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

AMERICAN ORTHOTICS & PROSTHETICS ASSOCIATION

## (AOPA) RATEPAGE

Maine

General Liability

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

### *$1,000,000/2,000,000 Limit of Liability*

Classification

|  |  |
| --- | --- |
| Manufacturing/Patient Care Facilities | 9.436 |
| Supplier/ Manufacturer | 7,189 |
| Supplier/Distributor/Wholesaler | 1.799 |
| Countersales | 1,125 |

II. Additional Coverages

Description

Liability Only Location Discontinued Products:

3 J.ear prepaid using ISOform 2ndyear of Atlanticcoverage 3rd year of Allan6c coverage

Rate

$25 pc:r location

200% of premium

90% ofpremium

60% of premium

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Special general liability coverage form

m. Increased Limits Factors

Apply the applkablclncrcased limits factor to thebase rate.

### *Limits o[Liability*

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

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

3% of premium subject to$750 minimum premium

### *Factor*

1.00

1.15

1. Deductible Credits

### *Deductible*

so

$1,000

$2,500

$5,000

Apply the deductiblcaedlls to the baserateandsubtractfromthe increased limits premlum,as follows: Mature Prc:mium.. lBasc Rate X JLF)-(Base Rate X Ded Credit)

### *Fae/or*

1.00

0.92

0.88

0.80

1. Rate Modification Factors

If theapplicantis a member of the American Orthotic and Prosthetic Association (AOPA), they will qualify fora 10% discount on their premium. Use of the AmC!rican Orthoticand ProsthC!tic Association (AOPA) approved Loss Control Program will qualify applicants for a 10% policy discount.

1. Experience Rating

Claims Frequency

No claims in 1ast 5 years Oneclaim in lastsyears

Two or more claims inlast5 years

0.75

1.10

1.25

Claims Se.verity

Based on Loss Ratio- calculated by dividing insureds total incurred loss (including legalexpenses) in excess of anydeductibles by the total premium the insured paid

0-30% 0.85

31%-40%

41%-50%

51%-60%

61%-70%

71%-80%

vn. Scheduled Rating

0.90

0.95

1.05

1.10

1.15

Longevity of Business

Start Up

1 to3 years

4 to 6years

7 to12years

More than12 years

1.20

1.15

1.00

0.90

0.80

Continuing Education

No CE program

Accreditation of facility

No accreiiitation

Accreditation with AOPAand/or ABC

Patient Visit Records

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

1.10

1.15

0.85

0.90

**1.00**

1.10

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Maximum Debit/Credit

vm. Minimum Policy Premium

*limit* Sl,000,000/$2,000,000 Sl,000,000/$3,000,000

25%

### *Premium*

$1,500

$2,000

Property

Special Property Coverage Form

Premi1m1

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