AMERICAN HOME ASSURANCE COMPANY COMMERCE AND INDUSTRY INSURANCE COMPANY

PSYCHOANALYSTS PROFESSIONAL LIABILITY CALIFORNIA

1. **PSYCHOANALYSTS PROFESSIONAL LIABILITY RATES**

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| **LIMITS OF LIABILITY** | **RATE** |
| $200,000\$600,000 | 2262 |
| $1,000,000\$1,000,000 | 3098 |
| $1,000,000\$3,000,000 | 3794 |
| $2,000,000\$2,000,000 | 4099 |
| $2,000,000\$3,000,000 | 4213 |
| $2,000,000\$4,000,000 | 4326 |
| $2,000,000\$5,000,000 | 4441 |
| $2,000,000\$6,000,000 | 4554 |
| $3,000,000\$3,000,000 | 4552 |
| $3,000,000\$4,000,000 | 4666 |
| $3,000,000\$5,000,000 | 4779 |
| $4,000,000\$4,000,000 | 4908 |
| $4,000,000\$5,000,000 | 5021 |
| $5,000,000\$5,000,000 | 5216 |

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

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| **LIMITS OF LIABILITY** | **RATE** |
| $1,000,000\$1,000,000 | 280 |
| $1,000,000\$3,000,000 | 320 |
| $1,000,000\$4,000,000 | 333 |
| $2,000,000\$2,000,000 | 327 |
| $2,000,000\$4,000,000 | 340 |

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

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| **LIMITS OF LIABILITY** | **RATES BASED ON OUTPATIENT VISITS** |
| $100,000/$300,000 | 0.494 first 5,000 visits  0.396 next 3,000 visits  0.356 next 8000 visits and over |
| $500,000/$500,000 | 0.633 first 5,000 visits  0.506 next 3,000 visits  0.456 next 8000 visits and over |
| $1,000,000/$1,000,000 | 0.732 first 5,000 visits  0.585 next 3,000 visits  0.527 next 8000 visits and over |
| $1,000,000/$3,000,000 | 1.204 first 5,000 visits 0.963 next 3,000 visits  0.867 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

* 1. **SOCIETIES**

**LIMITS OF LIABILITY**

**PREMIUM**

$500,000/$500,000

$1,000,000/$1,000,000

$1,000,000/$3,000,000

335

515

773

1. **CLAIMS MADE STEP FACTORS**

Claims Made Year Factor Year 1 0.34

Year 2 0.60

Year 3 0.78

Year 4 0.90

Year 5 0.98

1. **EXTENDED REPORTING PERIOD FACTORS**

Number of Years of Prior Acts Factor to be Multiplied by the

Mature Claims Made Premium

1 Year 0.70

2 Year 1.10

3 Year 1.30

4 Year 1.40

5 OR MORE YEARS 1.75

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

1. **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

1. **ADMINISTRATIVE HEARING**

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| **INCREASED LIMITS** | **RATE** |
| $10,000 | $175 |
| $25,000 | $500 |
| $50,000 | $835 |

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| **IX. 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 | $150 |  |
| **Increased Limit 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

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| **Increased Limit 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