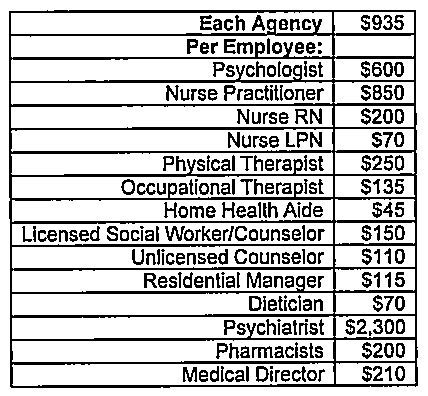
1. Social Services Professional Liability Coverage - Care Provider Facilities.
2. Description of Coverage: Professional Liability
3. Form: 118395 (Occurrence)
4. Form: 118397 (Claims Made)
5. Form: Mandatory
6. Optional Endorsement: 118436 (Designated Professionals)
7. Optional Endorsement: 118437 (Exclusion of Specific Professional Incident)
8. Premium Determination:
   1. Policy Limit $1,000,000/$3,000,000 annual occurrence rates:



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

* 1. Increased Limits:

|  | | Per Occurrence | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Aggregate | | $ 25 | 50 | 100 | 200 | 300 | 500 | 1,000 |
| **$** | **50** | 0.36 | 0.48 |  |  |  |  |  |
| **100** | | 0.37 | 0.52 | 0.63 |  |  |  |  |
| **200** | | 0.38 | 0.53 | 0.65 | 0.74 |  |  |  |
| **300** | | 0.39 | 0.54 | 0.66 | 0.75 | 0.80 |  |  |
| **500** | |  | 0.55 | 0.68 | 0.77 | 0.82 | 0.89 |  |
| **600** | |  | 0.56 | 0.69 | 0.78 | 0.83 | 0.90 |  |
| **1,000** | |  |  | 0.70 | 0.79 | 0.84 | 0.91 | 0.96 |
| **1,500** | |  |  |  | 0.80 | 0.85 | 0.92 | 0.97 |
| **2,000** | |  |  |  | 0.81 | 0.86 | 0.93 | 0.98 |
| **2,500** | |  |  |  |  | 0.87 | 0.94 | 0.99 |
| **3,000** | |  |  |  |  | 0.88 | 0.95 | 1.00 |

* 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. 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%

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

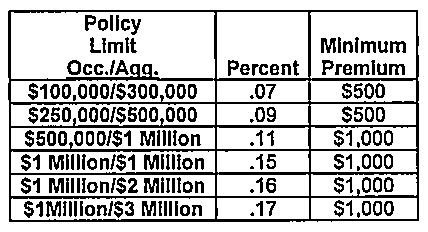
1. Abuse or Molestation Coverage
2. Description of coverage: Sexual or Physical Abuse Liability - Georgia

b. Endorsement: 118713(Occurrence)

c. Endorsement: 118712(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

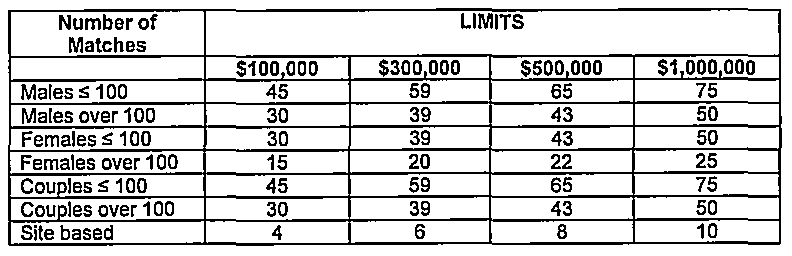
a. Description of coverage: Professional and Sexual or Physical Abuse Liability - Georgia

b. Endorsement: 118711 (Occurrence)

c. Endorsement: 118710 (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.

|  |  |  |
| --- | --- | --- |
|  | **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 Services GL Enhancement Endorsement | 118392 |
|  | Sexual Or Physical Abuse Liability Endorsement – Georgia | 118713 |
|  | CM Sexual or Physical Abuse Liability Endorsement - Georgia | 118712 |
|  | Sexual Or Physical Abuse Liability Endorsement Big Brother Big Sister - Georgia | 118711 |
|  | Sexual Or Physical Abuse Liability Claims Made And Reported Endorsement Big Brother Big Sister - Georgia | 118710 |
|  | Social Services Property Enhancement Endorsement | 118359 |