

SERFF Tracking Number: DRWN-125726594 State: Arkansas
Filing Company: Darwin Select Insurance Company State Tracking Number: EFT \$100
Company Tracking Number: 2008-7009-AR-R
TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0019 Professional Errors & Omissions Liability
Product Name: Allied Healthcare
Project Name/Number: Allied Healthcare/2008-7009-AR-R

Filing at a Glance

Company: Darwin Select Insurance Company

Product Name: Allied Healthcare

SERFF Tr Num: DRWN-125726594 State: Arkansas

TOI: 17.0 Other Liability - Claims
Made/Occurrence

SERFF Status: Closed

State Tr Num: EFT \$100

Sub-TOI: 17.0019 Professional Errors &
Omissions Liability

Co Tr Num: 2008-7009-AR-R

State Status: Fees verified and
received

Filing Type: Rate

Co Status:

Reviewer(s): Betty Montesi, Edith
Roberts

Authors: Elizabeth Stefanow, Amy
La Panne

Disposition Date: 09/30/2008

Date Submitted: 07/09/2008

Disposition Status: Filed

Effective Date Requested (New): On Approval

Effective Date (New):

Effective Date Requested (Renewal): On Approval

Effective Date (Renewal):

State Filing Description:

General Information

Project Name: Allied Healthcare

Status of Filing in Domicile: Pending

Project Number: 2008-7009-AR-R

Domicile Status Comments:

Reference Organization: N/A

Reference Number: N/A

Reference Title: N/A

Advisory Org. Circular: N/A

Filing Status Changed: 09/30/2008

State Status Changed: 07/10/2008

Deemer Date:

Corresponding Filing Tracking Number: 2008-7009-AR-F

Filing Description:

Enclosed please find Darwin Select Insurance Company's Allied Heath Professionals Professional and Premises Liability Policy. The filing contained herein constitutes a new program for Darwin Select Insurance Company and does not replace any previous filed program.

SERFF Tracking Number: DRWN-125726594 State: Arkansas
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 Product Name: Allied Healthcare
 Project Name/Number: Allied Healthcare/2008-7009-AR-R

The Allied Health Professionals Professional and Office Liability program will be sold exclusively through Professional Counselors Purchasing Group, Inc., a registered purchasing group in your state. The program is designed to provide professional and premises liability to physical therapists and related occupations (as specified herein).

We propose to begin using this program immediately upon your earliest review and approval.

Company and Contact

Filing Contact Information

Elizabeth Stefanow, Compliance Analyst estefanow@darwinpro.com
 9 Farm Springs Road (860) 284-1978 [Phone]
 Farmington, CT 06032 (860) 284-1979[FAX]

Filing Company Information

Darwin Select Insurance Company CoCode: 24319 State of Domicile: Arkansas
 9 Farm Springs Road Group Code: Company Type:
 Farmington , CT 06032 Group Name: State ID Number:
 (860) 284-1300 ext. [Phone] FEIN Number: 51-0331163

Filing Fees

Fee Required? Yes
 Fee Amount: \$100.00
 Retaliatory? No
 Fee Explanation: \$100 per rate filing submission
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Darwin Select Insurance Company	\$100.00	07/09/2008	21308263

SERFF Tracking Number: DRWN-125726594 State: Arkansas
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed	Edith Roberts	09/30/2008	09/30/2008

Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Edith Roberts	07/10/2008	07/10/2008	Elizabeth Stefanow	08/28/2008	08/28/2008

SERFF Tracking Number: DRWN-125726594 State: Arkansas
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 Product Name: Allied Healthcare
 Project Name/Number: Allied Healthcare/2008-7009-AR-R

Disposition

Disposition Date: 09/30/2008
 Effective Date (New):
 Effective Date (Renewal):
 Status: Filed
 Comment:

Company Name:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Premium:	Maximum % Change (where required):	Minimum % Change (where required):	Overall % Indicated Change:
Darwin Select Insurance Company	0.000%	\$0	0	\$0	0.000%	0.000%	0.000%

SERFF Tracking Number: DRWN-125726594 State: Arkansas
 Filing Company: Darwin Select Insurance Company State Tracking Number: EFT \$100
 Company Tracking Number: 2008-7009-AR-R
 TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0019 Professional Errors & Omissions
 Liability
 Product Name: Allied Healthcare
 Project Name/Number: Allied Healthcare/2008-7009-AR-R

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Filed	Yes
Supporting Document	NAIC Loss Cost Filing Document for OTHER than Workers' Comp	Filed	Yes
Supporting Document	NAIC loss cost data entry document	Filed	Yes
Rate (revised)	Rating Plan	Filed	Yes
Rate	Rating Plan	Filed	Yes
Rate	Rating Memorandum	Filed	Yes
Rate	Rating Schedule	Filed	Yes

SERFF Tracking Number: DRWN-125726594 State: Arkansas
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TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0019 Professional Errors & Omissions Liability
Product Name: Allied Healthcare
Project Name/Number: Allied Healthcare/2008-7009-AR-R

Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 07/10/2008
Submitted Date 07/10/2008
Respond By Date

Dear Elizabeth Stefanow,

This will acknowledge receipt of the captioned filing.

