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

AMERICAN ORTIIOTICS & PROSTHETICS ASSOCIATION

## (AOPA) RATEPAGE

Ohio

##### General Liability

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

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

##### CJassification Manufacturing/PatientCare Facilities

Supplier/ Manufacturer

Supplier/Disbibutor/Wholesaler Countersales

IL Additional Coverages

Description

Rate

Rate

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Liability Only Location

Discontinued Products: ·

##### 3}'.ear prepaid using.ISO form 2!i:Iyearof AUantic coverage 3rdyearof Atlantic coverage

$25 perlocation

200 ofpremium

90% of premium

60% of premiuin

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##### Special general liability coverage form

1. lnaeased Limits Factors

Apply lheapplicable ini:rc.isc:d limits fuctor tolhebaserate.

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

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

3% ofpremiumsubject to$750 minimum premium

*Factor*

1.00

1.15

1. Deductible Credits

Apply the deductible credits to thebase rate andsubtractfrom lheincreased limits premium, .isfollows:

Mature Premluma(Base Rate X ILF}-(Basc Rate X Ded Credit}

|  |  |
| --- | --- |
| *Deductible* | *Factor* |
| $0 | 1.00 |
| $1,000 | 0.92 |
| $2,500 | 0.88 |
| $5,000 | 0.80 |

##### Rate Modification FacforS

If theapplicant is a member of the American Orthotic and Prosthetic Association (AOPA), lhey will qualify fora 10% discount on their premium. Use of llie American Orthotic and Prosthetic Association (AOPA) apptoved Loss Control Program will qualify applicants for a10% policy discount.

1. Experience Rating

Claims Frequency

No claimsin last5 years Oneclaim in last5 years

Twoor more claims in Jast5 years

0.75

1.10

1.25

ClaimsSeverity

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

in excess of any deductibles 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

0.95

1.05

1.10

**1.15**

Longevity ofBusiness

Start Up

1 to3ycars

4 to6years

*7* to12years

More than12 years

Continuing Education,

No.CE program Accreditatioiiof facility..·.

No accred,itaiiOn

Accredi tion withAOPAnnd/or ABC

Patient Visit Records

Full compliance with documentation procedures Compliance with documentation procedures, but needsimprovement Non-compliance

•'',•

' 1:ZO 1.15

1.00

0.90

0.80

1.10 '"

1.15

0.85 , •. t

0.90

1.00

1.10

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Maximum Debit/Credit VIlI. Minimum Policy Premium

*Limit*

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

$1,000,000/$3,0 ,000

25%

### *Premium*

$1,500

$2,000

Property

Special Property Coverage Form

#### *Premium*

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