1. **Social Services Professional Liability Coverage – Care Providers Facilities**
   1. Description of Coverage: Professional Liability
   2. Form:118395(Occurrence)
   3. Form: 118397(Claims-Made)
   4. Form: Mandatory
   5. Optional Endorsement: 118436 (Designated Professionals)
   6. Optional Endorsement: 118437 (Exclusion of Specific Professional Incident)
   7. Premium Determination

i. Policy Limit $100,000/$200,000 annual occurrence rates:

|  |  |  |
| --- | --- | --- |
| Each Agency: Per Employee: |  | $750 |
| Psychologist/Clergy |  | $458 |
| Nurse Practitioner |  | $649 |
| Nurse RN |  | $153 |
| NurseLPN |  | $53 |
| Physical Therapist/Speech/Hearing |  | $191 |
| Occupational Therapist |  | $103 |
| Home Health Aide |  | $34 |
| Licensed Social Worker/ Counselor |  | $115 |
| Unlicensed Counselor/Social Worker |  | $84 |
| Teacher/Tutor/Aide/Child Care Worker |  | $10 |
| Residential Manager |  | $88 |
| Dietician/Nutritionist |  | $53 |
| Psychiarist/Optometrist/Dentist |  | $1,755 |
| Physician/Physicians Assist./Paramendic/EMT |  | $1,875 |
| Pharmacists |  | $153 |
| Medical Director |  | $160 |

The rates apply per full time employee. Part time employees are rated at half the full time rate. A part time employee is anyone working 20 hours or less.

ii. Claims made step factors:

Claims made factors are ISO premises non-construction classes and are to be applied to occurrence rates.

|  |  |
| --- | --- |
| Year of Claims  Made Coverage | Factor |
| 1 | .70 |
| 2 | .83 |
| 3 | .89 |
| 4 | .91 |
| 5 or More | .95 |

iii. Increased Limits:

ISO Table 1 Increased limit factors for will be used for higher limits.

The current increased limits tables follow.

1. Premises/Operations (Subline Code 334) Table 1-$100/200 Basic Limit

|  |  |
| --- | --- |
| Aggregate | Per Occurrence  $25 50 100 200 300 500 1,000 |
| $ 50  100  200  300  500  600  1,000  1,500  2,000  2,500  3,000 | 0.72 0.82  0.73 0.85 0.97  0.74 0.86 1.00 1.12  0.75 0.87 1.01 1.13 1.21  0.89 1.03 1.15 1.23 1.33  0.90 1.04 1.16 1.24 1.34  1.05 1.17 1.25 1.35 1.46  1.18 1.26 1.36 1.47  1.19 1.27 1.37 1.48  1.28 1.38 1.49  1.29 1.39 1.50 |

iv. Professional Liability Schedule Rating

A schedule rating modification may also be applied to the otherwise chargeable premium in accordance with the following table, subject to a maximum credit or debit of 25%, to reflect such characteristics of the risk as are not reflected in its experience.

Schedule Rating Modifications Table

|  |  |  |
| --- | --- | --- |
| Risk Characteristic | Description | Range Of Modifications  Credit Debit |
| **Location** | Exposure inside premises.  Exposure outside premises. | 5% 5%  5% to 5% |
| **Premises** | Condition and care of premises. | 10% to 10% |
| **Equipment** | Type, condition and care of equipment. | 10% to 10% |
| **Classification** | Peculiarities of classification. | 10% to 10% |
| **Employees** | Selection, training, supervision, experience. | 6% to 6% |
| **Cooperation** | Medical Facilities. Safety Program. | 2% to 2%  2% to 2% |

**h.** Optional Extended Reporting Period Endorsement (Form 118463):

One Year Extended Reporting Period 100% of the original annual premium

Three Year Extended Reporting Period 150% of the original annual premium

Unlimited Extended Reporting Period 200% of the original annual premium

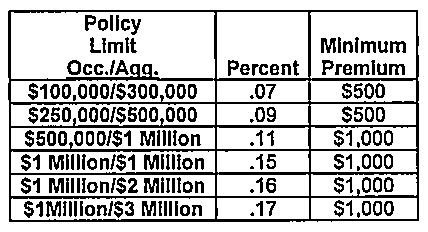
1. **Abuse or Molestation Coverage**
2. Description of coverage: Sexual or Physical Abuse Liability

**b.** Endorsement: 118394(Occurrence)

**c.** Endorsement: 118391(Claims Made)

**d.** Premium determination:

1. Occurrence premium is calculated as a percentage of modified general liability occurrence premium:



1. Claims made step factors:

Claims made factors are ISO General Liability premises non-construction classes and are to be applied to occurrence rates.

