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

AMERICAN OR1HOTICS & PROSTHETICS ASSOCIATION

## (AOPA) RATE PAGE

Nevada

General Liability

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

#### *$1,000,000f2,000,000 Limit ofUability*

Classification

|  |  |
| --- | --- |
| Manufacturing/Patient Care Facilities | 9.436 |
| Supplier/ Manufacturer | 7.189 |
| Supplier/Distributor/Whol ler | 1.799 |
| Countersales | 1.125 |

IL Additional Coverages

Description

liability Only Location Discontinued Products:

3 }'.ear prepaid using ISOfonn 2nd yearof Atlantic coverage 3rd year of Atlantic coverage

Special general liability coverage fonn

m. Increased Limits Factors

Apply theapplicable increased *llmlls* (actor to the base rate.

*Limils o{Liability*

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

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

Rate

$25 perlocatiOn

200% ofpremium

90% of premiwn

60% ofpremium

3% of premium subject to$750 minimum premium

#### *Faclor*

1.00

1.15

1. Deductible Credits

Apply the deducliblecn:dlts to thebase rateandsubtract from theinaeased limits premium, asfollows: Mature Premlum•(Base Rate X ILF}-{Base Rate X Ded Credit)

1. Rate Modification Factors

|  |  |
| --- | --- |
| *Deduclible* | *Fae/or* |
| $0 | 1.00 |
| $1,000 | 0.92 |
| $2,500 | 0.88 |
| $5,000 | 0.80 |

If theapplicant *is* a member of the American Orlholic and Prosthetic Association (AOPA), they will qualify fora10% discount on their premium. Us!? of the American Orlhotic and Prosthetic Association (AOPA) approved *Loss* Control Program willqualify applicants for a 10% policy discount

VL ExperiC!ncC! Rating

Claims Frequency

No claims inlastsyears One claiminlastSyears

Twoor moredaims Inlastsyears

0.75

1.10

### 1.25

ClaimsSeverity

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

inexcess of any deductibles by Ute total premium Ute insured paid 0-30% 0.85

31% 0%

41%...50%

51%-60%

61%-70%

71%-80%

VIL Sclteduled Rating

0.90

### 095

1.05

1.10

1.15

Longevity ofBusiness

StartUp

1 to 3years

4 to 6 years

*7* to12years

More Utan12 years

1.20

1.15

1.00

0.90

0.80

Continuing Education ·,,.

No CEprogram

Accreditation of fiiciljty

No accreditation

Accreditatipn with AOPA.and/or ABC

Patient Visit Records

Fullcompliance with documentation procedures Compliance witlt 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

VIII. Minimum Policy Premium

25%

*Limit*

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

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

*Premium*

$1,500

$2,000

Property

Special Property Coverage Form

*Premi11m*

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