|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **PSYCHOANALYSTS PROFESSIONAL LIABILITY** | | | | | |
| **PENNSYLVANIA** | | | | | |
| **I.** | **BASE RATE** | |  |  |  |
|  |  | LIMITS OF LIABILITY | FULL TIME RATE | | ECT |
|  |  | $200,000/$600,000 | 1,718 |  | $429 |
|  |  | $300,000/$900,000 | 1,957 |  | $489 |
|  |  | $400,000/$1,200,000 | 2,008 |  | $502 |
|  |  | $500,000/$1,500,000 | 2,061 |  | $515 |
|  |  | $600,000/$1,800,000 | 2,116 |  | $529 |
|  |  | $700,000/$2,100,000 | 2,170 |  | $543 |
|  |  | $2,000,000/$2,000,000 | 2,405 |  | $601 |
|  |  | $3,000,000/$3,000,000 | 2,576 |  | $644 |
|  |  | $4,000,000/$4,000,000 | 2,749 |  | $687 |
|  |  | $5,000,000/$5,000,000 | 2,919 |  | $730 |
| **II.** | **SCHOOL/INSTITUTE/SOCIETY RATES** | |  |  |  |
|  | **A.** | **SCHOOL/INSTITUTE** |  |  |  |
|  |  | LIMITS OF LIABILITY | RATES BASED ON | | |
| OUTPATIENT VISITS | | | | | |
|  |  | $100,000/$300,000 | 0.530 | first 5,000 visits | |
|  |  |  | 0.424 | next 3,000 visits | |
|  |  |  | 0.382 | next 8000 visits and over | |
|  |  | $500,000/$500,000 | 0.679 | first 5,000 visits | |
|  |  |  | 0.543 | next 3,000 visits | |
|  |  |  | 0.489 | next 8000 visits and over | |
|  |  | $1,000,000/$1,000,000 | 0.785 | first 5,000 visits | |
|  |  |  | 0.628 | next 3,000 visits | |
|  |  |  | 0.565 | next 8000 visits and over | |
|  |  | $1,000,000/$3,000,000 | 1.292 | first 5,000 visits | |
|  |  |  | 1.033 | next 3,000 visits | |
|  |  |  | 0.930 | 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 |  |  |
| **III.** | **ADDITIONAL COVERAGES** | |  |  |  |
| ECT - Electroconvulsive Therapy Coverage - An additional charge of 25% | | | | | |
| Part-Time Psychoanalysts- 50% for psychoanalysts practicing 20 hours or less per week | | | | | |
| **IV.** | **ADDITONAL 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 | | | | | |
| **V.** | **ADMINISTRATIVE HEARING** | |  |  |  |
|  |  | **INCREASED LIMITS** | **RATE** |  |  |
|  |  | $10,000 | $175 |  |  |
|  |  | $25,000 | $500 |  |  |

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