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

AMERICAN ORTHOTICS & PROSTHETICS ASSOCIATION

### (AOPA) RATE PAGE

Rhode Island

General Liability

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

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

Classification

|  |  |
| --- | --- |
| Manufacturing/Patient Care Facilities | 9.436 |
| Supplier/ Manufacturer | 7,189 |
| Supplier/Dislributor/Wholesaler | 1.799 |
| Countersales | 1.125 |

n. Additional Coverages

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Description

Llability Only Location Discontinued Products:

3 year prepaid using ISOform

2rilyear of AUanticcovernge

3rdyear of AUanliccoverage

Special general liability coverage fonn

nr. Increased Limits Factors

Apply theappllcable increased limits{actor to the basernte.

###### *Limits ofLiqbility*

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

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

Rate

$25 perlooi.'tion· ·· ,-

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200% ofprem.ium

90% ofpremium

60% of premium

3% of premiumsubject lo$750 minimum:p.remium

*factor*

1.00

##### 1.15

1. Deductible Credits

*Deductible*

##### $0

$1,000

$2,500

$5,000

Apply the deducti'blecredits to thebase rateand subtract from theincreased limlts premium, asfollows: M ture Premium"(Bnse RateX ILFJ-(Dnse Rate *X* Ded CrcditJ

## *Factor*

##### 1.00

0.92

DES

0.80

1. Rate Modification Factors

If theapplicant is a member of the Ame?rican Ortltotic and Prosthetic Association (AOPA), they will qualify for a 10% discount on their premium. Use of the American Orthotic and Prosthetic Association (AOPA) approved Loss Control Program will qualify applicants for a10% policy discount.

VL Experience Ri'lting

Cii'lims Frequency

No claimsinlast5years One claim in·last5years

Two or moreclaimsin last5 years

0.75

1.10

1.25

Claims Severily

Based on Loss Ratio- calculated by dividing insureds total incurred loss (includinglegal expenses} in excess of any deduc11Dles by the total premium theinsured paid

##### 0-30% 0.85

31%-40%

41%-50%

51%-60%

##### 61%-70%

71%-80%

VIL Scheduled Rilting

0.90

##### 0.95

1.05

1.10

1.15

Longevity ofBusiness

StartUp

1 to3years

4 to6years 7to 12years

More than12years

Continuing:.Edl!-cation*:*.

No CEprogram

Acgeditatjon of facility

No accreditation

Accreditation withAOPAand/oi::.ABC.

Patient Visit Records

Fullcompliance with documentation procedures Compliance with documentation procedures,butneedsimprovement Non-compliance

##### 1.20

1.15·

1.00

0.90

##### 0.80

1.10.

1.15

##### 0.85

0.90

**1.00**

1.10

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Maxim.um 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

#### *Premium*

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