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

**AMERICAN ORTIIOTICS** & **PROSTIIETICS ASSOCIATION**

**(AOPA) RATEPAGE**

Hawaii

General Liability

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

*$1,000,000fl,000,000Umit of Unbility*

Classification

|  |  |  |  |
| --- | --- | --- | --- |
| Manufacturing/Patient Care Facilities |  | *9.436* |  |
| Supplier/ Manufacturer |  | 7.189 |  |
| Supplier/Distributor/Wholesaler |  | *1,799* |  |
| Countersales |  | 1,125 |  |
| Il. Additioni'll Coverages |  |  |  |
| Description ..  liability Only Location  Discontinued Products: | Rate  $25 perlocalion· |  | .· !, |

3 }'.ear prepaid using ISOform 2rilyearof Atlantic coverage 3rd year of Atlantic coverage

Special general liability cove?rage form

m. Increased Limits Factors

Apply theapplicable increased limits!actor to thebase rate.

*Umils o[Liabi/ity*

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

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

200% of premium

90% ofpremium

60% of premium

3% of premiumsubject to$750 minimum premium

*Factor*

1.00

1.15

·'·

1. Deductible Credits Apply the deduch'blecredits to thebase rate nndsub!ractfrom theincreased limitsprcmium, asfollows:

Mature Premlum,.(Base Rate XILF)--{Base Rate X Ded Credit)

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

1. Rate Modification Factors

If theapplicant *is* a member of the American Orthotic and Prosthetic Association (AOPA), they will qualify fora10% discount on their premiwn. Use of the American Orthotic and Prosthetic Association (AOPA) approved Loss Control Program will qualify applicants fora 10% policy discount.

VJ. Experience Rating

Claims Frequency

Noclaimsin Iast5years One claimin last5years

Two or more claimsin Jast5 years

0,75

1.10

1.25

ClaimsSeverity

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

in excess of any deductibles by the total premium the insured paid

|  |  |
| --- | --- |
| 0-30% | 0,85 |
| 31%-40% | 0.90 |
| 41%-50% | 0.95 |
| 51%.-60% | 1,05 |
| 61%-70% | 1.10\_ |
| 71%-80% | 1.15 |

VII. Scltedufod Rating

Longevity ofBusiness

StartUp

1 to3 years 4to 6years 7 to12years

More than12years

Cgnlinuing Education , ...

No CEprogram

Accreditat:ionoffadlity .

No accreditatiQn.

Accreditation wjth AOPA and/Qr ABC

Patient Visit Records

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

1.20

1.15

1.00

0.90"

0,80

1.10

1.15

0.85

0.90

1.00

1.10

Maximum Debit/Credit

vm. Minimum Policy Premium

# *Limit*

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

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

25%

# *Premium*

$1,500

$2,000

Property

Special Property Coverage Form

# *Premium*

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