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## Granite State Insurance Company/lliinois National Insurahce Cob:it,arly • ••

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New Hampshire Insurance Company

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## AMERICAN ORTHOTICS & PROSTHETICS ASS<µ¢rilci1b.l.),.' :

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## (AOPA)

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RATEPAGE

Oregon

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General Lfobility

I. Base Rates *(Pa-$1,000 Net Safes)*

*$1,000,000/l,000,000 Limit of Liability*

Classification

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| --- | --- | --- |
| Manufacturing/PatientCare Facilities | 8.964 |  |
| Supplier/ Manufacturer | 6.830 |  |
| Supplier/Distributor/Wholesaler | 1.709 |  |
| Countersales  II. Additional Coverages | 1.067 | .,\•" *r: ..* |

Description

Liability Only Location. Discontinued Products:

3 year prepaid usingISOform 2tiiyearof Atlanticcoverage 3rd year of Atlantic coverage

Rate

$25 perlocation

200% of premium

90% of premium

60% ofpromium

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Special general liability coverage form

1. Increased Limits Factors

Apply the applicable increased limitsfactor lo the? b/1.Se mle.

[imils *o(Liabj(ity*

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

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

3% ofpremium'subjectto$750 minimum premium

*Fae/or*

#### 1.00

1.15

1. Deductible Credits

*Deduclible*

#### $0

$1,000

$2,500

$5,000

Apply thedeductible credits to the b/1.SC rate.mdsubtract from U11!Increased limits premium. as(oJlows:

Mature Premium•{B;,.se Rale X ILFJ-IB;,.se Rate X Dcd Credl!J

#### fu!Qr

1.00

0.92

#### 0.88

o,o

1. Rate Modification Factors

#### If lheapplicant is a member of lhe American Orlhotic and Proslhetic Association (AOPA), they will qualifyforii 10% discount on their premium. Useof the American Orthotic and Prosthetic Association (AOPA) approved LossControl Program will qualify applicants forii 10% policy discounL

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VL Experience Rating

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CinimsFrequency

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No claims in lastsyears 0,75

One claim in last 5 years 1.10

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Two or more claims in IastSyears 1.25 '

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#### ClaimsSeverity r , r r , , , ,

Based on Loss Ratio- calculated bydividinginsureds total incurred loss (mcluc{t(\t ld.!}'I.\ ei-FfiltSl'S)' '

in excess of any deductibles by the total premium the insured paid : : : : : :

#### 0-30% 0,85

31%-40% 0.90

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#### 41%-50%

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51%·60%

61%-70%

71%-80%

#### VII. Sclteduled Rating

0,95

1.05

1.10

1.15

Longevity ofBusiness

Start Up

#### 1 to3years

4 to 6years 7to 12years

More than12 years

Continuing Education

No CE pr0gram

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

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1.20

1.15:

#### 1.0Q

0.90

0.80

1.10.

1.15

0.85

0.90

1.00

1.10

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Maximum Debit/Credit

VIIl. Minimum Policy Premium

*Limit*

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

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

25%

### *Premium*

$1,500

$2,000

Property

Special Property Coverage Form

### *Premium*

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