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

AMERICAN ORTHOTICS & PROSTHETICS ASSOCIATION

## (AOPA) RATEPAGE

Idaho

General Liability

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

##### *$1,0DD,DOD/2,000,000 Limit of Liability*

Classification

|  |  |
| --- | --- |
| Manufacturing/Patient Care Facilities | 9.436 |
| Supplier/ Manufacturer | 7.189 |
| Supplier/Distributor/Wholesaler | 1.799 |
| Countersales | 1.125 |

IL Additional Coverages

Description

Llabllity Only Location

Discontinued Producls:

3 year prepaid using ISOform

200 year of Atlanticcoverage

3rd year of Atlanticcov1?rage Special genl?ral liability cov1?ragc form

#### m. Increased Limits Factors

Apply the applicable increased limits factor to thebase tale.

Limils *of Liability*

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

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

Rate

$25 perlocation

200% of premium

90% ofpremium

60% of premium

3% of premium subject to $750 minimum premium

*Faclar*

#### 1.00

1.15

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1. Deductible Credits

##### *Deductible*

so

$1,000

#### $2,500

$5,000

Apply the dcducblile credits to thebasetaleandsubtr.ict from lhcincreased limits premium, as follows:

Mature Prcmlum,.{DascRate X ILFJ-(Dasc Rate X Dcd Credit!

*Faclor*

#### 1.00

0.92

0.88

0.80

1. Rate Modification Factors

If theapplicant is a member of the American Orthotic and Prosthetic Association (AOPA), they will qualify fora10% discount on their premium. Use of the American Orthotic and Prosthetic Association (AOPA) approved loss Control Program will qualify applicants for a10% policy discounl

VJ. Experience Rating

Claims Frequency

No claims in last5 years Oneclaim in last5 years

Two or moreclaims in lastsyears

0.75

1.10

1.25

Claims Severity

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

0-30% 0.85

31%-40%

41%-50%

51%-60%

61%-70%

71%-80%

VIL Scheduled Rating

Longevity ofBusiness

startup

0.90

0.95

1.05

1.10

1.15

1.20

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1 to3years

4 to 6years

*7* to12years

More than12 years

Continuing Education

No CE program

Accreditation of facility

No accreditation

Accreditation with AOPAand/or ABC

Patient Visit Records

Fullcompliance with documentation procedures Compliance with documentation procedures, but needs improvement Non-compliance

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1.00

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0.90 ?l !"..

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0.80

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1.10.

1.15

0.85

0.90

1.00

1.10

Maximum Debit/Credit

VIII. Minimum Policy Premium

25%

### *Limit*

$1,000,000/$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