# Granite State Insurance Company/Illinois National Insurance Company New Hampshire Insurance Company

AMERICAN ORTIIOTICS & PROS1HETICS ASSOCIATION

(AOPA) RATEPAGE

Genera}Liability

L Base Rates *(Per$1,000 Net Sales)*

*$1,000,000!2,000,0DD Limil of Liability*

#### C]assification

Wyoming

Manufacttiring/PatientCareFacilities

9.436

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Supplier/ Manufacturer Supplier/Distributor/Wholesaler Cow,tersa1es

ll. Additional Coverages

*7.189*

...., · 1.799

1,125

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#### Description

liability Only Localion

Dlscontfntied·Products:

3 year prepajd using ISOform ·

#### 2ndyear 0£:Atlantic coverage

Rafe

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200% of premium

90% of premium

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#### 3rdyearof Atlanllccoverage ·

·ispecial'"genl!r.U liability coverage form

Ill. Increased Limils Factors

Apply lheapplicable increased limits factor lo the base rati:.

Limils *ofllgbility*

$1,000,000/$2,000,000

$1,000,000/$3,000,000

60% ofpremium ,·

#### 3% ofpremiumsubjectto$750bunimwii.:premiuin- ·,,;·; *:,:....*



*Factor*

1.00

#### 1.15

1. Deductible Credits

Apply thedeductible credits to thebaserateand subtract from theincreased limJts premium, as!oµom; Mature PremJum•(D IbteXILF);D:ise IbleXDed Credit!

#### Rate Modification Factors

|  |  |
| --- | --- |
| *Deductible* | *Factor* |
| $0 | 1.00 |
| $1,000, | 0.92 |
| $2,500 | 0.88 |
| $5,000 | 0.80 |

If lheapplicant isa member of the American Ortholic andProsthelicAssodation(AOPA), they will qualify fora 10% discount on their premium. Useof the AmC!rican Ortholic and Prosthelic Association (AOPA) approved Loss Control Program will qualify

applicants for a10% policy discount. ·

VL Experience Rating

Claims Frequency

No claims inlastSyears

Oneclaim in lastsyears

Two or moreclaims in la.st5 years

**0.75**

#### 1.10

1.25

Qaims Severity

Based on Loss Ratio- calculated by dividing insureds totalincurred loss (includinglegal expenses)

in excess of any deductibles by thetotal premium theinsured paid

#### 0-30% 0.85

31%-40% 0.90

41%-50%

51%-60%

61%-70%

71%-80%

VIL Schediiled Rating ·

0.95

#### 1.os 1.10

1.15

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Lon8evily of Business.

#### Start Up

1 to 3years

4 to6years

*7* to12 years ·

More than12.years .

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1.20

#### 1.15

1.00

o.90

0.80

#### .1.10

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Accreditatjon of fatjlily

No accreditatiOn

Accreditation withAOPA and/,or ABQ , ,, .,,

#### 1.15.

0.85.

|  |  |  |  |
| --- | --- | --- | --- |
| Patient Visit Records | ··t.· | ., \ |  |
| Full compliance wiUt |  |  | 0.90 |
| documentation procedures Compliance with documentation |  |  | 1.00 |
| procedures, but needsimprovement Non-compliance |  |  | 1.10 |

Maxi\_mum Debit/Credit

## VIlL Minim.um Policy Premium

### *Umit*

$1.000,000/$2,000,000

$1,000,000/$3,000,000

## 25% ',

### *Premium*

$1,500

$2,000

Property

Special Property Coverage Fenn

### *Premium*

#### 7% of Property Premium subject to a $200 minimum premium