|  |  |
| --- | --- |
| **Year of Claims**  **Made Coverage** | **Factor** |
| 1 | .70 |
| 2 | .83 |
| 3 | .89 |
| 4 | .91 |
| 5 or More | .95 |

1. **Social Services General Liability Enhancement Endorsement**

**a.** Description of coverage: General Liability Enhancements

**b.** Endorsement: 118392

**c.** Form: Mandatory

**d.** Premium determination:$50.00 Annual Flat Charge

1. **Social Services Property Enhancement Endorsement**

**a.** Description of coverage: Commercial Property Enhancements

**b.** Endorsement: 118359

**c.** Form: Mandatory

**d.** Premium determination: $500.00 Annual Flat Charge

1. **BIG BROTHERS BIG SISTERS Professional/Abuse Liability**

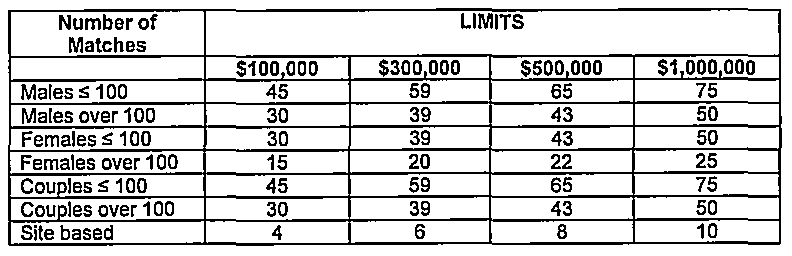
**a.** Description of coverage: Professional and Sexual or Physical Abuse Liability

**b.** Endorsement: 118393 (Occurrence)

**c**. Endorsement: 118390 (Claims Made)

**d.** Form: Mandatory on accounts with Big Brother/Big Sister Exposure

**e.** Premium determination:



1. **Schedule Rating, other than Professional Liability**

ISO schedule rating will be applied to the final manual premium, separately, per line of business for Property and General Liability including Abuse and Molestation premium.

**POLICY WRITING MINIMUM PREMIUM**

**A. Definition**

Policywriting minimum premium is the lowest amount of premium for which a policy may be written and such amount is not subject to adjustment for any reason.

**B.** For prepaid policies, apply a $100 minimum premium regardless of term.

**C**. For annual premium payment plan policies or continuous policies, apply a $100 minimum for each annual period.

**POLICY CANCELLATIONS**

**A. Pro Rata Calculation**

Compute return premium pro rata and round to the next higher whole dollar when a policy is cancelled:

**1.** At the Company's request.

**2.** Because the insured no longer has a financial or insurable interest in the property or business operation that is the subject of insurance.

**3.** And rewritten in the same company or company group.

**4.** After the first year for a prepaid policy written for a term of more than one year.

**B. Other Calculations**

If Paragraph A. does not apply, compute return premium as follows:

**1.** Continuous And Annual Premium Payment Policies

Compute return premium at .90 of the pro rata unearned premium for the one year or annual installment period and round to the next higher whole dollar.

**2.** Prepaid Policies

If cancelled during the first year, compute the return premium at .90 of the pro rata unearned premium for the first year, plus the full annual premium for the subsequent years and round to the next higher whole dollar.

**3.** Policies With Term Less Than One Year

Compute return premium at .90 of the pro rata unearned premium and round to the next higher whole dollar.

**C. Retention Of Policy Writing Minimum Premium**

Retain the Policy Writing Minimum Premium when return premium is calculated underParagraph B. except when a policy is cancelled as of the inception date.

|  |  |  |
| --- | --- | --- |
|  | **Form Title** | **Form #** |
|  | Social Services Professional Liability Coverage Form | 118395 |
|  | Professional Liability Coverage Form - Claims Made | 118397 |
|  | Exclusion of Specific Professional Incident Occurrence or Offense | 118437 |
|  | Coverage for Designated Professionals Endorsement | 118436 |
|  | Optional Extended Reporting Period Endorsement | 118463 |
|  | Social Service GL Enhancement Endorsement | 118392 |
|  | Sexual Or Physical Abuse Liability Endorsement | 118394 |
|  | CM Sexual or Physical Abuse Liability Endorsement | 118391 |
|  | Sexual Or Physical Abuse Liability Endorsement Big Brother Big Sister | 118393 |
|  | Sexual Or Physical Abuse Liability Claims Made And Reported Endorsement Big Brother Big Sister | 118390 |
|  | Social Services Property Enhancement Endorsement | 118359 |