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

AMERICAN ORTHOTICS & PROSTHETICS ASSOCIATION

(AOPA) RATEPAGE

Indiana

General Liability

J. BaseRates *(Per$1,000NetSafes)*

*$1,000,000/2,000,000Umil o/Linbitity*

Classification

|  |  |
| --- | --- |
| Manufachlring/Patient Care Facilities | 8,964 |
| Supplier/ Manufachlrer | 6.830 |
| Supplier/Distributor/Who]esaler | 1,709 |
| Countersales | 1.067 |

IT. Additional Coverages

Description

Liability Only Location

Discontinued Products:

3 year prepaid using ISOConn 2ndyear of Atlantic coverage 3rdyearof AUali.tic coverage

Rate

$25 per location

200% of premium

90% ofpremium

60% ofpremium

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Special general liability coVerage fonn

m Increased Limits Factors

Apply !heapplicable increased limits f.tctorto !he base rote.

*Limits of Liability*

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

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

3% ofpremiumsubjectto$750minimumpremium:

*Faclar*

1.00

1.15

1. Deductible Credits

*Deduclible*

so

$1,000

$2,500

$5,000

Apply!he deductible credits to!he base rote andsubtractfrom !he increased limlls p1cmium,ns follows:

Mature Prcmium"(Basc Ralc X ILFJ-jDase RateXDcd Credit}

*Factor*

1.00

0.92

0.88

0.80

1. Rate Modification Factors

If theapplicantis a member of the American Orthotic and Proslhe6c Assodalion (AOPA), they will qualify fora 10% discount on their premium. Useof the American 011hoticand Pmslhellc Association (AOPA) approved *Loss* Control Program will qualify applicants fora10% policy discount.

1. Experience Rating

Claims Frequency

No clalmsin lastsyears

Oneclaim in lastsyears

Two or moreclaimsin Iast5years

0.75

### 1.10

125

Claims Severity

Based on loss Ratio - calculated by dividinginsureds total incurred loss (including legal expenses) in excessof 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%

1. Scheduled Rating

### 0.95

1.05

1.10

1.15

Longevity of Business

Start Up

1 to3 years

4 to 6years

*7to* 12years

More than12 years

Continuing Education

No cg program

Accreditation of faciii'ty

No accreditation

Accreditation withAOPAand/or ABC

Patient Visit Records

Fullcompliance with documentation procedures Compliance wiUt 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



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Maximum Debit/Credit VIll. Minimum Policy Premium

25%

*Ljmit*

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

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

*Premium*

### $1,500

$2,000

Properly

Special Property Coverage Form

## *Premium*

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