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

AMERICAN ORTIIOTICS & PROSTIIETICS ASSOCIATION (AOPA)

## RATEPAGE

Utah

#### Gener.ti Liability

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

*$1,000,000/2,000,000Umit of Un.bility*

Classification R.tte

Manufacturing/PatientCare Facilities Supplier/ Manufacturer

Suppliei-/Disbibutor/Wholesaler Countersales

9.436

7.189

*1.799* ;,

l,125

1. Additional Coverages · ,\_1•u

#### Description

...·.

Liability Only Location

D.iscontinul?d Producl.s:

3 Y.ear prepaidusingISO fonn

200year of Atlantic coverage

3rd year of Allahtic'coverage

Special g(![\eml liability coverage fonn

m. Increased Limits Fac::tors

Apply theappl!Cilbleincrrosed limits!actor to the base rate.

*Umitsof Liability*

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

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

Rate '.

$25 perlocation 

200% of premium

1

* 90% o f premiitm :

60% ofprcmium

-3% of premiumsubject lo$750 minimum premium

*Faclor*

#### 1.00

1.15

...

#### Deductible Credits

*Deductible*

$0

$1,000

$2,500

#### $5,000\_

Apply the deductible c:n:dlls to thebase?ateandsubtract from thelnc:n::iscd limits premium,:isfollows: Mature Premlum"IBase Rate X JLF)-{Base Rate X Ded CredltJ

*Factor*

#### 1.00

. 0.92

0.88

0.80

#### Rate Modification Factors

If theapplicant *is* a member of the American Orthotic and Prosthetic Association (AOPA), they will qualify for a10% discount on their prl!lllium. Use of the American Orthotic and Prosthetic Association (AOPA) approved Loss Conlrol Program will quallfy applicants fora 10% policy discounL

1. Experience Rating

Claims Frequency

No claimsinlastS years One claim in last5 years

Two or more claims in lastsyears

0.75

1.10

1.25

Claims Severity

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

0-30% 0.85

31%-40%

41%..SO%

51%-60%

61%-70%

71%-80%

vn Scheduled Rating

0.90

0.95

1.05

1.10

1.15

LongevityofBusiness

Start Up

1 to 3years

4 to 6years

*7* to12years

More than12 years

Continuing Education. .

NOCE Prograi;,

AccreditatiOn.of facifity

No accreditation

Accreditation with AOPA and/or ABC

Patient Visit Records

Fullcompliance with documentation procedures Compliance with documentation procedures, but needs improvement Non-coll!pliance

1.20

lJS

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 VIIL Minimum Policy Premium

### *Limit*

s1,ooo,ooo/szooo,ooo

$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