APPLICATION OF RATES AND RULES

The following rates and rules apply to the Care Providers Insurance Program. This 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.

1. Social Services Professional Liability Coverage

a. Description of Coverage: Professional Liability

b. Form: 118395 (Occurrence)

c. Form: 118397 (Claims-Made)

d. Form: Mandatory

e. Optional Endorsement: 118436(Designated Professionals)

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

g. Premium Determination

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

|  |  |
| --- | --- |
|  |  |
|  | **100/200** |
| Each Agency | **750** |
| Each Residential Facility | **234** |
| **Per Employee:** |  |
| Counselor - Unlicensed | 84 |
| Dietician/Nutritionist | 53 |
| Home Health Aide | 34 |
| Medical Director | 160 |
| Nurse LPN | 53 |
| Nurse Practitioner | 649 |
| Nurse RN | 153 |
| Pharmacists | 153 |
| Psychiatrist/Optometrist/Dentist | 1,755 |
| Psychologist/Clergy | 458 |
| Physicians/Physn Asst/Paramedic/EMT | 1,875 |
| Residential Manager or Care Provider | 88 |
| Social Worker/Counselor - Licensed | 115 |
| Social Worker - Unlicensed | 84 |
| Teacher/Tutor/Aide/Child Care Worker | 12 |
| Therapist - Occupational | 103 |
| Therapist - Physical/Speech/Hearing | 191 |

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 Increased limit factors for will be used for higher limits.

The current increased limits table follows;

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 |

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 $1,000.00.

|  |  |
| --- | --- |
| **Underwriting considerations** | **Modification Range** |
| Professional experience of applicant | +25% to -25% |
| Nature of Operations | +25% to -25% |
| Quality of Risk Management of applicant | +25% to -25% |
| Education and Training of employees | +25% to -25% |

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

h. Optional Extended Reporting Period Endorsement (Form 118463)

One Year - 100% of original annual premium

Three Year - 150% of original annual premium

Unlimited - 200% of 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:

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

|  |  |  |
| --- | --- | --- |
| **Policy Limit Occ./Agg.** | **Percent** | **Minimum**  **Premium** |
| $100,000/$300,000 | .07 | $500 |
| $250,000/$500,000 | .09 | $500 |
| $500,000/$1 Million | .11 | $500 |
| $1 Million/$1 Million | .15 | $500 |
| $1 Million/$2 Million | .16 | $500 |
| $1Million/$3 Million | .17 | $500 |

ii. 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 |

3. 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

4. Social Services Property Enhancement Endorsement

a. Description of coverage: Commercial Property Enhancements

b. Endorsement: 118539

c. Form: Mandatory

d. Premium determination: $500.00 Annual Flat Charge

5. 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**:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Number of**  **Matches** | **LIMITS** | | | |
|  | **$100,000** | **$300,000** | **$500,000** | **$1,000,000** |
| Males ≤ 100 | 45 | 59 | 65 | 75 |
| Males over 100 | 30 | 39 | 43 | 50 |
| Females ≤ 100 | 30 | 39 | 43 | 50 |
| Females over 100 | 15 | 20 | 22 | 25 |
| Couples ≤ 100 | 45 | 59 | 65 | 75 |
| Couples over 100 | 30 | 39 | 43 | 50 |
| Site based | 4 | 6 | 8 | 10 |

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