

**AMERICAN HOME ASSURANCE COMPANY  
PSYCHOANALYSTS PROFESSIONAL LIABILITY  
SOUTH CAROLINA**

**I. PSYCHOANALYSTS PROFESSIONAL LIABILITY RATES – per individual**

LIMITS OF LIABILITY	RATE
\$200,000\600,000	2,476
\$1,000,000\1,000,000	3,368
\$1,000,000\3,000,000	3,689
\$2,000,000\2,000,000	3,986
\$2,000,000\3,000,000	4,096
\$2,000,000\4,000,000	4,207
\$2,000,000\5,000,000	4,318
\$2,000,000\6,000,000	4,428
\$3,000,000\3,000,000	4,426
\$3,000,000\4,000,000	4,537
\$3,000,000\5,000,000	4,647
\$4,000,000\4,000,000	4,772
\$4,000,000\5,000,000	4,883
\$5,000,000\5,000,000	5,072

**II. SOCIAL WORKERS AND OTHER MENTAL HEALTH PROFESSIONALS – per individual**

LIMITS OF LIABILITY	RATE
\$1,000,000\1,000,000	262
\$1,000,000\3,000,000	299
\$1,000,000\4,000,000	311
\$2,000,000\2,000,000	305
\$2,000,000\4,000,000	318

**III. SCHOOL/INSTITUTE/SOCIETY RATES**

**A. SCHOOL/INSTITUTE**

LIMITS OF LIABILITY	RATES BASED ON OUTPATIENT VISITS
\$100,000/\$300,000	0.509 first 5,000 visits
	0.407 next 3,000 visits
	0.367 next 8000 visits and over
\$500,000/\$500,000	0.652 first 5,000 visits
	0.521 next 3,000 visits
	0.469 next 8000 visits and over
\$1,000,000/\$1,000,000	0.754 first 5,000 visits
	0.603 next 3,000 visits
	0.543 next 8000 visits and over
\$1,000,000/\$3,000,000	1.240 first 5,000 visits
	0.992 next 3,000 visits
	0.893 next 8000 visits and over

Minimum Policy Premium - \$750 for \$1,000,000/\$1,000,000  
\$1,000 for \$1,000,000/\$3,000,000

**B. SOCIETIES**

LIMITS OF LIABILITY	PREMIUM
\$500,000/\$500,000	345
\$1,000,000/\$1,000,000	530
\$1,000,000/\$3,000,000	796

**IV. ADDITIONAL COVERAGES**

ECT - Electroconvulsive Therapy Coverage - An additional charge of 25%

**V. PART-TIME PRACTICE**

Part-Time Psychoanalysts- 50% credit will be applied to the full-time premium rate for psychoanalysts practicing 20 hours or less per week

**VI. ADDITIONAL INSURED CHARGES:**

Landlord: 20% of the policy premium

Corporation with Other Employees: 40% of the policy premium

Additional Insured: 20% of the policy premium. Only applies to School/Institute/Society

**VII. ADMINISTRATIVE HEARING**

\$5,000 Base limit included at no charge

**INCREASED LIMITS**

\$10,000

\$25,000

\$50,000

**RATE**

\$175

\$500

\$835

**VIII. CORPORATE IDENTITY PROTECTION COVERAGE**

**Option 1:**

CIP Coverage Sublimit	\$25,000	
a. Personal Identity Liability Sublimit	\$25,000	for all personal identity events
b. Administrative Action Sublimit	\$25,000	for all administrative expenses
c. Identity Event Services Sublimit	\$25,000	for all notification costs, crisis expenses and post event services
CIP Retention	\$500	each personal identity event
CIP Additional Premium	\$150	

**Option 2:**

CIP Coverage Sublimit	\$50,000	
a. Personal Identity Liability Sublimit	\$50,000	for all personal identity events
b. Administrative Action Sublimit	\$50,000	for all administrative expenses
c. Identity Event Services Sublimit	\$50,000	for all notification costs, crisis expenses and post event services
CIP Retention	\$500	each personal identity event
CIP Additional Premium	\$300	

**Option 3:**

CIP Coverage Sublimit	\$100,000	
a. Personal Identity Liability Sublimit	\$100,000	for all personal identity events
b. Administrative Action Sublimit	\$100,000	for all administrative expenses
c. Identity Event Services Sublimit	\$100,000	for all notification costs, crisis expenses and post event services
CIP Retention	\$500	each personal identity event
CIP Additional Premium	\$600	

**IX. BILLING E&O CLAIMS EXPENSE COVERAGE**

**Option 1:**

Billing E&O Claims Expense Coverage Sublimit	\$25,000
Additional Premium	\$150

**Option 2:**

Billing E&O Claims Expense Coverage Sublimit	\$50,000
Additional Premium	\$250

**X. HIPAA DEFENSE ONLY COVERAGE**

HIPAA Defense Only Coverage	\$25,000
Additional Premium	\$150