NATIONALUNION FIRE INSURANCECOMPANYOF PITTSBU RGH, PA PSYCHIAT RISTS PROFESSIONA L LIABILITY PROGRAM

RATEPAG6 VIRGINIA

I. Base ratefor$1,000,000/$3,000,000 Clai,ns **Made Coverage:**

Territory 1 • Arlington, Fairfax, Fauqueir, Loudoi m& PrinceWUIJam Co,u,lies, in<:lnding u,dependent Citiesof Alcxandrln, Fairfax, Falls Church, Manassas& Manassas Pa,k Territory2 - Gloucester, Isle of Wight, James City,Surry & York Co,m Ues, including independent Cities of Chesapeake, Hampton, Newport News, Norfolk, Poquoson, Portsmouth, Suffolk, Virginia Beach & Williamsburg

Territory 3 - Restof State

Territory4- CharlesCity,Chesterfield, Dinwiddie, Goochland, Henrico, Hanover, New Kent, Powhatan & Prince GeorgeC0tu1cesincluding indepenent Cities of Colonial Heights, Hopewell, Petersbnrg,& Richmond

JI. IncreasedLimit Factors:

$6,626

$6,295

$5,301

$4,970

|  |  |  |  |
| --- | --- | --- | --- |
| $500,000/$1,500,000 | 0.946 |  | |
| $1,000,000/$3,000,000 | 1.000 |
| $2,000,000/$6,000,000 | 1.280 |
| $2,0S0,000/$6,150,000 | 1.285 | 1.287 <-from Tina's email with VA ILFs | |
| $2,1000, 00/$6,300,000 | 1.293 |  | |
| $2,150,000/$6,450,000 | 1.298 | 2M/4M | 1 .250 |
| $2,200,000/$6,600,000 | 1.304 | 2M/6M | 1.280 |
| $2,250,000/$6,750,000 | 1.310 |  |  |
| $2,300,000/$6,900,000 | 1.315 |  |  |
| $2,350,000/$7,050,000 | 1.320 |  |  |
| $2,400,000/$7,200,000 | 1.325 |  |  |
| $2,450,000/$7,350,000 | 1.329 |  |  |
| $2,500,000/$7,500,000 | 1.333 |  |  |
| $2,550,000/$7,650,000 | 1.337 |  |  |
| $2,600,000/$7,800,000 | 1.341 |  |  |
| $2,650,000/$7,950,000 | 1.345 |  |  |
| $2,700,000/$8,100,000 | 1.349 |  |  |
| $2,750,000/$8,250,000 | 1.352 |  |  |
| $2,800,000/$8,400,000 | 1.355 |  |  |
| $2,850,000/$8,550,000 | 1.360 |  |  |
| $2,900,000/$8,700,000 | 1.363 |  |  |
| $2,950,000/$8,850,000 | 1.366 |  |  |
| $3,000,000/$9,000,000 | 1.369 |  |  |

Ill . Claims-M ade Conversion Factors (% of occurrence premium): Numberof yt.1111Claims-Made Cover•ge:

First Yea, Second Year Third Year Fourth Yea,

FifU, Year andThereafter

### Occunence

0.350

0.650

0.850

0.950

1.000

1.110

1. Deductibles

Deductible Amoimt

$5,000

$10,000

$25,000

Credit Factor

2.5%

4.5%

9.0%

1. Extended Reporting Period

# Yearsof Extended Reporting Unllinlled

01a,ge

200%

Pagel

**NATIONAL UNION** FIRE **INS URA NCE COMPANY** OF **PITTSBURGH, PA**

PSYCHIATRISTS **PROFESSIONAL LIABILITY PROGRAM VIRGINIA**

# Ancillary Defense Coverage's

|  |  |  |
| --- | --- | --- |
| I. **CORPORATE IDENTITY PROTECTION COV ERAG E** |  |  |
| **Increased Limit Option** 1: |  |
| CIP Coverage Sublimit | $100,000 |
| a. Personal Identity Liability Sublimit | $100,000 | for al l personal identity events |
| b. Adm inistrative Action Sublimit | $100,000 | for alladministrativeexpenses |
| c. Identity Event Services Sublimit | $100,000 | for all notification costs, crisis expenses and posteventservices |
| CIP Retent ion | $500 | each personal identity event |
| CIP Add itiona l Premium | $600 |  |
| **Increased Limit Option 2:** |  |  |
| CIP Coverage Sublimit | $250,000 |  |
| a. Personal Iden tity Liability Sublimit | $250,000 | for all personal identity events |
| b. Administrative Action Sublimit | $250,000 | for all administrativeexpenses |
| *c.* Identity Event Services Sublimit | $250,000 | for all notification costs, crisis expenses and posteventservices |
| CIP Retent ion | $500 | each personal iden ti ty event |
| CIP Additional Premium | $822 |  |
| II . **ADMINIST RATIVE HEARING DEFENSE COVERAGE** |  |  |
| **Increased Limit Option 1:** |  |  |
| Administra tive Hea ring Defense Sublimit | $50,000 |  |
| Additiona l Premium: | $300 |  |
| **Increased Limit Option 2:** |  |  |
| Administrative Hearing Defense Sublimit | $1000, 00 |  |
| Add itional Premium: | $800 |  |
| **Increase d Limit Option 3:** |  |  |
| Administrative Hearing Defe nse Sublimit | $250,000 |  |
| Add itional Premium: | $1,096 |  |
| **Increased Limit Option 4:** |  |  |
| Administra tive Hearing Defense Subli m it | $500,000 |  |
| Additional Premitun: | $1,400 |  |

### 111. BILLING E&O CLAIM EXPENSE COVERAGE Increas ed Limit Option 1:

Billing E&..-0 Claim Expense Sublimit

Additional Premium:

### Increas ed Limit Option 2:

Billing E&OClaim Expense Sublimit

Add itional Premium :

* 1. **HIPAA D EFENSE COVERAGE Increased Limit Option 1:** HlPAA Defense Coverage

Additional Premium:

$50,000

$160

$100,000

$427

$100,000

$153

* 1. MEDICAL DIRECTOR COVERAGE

Add Medical Director Coverage to a Named lnsured's Professional S e rvi ces

$978

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