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Granite State Insurance Company/lliinois National Insurance Company

# New Hampshire Insurance Company

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

**(AOPA) RATEPAGE**

South Dakota

General Liability

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

*$1,000,000;2,0D0,000 Limit of Liability*

Cli'tssification

|  |  |
| --- | --- |
| Manufacturing/Patient Care Facilities | 9.436 |
| Supplier/ Manufacturer | *7.189* |
| Supplier/Distributor/Wholesaler | 1,799 |
| Countersales | 1.125 |

1. Additional Coverages

Description

Liability Only Location

Discontinued Products:

3 yearprepaidusingISOform 2nd year of Atlantic coverage 3rdyearof AUantic'coVerage

Special general liability coverage form

1. Increased Limits Factors

Apply th!! ppllCilble increased limits·faclor lo the bn.se rate.

### *Limits ofLiabilih(*

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

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

Rate

$25 perlocation

200% ofpremium

90% ofpremium

60% of premium

3% of premium subject tosr.:,0 minimtiinpremi

### *factor*

1.00

1.15

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1. Deductible Credits

### *Ded11cfib/e*

$0

$1,000

$2,500

$5,000

Apply thededuchlilc aed.lts tolhe base rateandsubtract *Crom* the increased limits premium, asfollows: Mature Premium•!Base Rate XILFJ-(Base Rale X Ded Credit)

*Factor*

1.00

0.92

OBS

## 0.80

1. Rate Modification Factors

If theapplicantisa member of the American Orthotic and Prosthetic Association (AOPA), they will qualify for ii 10% discount on their premium. Useof the American Orthotic and Prosthetic Association (AOPA) approved *Loss* Control Program will qualify applicants fora 10% policy discount.

VL Experience Rating

Claims Frequency;

No claims in lastsyears

One claim in lastsyears

Two or more claims in last5 years

Claims Severity

0.75

1.10

1.25

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

Q.30% 0.85

31%-40%

41%-50%

51%-60%

61%-70%

71%-80%

VIl. Scheduled Rating

## 0.90

0.95

ms

1.10

1.15

Longevity ofBuslness

startup

i'to3years 4 to 6years 7to 12yeal'S

More than12years

Education

No CEprogram

1.20

1.15

1.00.

0.90

0.80

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Continuing

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1.10

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.Accreditation of facllity

No accreditation

Accreditation with AOPA and/or ABC

Patient Visit Records

Fullcompliance with documentation procedures Compliance with documentation procedures, butneedsimprovement

Non-compliance

1.15

0.8.5·

0.90

1.00

1.10

Maximum Debit/Credit VIU. Minimum Policy Premium

25%

### *Limit*

Sl,000,000/$2,000,000

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

### *Premium*

$1,500

$2,000

Property

Special Property Coverage Form

### *Premium*

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