(s): Betty Montesi, Edith Roberts, Brittany Yielding

Author: Melissa Coker

Disposition Date: 10/29/2008

Date Submitted: 09/26/2008

Disposition Status: Approved

Effective Date Requested (New): 01/01/2009

Effective Date (New):

Effective Date Requested (Renewal): 01/01/2009

Effective Date (Renewal):

State Filing Description:

General Information

Project Name: DDS Botox Form Filing

Project Number: 08-Botox-01

Reference Organization: n/a

Reference Title: n/a

Filing Status Changed: 10/29/2008

State Status Changed: 10/29/2008

Corresponding Filing Tracking Number: 08-Botox-02

Filing Description:

FORM FILING:

Add New Form - E590, 8/08 edt: Botulinum Toxin and Dermal Fillers Exclusion

Add New Form - E591, 8/08 edt: Botulinum Toxin and Dermal Fillers Exclusion

Status of Filing in Domicile: Pending

Domicile Status Comments: The filing is pending in the state of IN.

Reference Number: n/a

Advisory Org. Circular: n/a

Deemer Date:

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Made/Occurrence
Product Name: Dentists
Project Name/Number: DDS Botox Form Filing/08-Botox-01

The reason for the filing is to introduce two new endorsement forms specific to our Dental Program which have no substantive rate impact. We ask this filing be effective as of January 1, 2009.

Company and Contact

Filing Contact Information

Melissa Coker, Paralegal melissa.coker@medpro.com
5814 Reed Road (260) 486-0838 [Phone]
Fort Wayne, IN 46835 (260) 486-0733[FAX]

Filing Company Information

The Medical Protective Company CoCode: 11843 State of Domicile: Indiana
5814 Reed Road Group Code: Company Type:
Fort Wayne, IN 46835 Group Name: State ID Number:
(260) 486-0838 ext. [Phone] FEIN Number: 35-0506406

Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No
Fee Explanation: 50.00 for forms
Per Company: No

| COMPANY | AMOUNT | DATE PROCESSED | TRANSACTION # |
|--------------------------------|---------|----------------|---------------|
| The Medical Protective Company | \$50.00 | 09/26/2008 | 22758715 |

SERFF Tracking Number: MDPC-125832247

State: Arkansas

Filing Company: The Medical Protective Company

State Tracking Number: EFT \$50

Company Tracking Number: 08-BOTOX-01

TOI: 11.0 Medical Malpractice - Claims
Made/Occurrence

Sub-TOI: 11.0000 Med Mal Sub-TOI Combinations

Product Name: Dentists

Project Name/Number: DDS Botox Form Filing/08-Botox-01

Correspondence Summary

Dispositions

| Status | Created By | Created On | Date Submitted |
|----------|---------------|------------|----------------|
| Approved | Edith Roberts | 10/29/2008 | 10/29/2008 |

| | | | |
|---------------------------------|--|-------------------------------|---|
| <i>SERFF Tracking Number:</i> | <i>MDPC-125832247</i> | <i>State:</i> | <i>Arkansas</i> |
| <i>Filing Company:</i> | <i>The Medical Protective Company</i> | <i>State Tracking Number:</i> | <i>EFT \$50</i> |
| <i>Company Tracking Number:</i> | <i>08-BOTOX-01</i> | | |
| <i>TOI:</i> | <i>11.0 Medical Malpractice - Claims</i> | <i>Sub-TOI:</i> | <i>11.0000 Med Mal Sub-TOI Combinations</i> |
| | <i>Made/Occurrence</i> | | |
| <i>Product Name:</i> | <i>Dentists</i> | | |
| <i>Project Name/Number:</i> | <i>DDS Botox Form Filing/08-Botox-01</i> | | |

Disposition

Disposition Date: 10/29/2008

Effective Date (New):

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: MDPC-125832247 State: Arkansas
 Filing Company: The Medical Protective Company State Tracking Number: EFT \$50
 Company Tracking Number: 08-BOTOX-01
 TOI: 11.0 Medical Malpractice - Claims Sub-TOI: 11.0000 Med Mal Sub-TOI Combinations
 Made/Occurrence
 Product Name: Dentists
 Project Name/Number: DDS Botox Form Filing/08-Botox-01

| Item Type | Item Name | Item Status | Public Access |
|----------------------------|--|--------------------|----------------------|
| Supporting Document | Uniform Transmittal Document-Property & Casualty | Approved | Yes |
| Supporting Document | memo | Approved | Yes |
| Form | Botulinum Toxin and Dermal Fillers Exclusion | Approved | Yes |
| Form | Botulinum Toxin and Dermal Fillers Exclusion | Approved | Yes |

