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

AMERICAN ORTIIOTICS & PROSTIIETICS ASSOCIATION

## (AOPA) RATEPAGE

North Dakota

General Liability

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

*$1,0DD,000/2,000,00D Limit of Liability*

Classification

Description

|  |  |  |
| --- | --- | --- |
| Manufacturing/PatientCare Facilities | 9.436 |  |
| Supplier/ Manufacturer | 7.189 |  |
| Supplier/Distributor/Wholesaler | 1.799 |  |
| Countersales  Il. Additional Coverages | I.125 | •.".:,1 |

Rate

1,· ··,.

liability Only Location

Discontinued Products:

3 year prepaid using ISO form 2nd year of Atlantic coverage 3rd year of Atlantic coverage

Special general liability covCr."lge form

IIL Increased Limits Factors

Apply the applicable increased limitsfactor lo thebi!Se rate.

*Limils o{Liability*

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

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

$25 perlocatiOI\ . *)••'.'*

200% ofpremium

90% of prcniium

60% ofpremium

3% of premium subject to$750minimumpremium

### *Factor*

1.00

1.15

1. Deductible Credits

Apply th1Jdcductiblecredits to the bi!Serate and subtract from thiJ increi!Sed limits premium, ilS follo1vs:

Mature Premium•(Base Rafe X ILfHBase Rate XDed Credit)

|  |  |
| --- | --- |
| *Deductible* | *Fae/or* |
| $0 | 1.00 |
| $1,000 | 0,92 |
| $2,500 | 0.88 |
| $5,000 | 0.80 |

1. Rate Modification Factors

If the applicant *is* a member of the American Orthoticand Prosthetic Association (AOPA), they will qualify fora 10% discount on llieir premium. Use of Ute American Orlhotic and Prosthetic Association (AOPA) approved Loss Control Program will qualify applicants for a10% policy discount.

VL Experience Rating

Claims Frequency

No claims in last 5 years Oneclaim in lastsyears

Two or more claims in lastsyears

0.75

1.10

1.25

Claims Severity

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

in excess of any deductibles by the total premium the insured paid 0-30% 0.85

31%-40% 0.90

#### 41%-50%

51%-60%

61%-70%

71%-80%

VIL Scheduled Rating

0.95

1.05

1.10

1.15

Longevity of Business

Start Up

1 to 3 years

4 to 6years

*7* to12years

More ilian12 years

Continuing Educatjon .

No CE program

Accreditation of faciliiy·.

No accl"editation

Accreditation with AOPA and/or ABC

Patient Visit Records

Fullcompliance with documentation procedures Compliance wiilidocumentation procedures, but needsimprovement Non-compliance

#### 1.20

us

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

VIII. Minimum Policy Premium

25%

### *Limit*

#### $1,000,000/$2,CKJ:Q,000 Sl,000,000/$3,000,000

*Premium*

$1,500

$2,000

Property

Special Properly Coverage Form

### *Premium*

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