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

a. Description of Coverage: Professional Liability

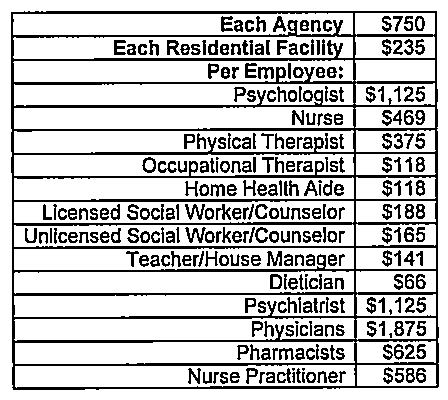
b. Form: 118395 (Occurrence)

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

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

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

1. Professional Liability Schedule Rating

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

|  |  |
| --- | --- |
| **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

2. Abuse or Molestation Coverage

a. Description of coverage: Sexual or Physical Abuse Liability - OK

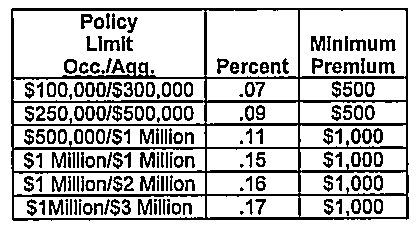
b. Endorsement: 118795 (Occurrence)

c. Endorsement: 118794 (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 - OK | 118795 |
| CM Sexual or Physical Abuse Liability Endorsement - OK | 118794 |
| Social Services Property Enhancement Endorsement | 118359 |
| Exclusion of Specific Professional Incident Occurrence or Offense | 118437 |
| Coverage for Designated Professionals Endorsement | 118436 |