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

AMERICAN ORTHOTICS & PROSTHETICS ASSOCIATION

## (AOPA)

RATEPAGE

Nebraska

General Liability

I. Dase Rates *(Per* $7,000 *Net Sates)*

*$1,DDD,ODO/l,000,000* Limit of*Liability*

Classification

•

|  |  |  |  |
| --- | --- | --- | --- |
| Manufacluring/PatientCare Facilities  Supplier/ Manufaclurer |  | ***8A9'***  6.470 |  |
| Supplier/Distributor/WhoI Ier |  | 1,619 |
| Countersales |  | 1,013 |
| IL Additional Coverages ' |  |  | .'; I '.1,.·· •' ' |
| Description  Liability Only Location  Discontinued Producls: | Rate  $25 perlocation |  | ·· !ll?\_l;rni  ·•::\_. .. :y '-  -,....•.; "• .. |

3 year prepaid using ISO form

zidyear of Atlantic coverage

3rd yearof Atlanticcoverage

Special general liability coverage form

m. Increased Limits Factors

Apply theapplicable increased limits factorlo th!!bas!!rate.

*Limits of Liability*

$! 00,000/$2,000,000

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

200% ofpremium

90% of premium

60% of premium

3% ofpremiumsubjectlo$750minimum premium

*Factor*

1.00

1.15

1. Deductibfo Credits

Apply lh!!d!!ductibl!!cr!!dits to the basl!rnteandsubtractfrom lh!!lncrcasl!d Umlts premium, asfollows: Mature Pn:mium•{Base Rale X ILfHBase Rate X Ded Credlt)

1. Rate Modification Factors

|  |  |
| --- | --- |
| *Ded11ctible* |  |
| $0 | 1.00 |
| $1,000 | 0.92 |
| $2,500 | 0.88 |
| $5,000 | 0.80 |

If lh!! applicantis a member of the American Orlhotic and Prosthetic Association {AOPA), they will qualify fora 10% discount on their premium. Use of the American Orthotic and Proslhetic Association (AOPA) approved Loss Control Program will qualify applicants fora10% policy discount,

VL Experience Rating

C1aims Frequency

No claims in lastsyears Oneclaimin last5 years

Two or more claims in last5years

0.75

### 1.10

1.25

C1aims Seyerity

Based on Loss Ratio - calculated by dividing insureds total incurred loss (including legal expenses)

in excess of any deducfibles by the total premium the insured paid

### 0.30% 0.85

31%-40%

41%-50%

51%-60%

61%-70%

### 71%-80%

vn Scheduled Rating

0.90

0.95

1.05

### 1.10

1.15

Longevity ofBusiness

Start Up

1 to 3years

4 to 6years

7 to12years

More than12 years

Continuing Education

1.20

1.15

### 1.00

.0.90

### 0.80

·- ' ' ·,. :.•:.

No CEprogram

..

Accreditation of facility

No accreditation

Accreditation withAOPAand/or ABC

1.10 •,. I '••

1.15 ....

### 0.85

|  |  |  |
| --- | --- | --- |
| Patient Visit Records |  | .·i.· |
| Full compliance with | 0.90 |  |
| documentation procedures |  |  |
| Compliance wiUt documentation procedures, but needs improvement | 1.00 |  |
| Non-compliance | 1.10 |  |
| Maximum Debit/Credit 25% |  |  |
| VIII. Minimum Policy Premium |  |  |
| *bfu!il.* | *Premium* |  |
| $1,000,000/$2,000,000· | $1,500 |  |
| $1,000,000/$3,000,000 | $2,000 |  |

Property

Special Property Coverage Form

*Premium*

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