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

AMERICAN ORTHOTICS & PROSTHETICS ASSOCIATION

(AOPA) RATEPAGE

### Pennsylvania

General Liability

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

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

Classification

|  |  |
| --- | --- |
| Manufacturing/PatientCare Facilities | 9.436 |
| Supplier/ Manufacturer | 7.189 |
| Supplier/Dishibutor/Wholesaler | *1.799* |
| Countersales | 1,125 |

IL Additional Coverages

Description

liability Only Location

Disconlinu!!d Products:

3 Y.ear prepaid usingISOform

200 year of Atlantic coverage

3rdyear of Atlantic coverage Special general liability coverage!form

### lII. Increased Limits Factors

Apply the applkableincreased limits factor to thebase rate.

*Limils of Liability*

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

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

### Rate

$25 p!!rfocation ., '

200% ofpremium

90% ofpremium

60% ofpremium

3% of premium subject to S750 minimum premium

*Factor*

1.00

1.15

### Deductible Credits

*Deductible*

so

$1,000

$2,500

$5,000

Apply thedcduch"ble crcdlls to thebase rate andsubtract from the increased limits premium, asfollows: Mature Premium•{B;ise Rate X ILFJ-{Dasc R;itc X Dcd Credit]

*Fae/or*

1.00

### 0.92

0.88

0.80

### Rate Modification Factors

If theapplicantis a member of !he American Orlliotic and Prosthetic Association (AOPA), they will qualify fora10% discount on their premium. Useof the American Orthotic and Prosthetic Association (AOPA) approved Loss Control Program will qualify applicants for a10% policy discount

VL Experience Rating

Claims Frequency

No claimsin last Syears Oneclaim in lastsyears

Two or more claims in lastsyears

0.75

1.10

1.25

Claims Severity

Based on Loss Ratio - calculated by dividing insureds total incurred Joss (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

0.90

0.95

### 1.05

1.10

1.15

LongevityofBusiness

Start Up

1 to3 years

4 to 6years

*7* to12years

More than12years

.. Continuing Education., ..

·' No CE program

Accreditation of facility

No accreditatipn

Accreditation with AOPAand/or ABC

Patient Visit Records

Fullcompliance wiU1 d6cumentation procedures Compliance with documentation procedures, but needs improvement Non-compliance

**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%

*Limit*

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

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

*Premi*mu

$1,500

$2,000

Property

Special Property Coverage Fonn

## *Premium*

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