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

AMERICAN ORTHOTICS & PROSTHETICS ASSOCIATION

## (AOPA) RATE PAGE

Michigan

General Liability

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

*$1,000,000J2,000,000 Limit of Liability*

Classification

|  |  |
| --- | --- |
| Manufacturing/Patient Care Facilities | 8.964 |
| Supplier/ Manufacturer | 6.830 |
| Supplier/Distributor/Wholesaler | 1.709 |
| Countersales | 1.067 |

IT. Additional Coverages

Description

Liability Only Location Discontinued Products:

3 year prepaid using ISOform 200 year of Atlantic coverage

3rdyear of Atlantic coverage Special general liability coverage form

m. Increased Limits Factors

Apply theappllcabfo lncreasOO limits!actor to the baserate.

#### *Limits o{Liabi/itir*

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

SJ,000,000/$3,000,000

Rate

$25 perlocation

200% of premium

90% of premium

60% of premium

3% of premium subject to$750 minimum premium

*Faclor*

1.00

##### 1.15

1. Deductible Credits

*Dedriclible*

so

$1,000

$2,500

$5,000

Apply the deductiblecredits to the base rate and subtract from theincreased limits premium, asfollows:

Mature Premium•{Base Rate *X* ILF}-1Base RaleX Ded CrcdltJ

*Faclor*

1.00

0.92

0.88

0.80

1. Rate Modification Factors

If theapplicantis a mC!mberof the American Orthotic and Prosthetic Association (AOPA), they will qualify for a 10% discount on thC!irpremium, Use of the American Orthotic and Prosthetic Association (AOPA) approved loss Control Program will qualify applicants for a 10% policy discount.

1. Expl?ricnccRating

Claims Frequency

No claims in last 5 years Oneclaim in lastsyears

Two or moreclaimsin lastsyears

0.75

1.10

1.25

Claims Severity

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

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

0-30% 0,85

31 %-40% 0.90

##### 41%-50%

51%-60%

61%-70%

71%-80%

1. Scheduled Rating

Longevity ofBusiness

Start Up

1 to3years

4 to6years

7 to12years

More than 12 years

Continuing Education

No CE program

Accreditation of facility

No accreditation

Accreditation withAOPAand/or ABC

Patient Visit Records

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

0.95

1.05

1.10

1.15

**1.2-0**

1.15

1.00

0.90

0.80

1.10

1.15

0.85

0.90

1.00

1.10

Maximum Debit/Credit

1. 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