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

AMERICAN ORTHOTICS & PROSTHETICS ASSOCIATION

## (AOPA) RATEPAGE

General Lfabi1ity

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

*$1,000,000/2.,00D,OODUmit of Liability*

Colorado

Classification

Manufacturing/PatientCare Facilities Supplier/ Manufacturer Supplier/Distributor/Wholesaler

Countersales

n. Addition Coverages

Description

Liability Only Location Discontinued Products:

3 }'.ear prepaid usingISO form 2nd yearof Atlantic coverage 3td year of Atlantic coverage

Rate

$25 per location

200% of premium

90% of premium

60% ofpremium

9.436

7.189

1,799

1.125

Specinl g(!(lernl liability coverage form

m. Increased Limits Factors

Apply the applicable increasc:d limits factor to thebaserate.

Li*mils o{Liabiliti/*

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

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

3% of premium subject to *ST* minimum premium

*Fae/or*

1.00

##### 1.15

1. Deductible Credits

*Ded11cfible*

## $0

Sl,000

$2,500

$5,000

Apply the deductible credits to thebaser.ite.ind subtract from theincreased limits premium,as follows: M.iture Premium•(D.ise R.ileX ILF}-IB.ise RaleX Oed Credi!)

*Factor*

1.00

0.92

0.88

0.80

1. Rate Modification Factors

If theapplicant *is* a member of th!! Aml!rican Orthoticand Prosthl!tic Association (AOPA), th!!y will qu.ilify for a 10% discount on their premium. Use of the Aml!rican Orthoticand Prosllietic Association (AOPA) approved Loss Control Program will qualify applicants for a10% policy discounL

1. Experience Rating

Claims Frequency

No clnlms in lastsyears Oneclaimin lastsyears

Two or moreclaims inlastsyears

0.75

1.10

1.25

Claims Severity

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

in excess of any deduch0Ies by the total premium the insured paid

##### 0-30% 0.85

31%-40%

41%-50%

51%-60%

61%-70%

71%-80%

VIL Scheduled Rating

LongevitygfBusiness

Start Up

1 to3 years

4 to 6 years

*7* to12years

More than12 years

Continuing Education

No CE program

Accreditation of facility

No accreditation

Accreditation with AOPA and/or ABC

Patient Visit Records

Full compliance 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

Maximum Debit/Credit vnr. Minimum Policy Premium

25%

*Limit*

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

##### Sl,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