1. Social Services Professional Liability Coverage - Alcohol and Drug Abuse Treatment Facilities (Addiction Treatment Centers)

a. Description of Coverage: Professional Liability

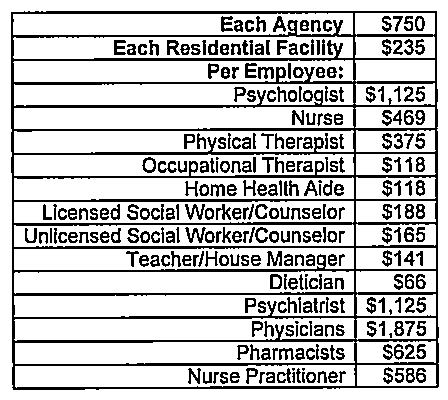
b. Form: 118395 (Occurrence)

c. Form: 118397 (Claims-Made)

d. Form: Mandatory

* 1. Optional Endorsement: 118436 (Designated Professionals)
  2. Optional Endorsement: 118437 (Exclusion of Specific Professional Incident)
  3. Premium Determination:

1. Basic Limits ($100,000/$200,000) annual occurrence rates:



The rates apply per full time employee. Part time employees are rated at

half the full time rate.

1. Increased Limits:

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

|  | | Per Occurrence | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Aggregate | | $ 25 | 50 | 100 | 200 | 300 | 500 | 1,000 | |
| **$** | **50** | 0.72 | 0.81 |  |  |  |  |  | |
|  | |  |  |  |  |  |  |  | |
| **100** | | 0.73 | 0.85 | 0.97 |  |  |  |  | |
|  | |  |  |  |  |  |  |  | |
| **200** | | 0.74 | 0.86 | 1.00 | 1.12 |  |  |  | |
|  | |  |  |  |  |  |  |  | |
| **300** | | 0.75 | 0.87 | 1.01 | 1.13 | 1.22 |  |  | |
|  | |  |  |  |  |  |  |  | |
| **500** | |  | 0.89 | 1.03 | 1.15 | 1.24 | 1.35 |  | |
|  | |  |  |  |  |  |  |  | |
| **600** | |  | 0.90 | 1.04 | 1.16 | 1.25 | 1.36 |  | |
|  | |  |  |  |  |  |  |  | |
| **1,000** | |  |  | 1.05 | 1.17 | 1.26 | 1.37 | 1.50 | |
|  | |  |  |  |  |  |  |  | |
| **1,500** | |  |  |  | 1.18 | 1.27 | 1.38 | 1.51 | |
|  | |  |  |  |  |  |  |  | |
| **2,000** | |  |  |  | 1.19 | 1.28 | 1.39 | 1.52 | |
|  | |  |  |  |  |  |  |  | |
| **2,500** | |  |  |  |  | 1.29 | 1.40 | 1.53 | |
|  | |  |  |  |  |  |  |  | |
| **3,000** | |  |  |  |  | 1.30 | 1.41 | 1.54 | |
|  | |  |  |  |  |  |  |  |  |

1. Claims made step factors:

The Claims Made factors utilized are the ISO premises non-construction classes, and these are to be applied to occurrence rates.

|  |  |
| --- | --- |
| **Year of Claims**  **Made Coverage** | **Factor** |
| 1 | .63 |
| 2 | .77 |
| 3 | .85 |
| 4 | .90 |
| 5 or More | .98 |

1. Professional Liability Schedule Rating

A schedule rating provision may apply if the Social Services Professional Liability Policy premium is greater than or equal to $750.00.

|  |  |  |
| --- | --- | --- |
| **Risk Characteristic** | **Description Underwriting Considerations** | **Modification**  **Range**  **Credit   Debit** |
| **Professional experience of applicant** | The professional type of experience and number of years for the principal owner or professional staff that are relevant to the specific industry and business operations. | +25% to -25% |
| **Nature of Operations** | Particular characteristics of the risk, which make it better, or worse, than the average risk for the class of business. For example, a risk may have hazards normally associated with such a risk, which hazards have been eliminated to a significant degree: or, conversely, a risk may have hazards that are greater than normally contemplated for such a risk, which hazards have not been lessened in any way. | +25% to -25% |
| **Quality of Risk Management of applicant** | Particular aspects of the insured’s risk management practices that have an impact on their overall operations by mitigating or reducing hazards. | +25% to -25% |
| **Employees** | Selection, education, training supervision and experience of employees | +25% to -25% |

**Modification Subject to Maximum Range of +25% to -25%**

All accounts are eligible for schedule rating on the basis of the individual risk characteristics as defined in the schedule rating criteria. The completed schedule rating worksheet will be kept in the underwriting file on every account. A new schedule rating worksheet will be developed at each renewal.

* 1. 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

2. Abuse or Molestation Coverage

a. Description of coverage: Sexual or Physical Abuse Liability

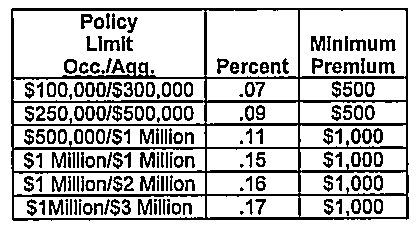
b. Endorsement: 118394 (Occurrence)

c. Endorsement: 118391 (Claims-Made)

d. Form: Mandatory

e. Premium determination:

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



1. Claims made step factors and extended reporting period factors:

ISO General Liability premises non-construction class claims made step factors and extended reporting factors are to be applied to occurrence rates.

3. Social Services General Liability Enhancement Endorsement

a. Description of coverage: General Liability Enhancement Endorsement

b. Endorsement: 118392

c. Form: Mandatory

d. Premium determination:$50.00 Annual Flat Charge

4. 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

5. 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.

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