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

AMERICAN OR1HOTICS &PROS1HETICS ASSOCIATION

(AOPA) RATEPAGE

Montana

General Liability

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

*$1,000,000/2,000,000 Umit of liability*

CJassifkation

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Manufacturing/PatientCare Facilities | 9.436 |  | | |
| Supplier/ Manufacturer | 7,189 |  |  |  |
| \_.Supplier/Dishibutor/Whoies er | 1.799 |  |  |  |
| Countersaies "  IL Additional Coverages· · | 1.125 | ,1n,1! '. | ·,, | *:.* !- |

Description

Liability Only Location

'

Discontinued Products:

3 year prepaid using ISOform 2Myearof AUantic coverage 3rdyearof Atlanticcoverage

**Rafe**

$25 perlocation '

200% of premium

90% ofpremium

60% ofpremium



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' ... '

Special general liability coverage form

m. Increased Limits Factors

Apply theapplicableincreased llmlts factor to thebaserate.

*Umils ofLiability*

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

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

3% of premiumsubject to$750 minimum premium

*Faclor*

1.00

1.15

1. Deductible Credits

Apply the deductible credits lo thebaseralc andsubtracthom theinCRascd limits p[emlum, as follows:

l-.falut'e Premlumm(Base Rate XILfHBase Rate X Ded CredltJ

|  |  |
| --- | --- |
| *Dedudibte* | *Factor* |
| $0 | 1.00 |
| $1,000 | 0.92 |
| , $2,500 | 0.88 |
| $5,000 | 0,80 |

1. Rate Modification Factors

If the applicant is a ml?mberof the American Ortholic and Prosthetic Association (AOPA), Utey will qualifyfora10% discount on their premium. Use of the American Orthoticand Prosthetic Association (AOPA) approved Loss Control Program will qualify applicants fora 10% policy discounL

1. e:rience Rating

Claims Frequency

Nod in lastsyears Oneclaim in lastsyears

Two or more claims inlastSyears

0.75

1.10

1.25

ClaimsSeyerity

Based on Loss Ratio- calculated by dividing insureds totalincurred loss (including legal expenses}

in excess of anydeductibles by the totalpremium the insured paid

0-30% 0.85

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31%-40%

41%-50%

51%-60%

61%·70%

71%•80%

VU. Sclteduled Rating

Lonaevity ofBusiness

StartUp

1 to3years

4 to 6years

7to12years

More than12 years

Contjnuing Educatign \_,.

No CE program

Accreditation of facilitx;

No accreditation Accreclitl\_tiol).WithAOPAnnd/orABC

Patient Visit Records

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

0.90

0.95

1.05

1.10

1.15

1.20

1.15

1.00

0.90

0.80

1.10

1.15

0.85

0.90

1.00

1.10

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Maximum Debit/Credit

VIII. Minimum Policy Premium

25%

*Umit*

$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



March 28, 2006L

**Ame rican International Companies •**

DBG Legal Services State Filings Department

175Water Street, 17th Floor NewYork, NY 10038

212.458. {Direct Dial)

Honorable John Morrison State Auditor and Commissioner of Insurance Montana Insurance Department 840 Helena Avenue

Helena, MT 59601

**RE: GRANITE STATE INSURANCE COMPANY** NAIC # 012-23809 FEIN# 02-0140690 **ILLINOIS NATIONAL INSURANCE CO.** NAIC # 012-23817 FEIN# 37-0344310 **NEW HAMPSHIRE INSURANCE COMPANY** NAIC # 012-23841 FEIN# 02-0172170

**American Orthotic and Prosthetic Association (AOPA) Program**

Rates

**Our Filing Number: AIC-06-MP-02**

**RATES**

Dear Commissioner Morrison:

The above-referenced companies submit for your review and approval their American Orthotic and Prosthetic Association(AOPA) Program (the "Program"). The Program provides multi-line coverages to firms that are engaged in providing Orthotic and/or Prosthetic care to patients.

The Special Property Plus Coverage Form, the three (3) general liability endorsements and rates, included as part of this Program, will be used in conjunction with the latest versions ofI SO' s coverage parts, endorsements or approved company rates.

The rates are attached for the forms mentioned above. Please refer to the attached explanatory memorandum and exhibits for information about the rates. The forms associated with this Program are being submitted under separate cover.

We wish to make this Program effectiveJune 6, 2006, or the earliest date permitted by your state. Your favorable consideration and approval are respectfully requested.

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Michael Ma::O: / Filings Analyst

State Filings Department (212) 458-7057

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