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

AMERICAN OR1HOTICS & PROSTHETICS ASSOCIATION

**(AOPA)**

## RATEPAGE

Maryland

#### General Liability

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

##### *$1,000,0D0/2,000,000 Limit of Liability*

Classification

|  |  |
| --- | --- |
| Manufacturing/Patient Care Facilities | *8A93* |
| Supplier/ Manufacturer | 6.470 |
| Supplier/Disbibutor/Wholesaler | 1.619 |
| Countersales | 1.013 |

Il. Additional Coverages

#### Description

Liability Only Location

Discontinued Products:

#### 3J.ear prepaid using ISOform 2ril year of AUanliccoveragc 3nl yearof Atlanticcoverage

Special general liability coverageform

m. Increased Limits Factors

Apply theapplicable incrcilSed limits factor IQ the? bilSC rate.

##### *Limitsof Liability*

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

#### Sl,000,000/$3,000,000

$25 perlocatiori

200% ofpremium

#### 90% of premium

60% ofpremium·

#### 3% ofpremiumsubjectto$750 minimum premium·

*Factor*

1.00

#### 1.15

1. Deductible Credits

Apply thedeductible acdlts lo the bilSe rateandsubtract from thcinacilSed limlts premium, *il5* foUGws:

Mature Premium-{Bi1SeRaleX ILFHBase Rale X Ded Credll)

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

#### Rate Modification Factors

If the applicant is a member of the American Orthotic and Prosthetic Association (AOPA), they will qualify fora10% discount on lhcir premium. Useof the American Orlhoticand Prosthetic Association (AOPA) approved *Loss* Control Program w:illqualify applicants for a10% policy discounL

1. Experfom:e Rating

Claims Frequency

No claims inlast5years Oneclaim in last5years

Two or moreclaims in last5 years

ClaimsSeverity

0,75

#### 1.10

1.25

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

#### 0-30% 0.85

31%40%

41%-50%

51%-60%

61%-70%

71%-80%

vn Scheduled Rating

Longevity ofBusiness

Start Up

1 to 3 years

#### 0.90

0.95

1.05

1.10

1.15

1.20 ''"•,Ii.

1.15 . :,... \

4 to 6years

*7* to12years

More than12years

Continuing Educatjon. . "

No CE program

Accreditation of facility

No accreditatio

Accreditation with AOPA and/or ABC

Patient Visit Records

Full compliance with documentation procedures Compliance with documentation procedures, but needsimprovement Non-compliance

#### 1.00

0,90

#### 0.80

1.10.

1.15

0,85

#### 0.90

1.00

lJO

.,, ...

Maximum Debit/Credit

vm. 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