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

AMERICAN ORTIIOTICS & PROSTIIETICS ASSOClATION

## (AOPA) RATEPAGE

Wisconsin

General Liability

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

#### *$1,000,000/Z,OOO,OOOUmit ofUabifity*

Classification Ma.nufacturing/Pati:ntCare Facilities

Supplier/ Manufacturer Supplier/Dlslributor/Who1esaler

'·"'

6.830

1.709

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Countersales

IL Additional Coverages .· i

.Oesaiption ,., .

Liability Onlyl.oc;atiori·. Discontinued.Produl:l.s:' · ·/;

3 yearprep,lid using·ISO form 2.nd yearof1\.llanticcov=gc 3nl·year of Ailanticcoverage

1.067

Rate

·$25pet!ocdlioI\'..-r:;. ....··

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. . ,-...

200% of premium..

90% of premium·

60% of premium

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: ·, ., • 0' Sp criiii:genemlliability coverage form

1. Increased.Limits Factors

Apply the .ipplieableincn:ascd limits kctorto the base rnte.

#### *Umils of Uabifity*

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

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

3% ofpremiwnsubjb:tto$750 minim.tun p,rermum.

. :\_ . ,\_,. \_-,,::•: ..

*Factor*

1.00

1.15

* 1. D ductible Credits

Apply the deductibleaedils to thebasernte.mdsubtract from the increased limits pl't'Dllum, as follows:

Mature Premiuma(Base R:,,le X ILF}-JDase Rale X Ded Credit}

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

* 1. Rate Modification Factors

If theapplicant *ls* a member of Urn AmericanOrtholicand Prosthetic Association (AOPA), they will qualify for a10% discount on their premium. Useof the American Ortholic and Prosthetic.Assodalion (AOPA) approved *Loss* Control Program willqualify applicants fora 10% policy discounl

*I*

* 1. Expl!rience Rating

Claims Frequency

No claims lnlast5years Oneclaim in last5years

Two or moreclaimsinlastsyears

0.75

1.10

1.25

Claims Severity

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

inexcess of any deductibles by the total premium the insured paid

0-30% 0.85

31%-40%

41%-50% SI%--60% 61%-70%

7I%-SO%

VIL Scheduled Rating

0.90

0.95

1.05

1.10

1.15

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Longevity ofBµsiness

Startup .

1 lo3years

4 to 6years

*7* lo12years ·. More than12-years

.. Continuing Education;;.,·.;, .: . "'·· .

Nod:ptogram:·

Accreditation offadljty ·.,:

No accreditation ·· *:*

1.20.

1.15

1.00.

0.90·

0.80

.. J."lO•.·.'

1.15

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Accreditation withAPPA.,:i.nd/9r.A,pC,.,,,.. .; ..

Patient Visit Records

Fullcompliance with documentation procedures Compliance with documl?Iltation

procedures, but needs improvement. Non-compliance

0.85

0,90

mo

### 1.10.

Maxim.um Debit/Credit

VIII. Minimum Policy Premi m

*limit* .

$1,000,000/$2,00Q,000

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

25%

*Premium*

$1,500

$2,000

*I*

Property

Special Property Coverage Form

*Premium*

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