

HEALTHPRO

CNA HealthPro, CNA Plaza, Chicago, IL 60685

Send your electronic submissions to us at: GSLNonStandardSubmissions@cna.com OR Fax: (312) 822-7371

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Program Description

Claims-made professional liability for displaced, underserved and otherwise difficult-to-place dentists. Program is written on a non-admitted (surplus lines) basis and targets distressed dentists.

Key policy form features include:

- Claims-made coverage only
- Claim expenses inside limits
- No consent to settle provision
- Limited Extended Reporting Period option: 12 months, no reinstatement of limits, and ERP charge is based on step at time of termination – there is no Death, Disability or Retirement provision
- \$5,000 First Aid Supplemental Payments

CNA may provide coverage to the named policyholder's corporation, partnership or professional association on a shared limits basis.

Issuing Company

Columbia Casualty Company or CNA Casualty of California; both rated A (XV) by AM Best (Professional Liability coverage must be allowed on a surplus lines basis in the applicant's state.)

Targeted Territories

(August 2004)

Risks in all states will be considered.

Specialties/Classes NOT Currently Considered

We will consider all classes/specialties. We will not entertain applicants with the following characteristics:

- Locum Tenens
- Additional Insureds
- Applicants whose dental license is currently revoked or suspended
- Applicants with ongoing substance abuse problems and are not in a treatment program
- Applicants with felony convictions
- Any dentist that performs the "Sargenti" technique
- Any dentist who performs sleep apnea procedures without a physician's referral



Limits of Liability	\$1,000,000 per claim/\$3,000,000 annual aggregate is the maximum limit available. NOTE: Claim expenses are included within the limits of liability.
Minimum Premium	There is a \$7,500 minimum policy premium. A 25% minimum and deposit premium applies to any risk bound.
Key Coverage Limitations	<p>Coverage exclusions include, but are not limited to claims arising out of, or as a result of:</p> <ul style="list-style-type: none"> • The prescribing of drugs not approved by the FDA. • A dental incident which took place when the policyholder's license was not in effect. • Altered records. • Experimental/investigational procedures. • Sexual conduct. • Contractual liability.
Required Submission Content	<ul style="list-style-type: none"> • A fully completed, currently signed/dated CNA application • License verification • Evidence of declination(s) from other standard carriers, subject to state requirements. (Declinations required for new business and each renewal term.) • A copy of the applicant's current business letterhead • A copy of any advertising used by the applicant such as yellow page ads, etc. • Transcripts from any board actions • A statement from the attending physician/impairment program proctor is required if any healthcare provider has been, or is currently, impaired (alcoholism, drug addiction, mental or physical) • Complete claim data for claims closed without payment, closed with an indemnity payment and claims that are open or pending—information should include, but is not limited to, the following: <ul style="list-style-type: none"> • Allegation(s) • Narrative description of the incident or claim from the applicant • Name of claimant • Date of occurrence • Location of occurrence • Name of insurer that the incident or claim was reported to • If open, Indemnity and Expense reserves, if closed, all paid amounts • Current valued loss runs from applicant's current and prior carriers • Certificate of Insurance for all non-CNA insured independent contractors or employee dentists with professional liability insurance separate from the policyholder—the insurance carrier must be acceptable to CNA HealthPro. • Any additional information deemed necessary by the underwriter after reviewing the initial submission