SERFF Tracking Number: MDPC-125832247 State: Arkansas
 Filing Company: The Medical Protective Company State Tracking Number: EFT \$50
 Company Tracking Number: 08-BOTOX-01
 TOI: 11.0 Medical Malpractice - Claims Sub-TOI: 11.0000 Med Mal Sub-TOI Combinations
 Made/Occurrence
 Product Name: Dentists
 Project Name/Number: DDS Botox Form Filing/08-Botox-01

Form Schedule

| Review Status | Form Name | Form # | Edition Date | Form Type Action | Action Specific Data | Readability | Attachment |
|---------------|--|--------|--------------|----------------------------------|----------------------|-------------|------------|
| Approved | Botulinum Toxin and Dermal Fillers Exclusion | E 590 | ed:08/08 | Endorsement/Amendment/Conditions | | 22.40 | E 590 .pdf |
| Approved | Botulinum Toxin and Dermal Fillers Exclusion | E 591 | ed: 08/08 | Endorsement/Amendment/Conditions | | 8.40 | E 591.pdf |

THE
MEDICAL PROTECTIVE COMPANY
FORT WAYNE, INDIANA

Botulinum Toxin and Dermal Fillers Exclusion

The following exclusion is added to the paragraph A:

any damages arising from the administration of all types of botulinum toxins or dermal fillers.

**THE
MEDICAL PROTECTIVE COMPANY
FORT WAYNE, INDIANA**

Botulinum Toxin and Dermal Fillers Exclusion

The following exclusion is added to Paragraph A:

Damages arising from:

The administration of botulinum toxin type A and dermal fillers unless used for “dental health related treatment”.

The following definition is added:

“Dental health related treatment” is defined as diagnosing, treating, operating or prescribing for any disease, pain, injury, deformity, or physical condition of the oral and maxillofacial area related to restoring and maintaining dental health.

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TOI: 11.0 Medical Malpractice - Claims *Sub-TOI:* 11.0000 Med Mal Sub-TOI Combinations
Made/Occurrence
Product Name: Dentists
Project Name/Number: DDS Botox Form Filing/08-Botox-01

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: MDPC-125832247

State: Arkansas

Filing Company: The Medical Protective Company

State Tracking Number: EFT \$50

Company Tracking Number: 08-BOTOX-01

TOI: 11.0 Medical Malpractice - Claims
Made/Occurrence

Sub-TOI: 11.0000 Med Mal Sub-TOI Combinations

Product Name: Dentists

Project Name/Number: DDS Botox Form Filing/08-Botox-01

Supporting Document Schedules

| | | | | |
|-------------------------|--|-----------------------|----------|------------|
| Satisfied -Name: | Uniform Transmittal Document- Property & Casualty | Review Status: | Approved | 10/29/2008 |
|-------------------------|--|-----------------------|----------|------------|

Comments:

attached

Attachment:

industry_rates_PCtransDoc_intelligent[1].pdf

| | | | | |
|-------------------------|------|-----------------------|----------|------------|
| Satisfied -Name: | memo | Review Status: | Approved | 10/29/2008 |
|-------------------------|------|-----------------------|----------|------------|

Comments:

attached

Attachment:

memo.pdf

Property & Casualty Transmittal Document



| | | | | | |
|--|--|--------------|--|------------------|--|
| <p>1. Reserved for Insurance Dept. Use Only</p> | <p>2. Insurance Department Use only</p> <p>a. Date the filing is received:</p> <p>b. Analyst:</p> <p>c. Disposition:</p> <p>d. Date of disposition of the filing:</p> <p>e. Effective date of filing:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">New Business</td> <td></td> </tr> <tr> <td>Renewal Business</td> <td></td> </tr> </table> <p>f. State Filing #:</p> <p>g. SERFF Filing #:</p> <p>h. Subject Codes</p> | New Business | | Renewal Business | |
| New Business | | | | | |
| Renewal Business | | | | | |

| | |
|----------------------|---------------------|
| 3. Group Name | Group NAIC # |
| | |

| 4. Company Name(s) | Domicile | NAIC # | FEIN # | State # |
|--------------------|----------|--------|--------|---------|
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|-----------------------------------|--|
| 5. Company Tracking Number | |
|-----------------------------------|--|

Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

| 6. | Name and address | Title | Telephone #s | FAX # | e-mail |
|----|------------------|-------|--------------|-------|--------|
| | | | | | |
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| | |
|--|--|
| 7. Signature of authorized filer | |
| 8. Please print name of authorized filer | |

Filing information (see General Instructions for descriptions of these fields)

| | |
|--|---|
| 9. Type of Insurance (TOI) | |
| 10. Sub-Type of Insurance (Sub-TOI) | |
| 11. State Specific Product code(s)(if applicable)[See State Specific Requirements] | |
| 12. Company Program Title (Marketing title) | |
| 13. Filing Type | <input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description) |
| 14. Effective Date(s) Requested | New: _____ Renewal: _____ |
| 15. Reference Filing? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 16. Reference Organization (if applicable) | |
| 17. Reference Organization # & Title | |
| 18. Company's Date of Filing | |
| 19. Status of filing in domicile | <input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved |

Property & Casualty Transmittal Document—

20. This filing transmittal is part of Company Tracking #

21. Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]



22. Filing Fees (Filer must provide check # and fee amount if applicable)
[If a state requires you to show how you calculated your filing fees, place that calculation below]

Check #:
Amount:

Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.

*****Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)**

FORM FILING SCHEDULE

(This form must be provided **ONLY** when making a filing that includes forms)
 (Do **not** refer to the body of the filing for the forms listing, unless allowed by state.)

| | | |
|-----------|--|--|
| 1. | This filing transmittal is part of Company Tracking # | |
|-----------|--|--|

| | | |
|-----------|---|--|
| 2. | This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable) | |
|-----------|---|--|

| 3. | Form Name /Description/Synopsis | Form # Include edition date | Replacement Or withdrawn? | If replacement, give form # it replaces | 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 | | |
| 04 | | | <input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn | | |
| 05 | | | <input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn | | |
| 06 | | | <input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn | | |
| 07 | | | <input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn | | |
| 08 | | | <input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn | | |
| 09 | | | <input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn | | |
| 10 | | | <input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn | | |

PC FFS-1

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 # | |
|-----------|--|--|

| | | |
|-----------|---|--|
| 2. | This filing corresponds to form filing number (Company tracking number of form filing, if applicable) | |
|-----------|---|--|

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 % Indicated Change (when applicable) | 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) |
|--------------|--|-----------------------|---|--|----------------------------------|-----------------------------------|-----------------------------------|
| | | | | | | | |
| | | | | | | | |

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

| Company Name | Overall % Indicated Change (when applicable) | Overall % Rate Impact | Written premium change for this program | # of policyholders affected for this program | Written premium for this program | Maximum % Change | Minimum % Change |
|--------------|--|-----------------------|---|--|----------------------------------|------------------|------------------|
| | | | | | | | |
| | | | | | | | |

| | | | |
|---|--|--|--|
| 5. Overall Rate Information (Complete for Multiple Company Filings only) | | | |
|---|--|--|--|

| | | COMPANY USE | STATE USE |
|-----------|---|-------------|-----------|
| 5a | Overall percentage rate indication (when applicable) | | |
| 5b | Overall percentage rate impact for this filing | | |
| 5c | Effect of Rate Filing – Written premium change for this program | | |
| 5d | Effect of Rate Filing – Number of policyholders affected | | |

| | | |
|-----------|--|--|
| 6. | Overall percentage of last rate revision | |
|-----------|--|--|

| | | |
|-----------|--------------------------------------|--|
| 7. | Effective Date of last rate revision | |
|-----------|--------------------------------------|--|

| | | |
|-----------|---|--|
| 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 | | <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 | |

The Medical Protective Company
Individual Stand-Alone Program

Dentists

| Form Number | Form Name | Form Description | Occurrence | Standard Claims Made | Mandatory or Optional? |
|---------------|--|--|------------|----------------------|------------------------------------|
| E 590 (08/08) | Botulinum Toxin and Dermal Fillers Exclusion | Excludes damages arising from the administration of botox or dermal fillers | X | X | Mandatory, unless 591 is on policy |
| E 591 (08/08) | Botulinum Toxin and Dermal Fillers Exclusion | Excludes damages arising from the administration of botox or dermal fillers unless used for 'health related treatment' ('health related treatment' is defined in the form) | X | X | Optional |