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

1. **PSYCHOANALYSTS PROFESSIONAL LIABILITY RATES**

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| **LIMITS OF LIABILITY** | **RATE** |
| $200,000\$600,000 | 2,395 |
| $1,000,000\$1,000,000 | 3,951 |
| $1,000,000\$3,000,000 | 4,356 |
| $2,000,000\$2,000,000 | 4,705 |
| $2,000,000\$3,000,000 | 4,836 |
| $2,000,000\$4,000,000 | 4,967 |
| $2,000,000\$5,000,000 | 5,097 |
| $2,000,000\$6,000,000 | 5,228 |
| $3,000,000\$3,000,000 | 5,226 |
| $3,000,000\$4,000,000 | 5,356 |
| $3,000,000\$5,000,000 | 5,487 |
| $4,000,000\$4,000,000 | 5,634 |
| $4,000,000\$5,000,000 | 5,765 |
| $5,000,000\$5,000,000 | 5,987 |

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 | 0.509 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

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| $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

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| **VI. ADMINISTRATIVE HEARING**  **INCREASED LIMITS** |  | **RATE** |
| $10,000 |  | $175 |
| $25,000 |  | $500 |
| $50,000 |  | $835 |
| **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 | $600 |  |
| **VIII. Separate Premise Liability** |  |  |
| **Premises Liability Aggregate Limit** | **$10,000** | |
| **Each Occurrence Limit** | **$10,000** | |
| **Additional Premium:** | **$N/A** |  |

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| **Premises Liability Aggregate Limit** | **$1,000,000** |
| **Each Occurrence Limit** | **$1,000,000** |
| **Additional Premium:** | **$171** |