APPLICATION OF RATES AND RULES

The following rates and rule supplement the Care Providers Insurance Program. This additional form, including rate and rule, will be utilized for Educational Organizations.

The Care Providers Insurance Program is designed for organizations that provide a broad range of services to the community. Generally, the services provided include all forms of counseling, workshops, outreach programs, special education, education, in-home services, residential care facilities, group homes, underprivileged youth and senior programs and various assistance programs. Schools and Churches are also eligible for the Program.

1. Educational Organization Professional Liability Coverage
   1. Description of Coverage:

Coverage A - Professional Liability

Coverage B – Defense Reimbursement (optional coverage)

b. Coverage Form: 118398 (Occurrence)

c. Coverage Form: 118396 (Claims-Made)

d. Forms: Optional

e. Optional Endorsement: 118436 (Designated Professionals)

f. Optional Endorsement: 118437 (Exclusion of Specific Professional Incident)

g. Premium Determination:

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

|  |  |
| --- | --- |
|  | **100/200** |
| **Each School:** | $234 |
| **Each Residential Facility (Boarding):** | $234 |
|  |  |
| **Per Employee:** |  |
| Counselor ‐ School | $84 |
| Dietician/Nutritionist | $53 |
| Principal/Assistant Principal | $36 |
| Nurse (school) LPN or RN | $73 |
| Psychologist/Clergy | $258 |
| Physicians (school) | $1,256 |
| Social Worker | $84 |
| Tutor(paid)/Sports Coach or Trainer | $52 |
| Teacher/Aide/Child Care Worker | $12 |
| Therapist ‐ Reading/Speech/Hearing | $121 |

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. Increased Limits:

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

The current increased limits table follows;

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 |

iii. 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 | .70 |
| 2 | .83 |
| 3 | .89 |
| 4 | .91 |
| 5 or More | .95 |

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 $250.00.

|  |  |  |
| --- | --- | --- |
| 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

i. Premium Determination Coverage B – Defense Reimbursement

1. Coverage: Optional

2. Limit of Liability: $25,000

3. Rating Basis: Students

4. Minimum Premium: $225

5. Deductible: $2,500

6. Schedule Credit/Debit: Not applicable to this coverage

7. Rates Per Student Count

|  |  |  |
| --- | --- | --- |
| Student Count | First 350 | .96 per student |
| Student Count | Next 650 | .665 per student |
| Student Count | Next 1500 | .515 per student |
| Student Count | Over 2500 | .400 per student |

The rules and rates contained in the Care Providers Insurance Program Rule and Rate pages will be utilized for the following forms: 118392, 118394, 118391, 118359.

|  |  |  |
| --- | --- | --- |
|  | **Form Title** | **Form #** |
|  | Educational Organization Professional Liability Coverage Form | 118398 |
|  | Educational Organization Professional Liability Coverage Form - Claims Made | 118396 |
|  | 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 |
|  | Social Services Property Enhancement Endorsement | 118359 |