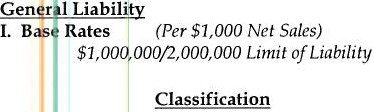
# G, r nite State Insurance Company/ Illinois National Insurance Company New Hampshire Insurance Company



**AMERICAN ORTHOTICS** & **PROSTHETICS ASSOCIATION**

## (AOPA)

**RATE PAGE**

**Arizon a**

nufactuf i ng/ Patient Care Facilities S upplier/ Manufacturer

**l**

r upplierJDistributor/ Wholesa ler Countersales

II . **Adt tional Coverages**

8.964

6.830

1.709

1.067

**Descr tion**



Liabili Only Location Discontinued Products:

3 year prepaid using ISO form

2"d year of Atlantic coverage

3rd year of Atlantic coverage Specia general liability coverage form

**reased l!.imit s Factors**

Apply/ he applicable increased limits factor to the base rate.

1 *imits o Liabilit1*

**Rate**

$25 per location

200% of premium

90% of premium

60% of premium

3% of premium subject to $750 minimum premium

*Factor*

**$ 1, ,**

00,000/$2,000,000

1.00

**$1,** 00,000/$3,000,000 1.15

**JV. Deo uctible ·Credits**

*Deductible*

$0

$1 ,000

$2,500

$5,000

Apply thedeductiblecredits to the base rateand subtract from the increased limits premium, as follows: Mature Premium ={Base Rate X ILFHBase Rate X Ded Credit}

*Factor*

1.00

0.92

0.88

0.80

1. **Rae Modif cation Factors**

If thfjapplican is a member of the American Orthotic and Prosthetic Association (AOPA), they will qualify for a 10% discount on thelf pre miutjl. Useof the American Orthotic and Prosthetic Association (AOPA) approved Loss Control Program will qualify

I applicants for a 10% policy discount.

1. **Ex erience Rating**

Claims Frequency

I No claims in last 5 years One claim in last 5 years

Two or more claims in last 5 years

0.75

1.10

1.25

Claims Severity

Basedl on Loss Ratio- calculated by dividing insureds total incurred loss (including legalexpenses) in excess of any deductibles by the total premium the insured paid

0-30% 0.85

31%-40% 0.90

41%-50%

51%-60%

61%-70%

71%-80%

1. **heduled Rating**

Longdvity of Business

Start Up

1 to 3 years

4 to 6 years

7 to12 years

More than 12 years

Contu1uing Education

' No CE program

Accret tation of facility

No accreditation

Accreditation with AOPA and/or ABC

0.95

1.05

1.10

1.15

1.20

1.15

1.00

0.90

0.80

1.10

1.15

0.85

Patient Visit Records

Full compliance with documentation procedures

Compliance with documentation procedures, but needs improvement Non-compliance

0.90

1.00

1.10

Max.ii 1um Debit/Credit 25%

**Vlll.** inimTu Policy Premium

*Limit*

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

$1,()00,000/$3,000,000

*Premium*

$1,500

$2,000

"'1-""J'" l Property Coverage Form

*Premium*

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