

**AMERICAN HOME ASSURANCE COMPANY
PSYCHOANALYSTS PROFESSIONAL LIABILITY
NEW YORK**

I. PSYCHOANALYSTS PROFESSIONAL LIABILITY RATES – per individual

LIMITS OF LIABILITY	RATE
\$200,000/\$600,000	1,638
\$1,000,000/\$1,000,000	3,217
\$1,000,000/\$3,000,000	3,591
\$1,300,000/\$3,900,000	3,770
\$2,000,000/\$2,000,000	3,879
\$2,000,000/\$3,000,000	3,987
\$2,000,000/\$4,000,000	4,095
\$2,000,000/\$5,000,000	4,202
\$2,000,000/\$6,000,000	4,311
\$3,000,000/\$3,000,000	4,308
\$3,000,000/\$4,000,000	4,416
\$3,000,000/\$5,000,000	4,523
\$4,000,000/\$4,000,000	4,645
\$4,000,000/\$5,000,000	4,752
\$5,000,000/\$5,000,000	4,936

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

LIMITS OF LIABILITY	RATE
\$1,000,000/\$1,000,000	290
\$1,000,000/\$3,000,000	331
\$1,000,000/\$4,000,000	344
\$2,000,000/\$2,000,000	338
\$2,000,000/\$4,000,000	352

III. SCHOOL/INSTITUTE/SOCIETY RATES

A. SCHOOL/INSTITUTE

LIMITS OF LIABILITY	RATES BASED ON OUTPATIENT VISITS
\$100,000/\$300,000	0.469 first 5,000 visits
	0.375 next 3,000 visits
	0.339 next 8,000 visits an
\$500,000/\$500,000	0.601 first 5,000 visits
	0.482 next 3,000 visits
	0.433 next 8,000 visits an
\$1,000,000/\$1,000,000	0.695 first 5,000 visits
	0.556 next 3,000 visits
	0.5 next 8,000 visits an
\$1,000,000/\$3,000,000	1.144 first 5,000 visits
	0.915 next 3,000 visits
	0.824 next 8,000 visits an

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	382
\$1,000,000/\$1,000,000	587
\$1,000,000/\$3,000,000	881

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	RATE
\$10,000	\$194
\$25,000	\$554
\$50,000	\$858

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	\$166

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	\$332

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	\$598

IX. BILLING E&O CLAIMS EXPENSE COVERAGE Option 1:

Billing E&O Claims Expense Coverage Sublimit	\$25,000
Additional Premium	\$166

Option 2:

Billing E&O Claims Expense Coverage Sublimit	\$50,000
Additional Premium	\$277

X. HIPAA DEFENSE ONLY COVERAGE

HIPAA Defense Only Coverage	\$25,000
Additional Premium	\$166