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| **AMERICAN HOME ASSURANCE COMPANY** | | | | | |
| **PSYCHOANALYSTS PROFESSIONAL LIABILITY** | | | | | |
| **NORTH DAKOTA** | | | | | |
| **I.** | **PSYCHOANALYSTS PROFESSIONAL LIABILITY RATES** | | |  |  |
|  |  | LIMITS OF LIABILITY | | RATE |  |
|  |  | $200,000\$600,000 | | 2,404 |  |
|  |  | $1,000,000\$1,000,000 | | 3,270 |  |
|  |  | $1,000,000\$3,000,000 | | 3,582 |  |
|  |  | $2,000,000\$2,000,000 | | 3,870 |  |
|  |  | $2,000,000\$3,000,000 | | 3,977 |  |
|  |  | $2,000,000\$4,000,000 | | 4,084 |  |
|  |  | $2,000,000\$5,000,000 | | 4,192 |  |
|  |  | $2,000,000\$6,000,000 | | 4,299 |  |
|  |  | $3,000,000\$3,000,000 | | 4,297 |  |
|  |  | $3,000,000\$4,000,000 | | 4,405 |  |
|  |  | $3,000,000\$5,000,000 | | 4,512 |  |
|  |  | $4,000,000\$4,000,000 | | 4,633 |  |
|  |  | $4,000,000\$5,000,000 | | 4,741 |  |
|  |  | $5,000,000\$5,000,000 | | 4,924 |  |
| **II.** | **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 |  |
| **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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