# AMERICAN HOME ASSURANCE COMPANY COMMERCE AND INDUSTRY INSURANCE COMPANY PSYCHOANALYSTS PROFESSIONAL LIABILITY NEW YORK

1. **PSYCHOANALYSTS PROFESSIONAL LIABILITY RATES**

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| **LIMITS OF LIABILITY** | **RATE** |
| $200,000\$600,000 | 1,480 |
| $1,000,000\$1,000,000 | 2,906 |
| $1,000,000\$3,000,000 | 3,244 |
| $1,300,000\$3,900,000 | 3,406 |
| $2,000,000\$2,000,000 | 3,504 |
| $2,000,000\$3,000,000 | 3,602 |
| $2,000,000\$4,000,000 | 3,699 |
| $2,000,000\$5,000,000 | 3,796 |
| $2,000,000\$6,000,000 | 3,894 |
| $3,000,000\$3,000,000 | 3,892 |
| $3,000,000\$4,000,000 | 3,989 |
| $3,000,000\$5,000,000 | 4,086 |
| $4,000,000\$4,000,000 | 4,196 |
| $4,000,000\$5,000,000 | 4,293 |
| $5,000,000\$5,000,000 | 4,459 |

1. **SOCIAL WORKERS AND OTHER MENTAL HEALTH PROFESSIONALS**

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| **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 |

1. **SCHOOL/INSTITUTE/SOCIETY RATES**
   1. **SCHOOL/INSTITUTE**

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| **LIMITS OF LIABILITY** | **RATES BASED ON OUTPATIENT VISITS** |
| $100,000/$300,000 | 0.424 first 5,000 visits |
| 0.339 next 3,000 visits |
| 0.306 next 8000 visits and over |
| $500,000/$500,000 | 0.543 first 5,000 visits |
| 0.435 next 3,000 visits |
| 0.391 next 8000 visits and over |
| $1,000,000/$1,000,000 | 0.628 first 5,000 visits |
| 0.502 next 3,000 visits |
| 0.452 next 8000 visits and over |
| $1,000,000/$3,000,000 | 1.033 first 5,000 visits |
| 0.827 next 3,000 visits |
| 0.744 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 |  |
| **LIMITS OF LIABILITY** | **PREMIUM** |
| $500,000/$500,000 | 345 |
| $1,000,000/$1,000,000 | 530 |
| $1,000,000/$3,000,000 | 796 |

# SOCIETIES

1. **ADDITIONAL COVERAGES**

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

Part-Time Psychoanalysts- 50% for psychoanalysts practicing 20 hours or less per week

# 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

# ADMINISTRATIVE HEARING

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| **INCREASED LIMITS** | **RATE** | |
| $10,000 | $175 | |
| $25,000 | $500 | |
| $50,000 | $775 | |
| **VII. CORPORATE IDENTITY PROTECTION COVERAGE Increased Limit 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 **Increased Limit Option 2:** CIP Coverage Sublimit | $150  $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 **Increased Limit Option 3:** CIP Coverage Sublimit | $300  $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 $540