Granite State Insurance Company New Hampshire Insurance Company

AMERICAN ORTHOTICS & PROSTHETICS ASSOCIATION

# (AOPA) RATEPAGE

California

General Liability

1. Base Rates *(Per$1,()(10 Net Safes)*

*$1,000,000/1.,000,000 Limit of Unbility*

|  |  |
| --- | --- |
| Classification | Rate |
| Manufacturing/PatientCare Facilities | 8,964 |
| Supplier/ Manufacturer | 6.830 |
| Supplier/DistnDutor/Wholesaler | 1.709 |
| Countersales | 1.067 |

### Additional Coverages

Desaiption

Liability Only Location Discontinued Products:

3 year prepaid usingISOform 2"" yearof Atlantic coverage 3111 year of At1anticcovcrage

SpecW genernlliability coverage form

1. Increasl!d Limits Factors

Apply theappliC11blc increased limits factor to the base rate.

*LintitsofLil1bility* ,

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

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

Rate

$25 per location

200%of premium

90% of premium

60% of premium

3% of premiumsubject to $750 minimum premium

*Facfor*

### 1.00

1.15

### Dl!ductible Credits

Apply thededucb'blc credits to the bnscralc and subtract from the increased limits premium, nsfollows:

Mature Premluma:{Basclb.lcX11.F}-(Basc RatcX Dcd Crcdi!I

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

### Rate Modification Factors

If the applicant is a member of the American Orthotic and Prosthetic Association (AOPA), they willqualifyfor a 10% discount on their premium. Use of the American Orthoticand Prosthetic Association (AOPA) approved Loss Conbol Program will qualify applicants fora10% policy discount.

1. Experience Rating

Claims Frequency

No claims in last5 years One claim in last 5 years

Two or more claims in last5 years

Claims Severity

### 0.75

1.10

1.25

Based on Loss Ratio- calculated by dividing insureds total incurred loss (including legal expenses) in excess of any deductibles by the total premium the insured paid

0-30% 0.85

31o/o-40% 0.90

41%-50%

### Slo/o-60% 61%-70%

71%-80%

1. Scheduled Rating

Longevityof Business

Start Up

1 to3 years

4 to 6 years 7to 12years

More than 12 years

Continuing Education

No CE program

Acaeditation of facility

No accreditation

Accreditation with AOPAand/or ABC

Patient Visit Records

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

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

Maximum Debit/Credit

1. Minimum Policy Prem.ium

*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 Property Premium subject to a $200 minimum premium