This rates and rules are listed as "rate ranges". You must provide rate/rules to produce a final rate pursuant to AR Code Anno 23-67-211 (a) (1).

Please feel free to contact me if you have questions.

Sincerely,
Edith Roberts

Response Letter

Response Letter Status Submitted to State
Response Letter Date 08/28/2008
Submitted Date 08/28/2008

Dear Edith Roberts,

Comments:

Response 1

Comments: Please see our revised rating plan. The ranges have been removed pursuant to the department's concerns.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

SERFF Tracking Number: DRWN-125726594 State: Arkansas
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Rate/Rule Schedule Item Changes

Exhibit Name	Rule # or Page #	Rate Action	Previous State Filing #
Rating Plan		New	
Previous Version			
Rating Plan		New	

Sincerely,
Amy La Panne, Elizabeth Stefanow

SERFF Tracking Number: DRWN-125726594 State: Arkansas
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 Product Name: Allied Healthcare
 Project Name/Number: Allied Healthcare/2008-7009-AR-R

Rate Information

Rate data applies to filing.

Filing Method: Prior Approval
Rate Change Type: Neutral
Overall Percentage of Last Rate Revision: 0.000%
Effective Date of Last Rate Revision: 07/09/2008
Filing Method of Last Filing: N/A

Company Rate Information

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Premium:	Maximum % Change (where required):	Minimum % Change (where required):
Darwin Select Insurance Company	0.000%	0.000%	\$0	0	\$0	0.000%	0.000%

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Rate/Rule Schedule

Review Status:	Exhibit Name:	Rule # or Page #:	Rate Action	Previous State Filing Attachments Number:
Filed	Rating Plan		New	Allied Health Professionals - Rating Plan (PT 2008-08-28 AR).pdf
Filed	Rating Memorandum		New	Allied Health Professionals - Rating Memo _PT 2008-06-17 V1_.pdf
Filed	Rating Schedule		New	Rate Rule Filing Schedule (Liz).pdf

Allied Health Professionals Rating Plan

Version – 2008-08-28 AR

Allied Health Professionals is rated in accordance with the following formula:

$$AP = (\sum \text{for all individuals } \{BP \times PTF\}) \times ILF \times CHF \times AIF + PLC, \text{ where}$$

AP = Annual Premium for Allied Health Professionals

BP = Professional Liability Base Premium

PTF = Part Time Factor

ILF = Professional Liability ILF

CHF = Claims History Factor

AIF = Additional Insured Factor

PLC = Premises Liability Coverage Premium

1. Base Premium

The following table displays the base rates for each individual. When more than one profession is listed for an individual, the profession in the highest rated group is used for rating.

Self Employed: individual working for themselves or with others as partners as owners of a group or entity

Employee: individuals listed as employees or independent contractors of Self-Employed individuals

Student: individuals that are still enrolled in school studying for listed profession

Professional Class	Self Employed	Employee	Student
Athletic Trainer	758	160	23
Bodywork Counselor	758	160	23
Chiropractic Assistant	200	71	23
Corrective Therapist	358	126	23
Exercise Physiologist	140	120	23
Fitness Trainer	140	120	23
Kinesiologist	140	120	23
Kinesiotherapist	358	126	23
Massage Therapist	140	140	23
Occupational Therapist	169	61	23
Occupational Therapist Asst	169	61	23
Orthopedic Assistant	240	140	23
Orthopedic Technician	169	61	23
Pedorthist	248	88	23
Personal Trainer	140	120	23
Physical Therapist	358	126	23
Physical Therapist Aide	140	68	23
Physical Therapist Asst	180	64	23
Physiotherapist	358	126	23
Recreational Therapist	240	71	23
Rehabilitation Assistant	180	64	23
Rehabilitation Counselor	254	96	23
Rehabilitation Tech	180	64	23
Rehabilitation Therapist	358	126	23
Sports Medicine Instructor	140	120	23
Sports Medicine Therapist	358	126	23

2. Base Rate Adjustment Factors

Part Time Factor

This factor is available for individuals who work less than or equal to 24 hours per week. (Not available to students)

Factor:.....0.65

Claims History Factor

The base rates contemplate risks with no prior claims. The following factor will apply when the account is *not* claims free.

Factor.....1.20

3. Professional Liability Increased Limits Factors

Limit	Factor
\$100,000 / \$300,000	0.658
\$200,000 / \$600,000	0.711
\$500,000 / \$1,000,000	0.772
\$1,000,000 / \$1,000,000	0.930
\$1,000,000 / \$3,000,000	1.000
\$2,000,000 / \$2,000,000	1.184
\$2,000,000 / \$4,000,000	1.234
\$2,000,000 / \$6,000,000	1.273

4. Professional Liability – Additional Insured Coverage

When the optional Additional Insured coverage is selected for Professional Liability, the following factor is used to price the coverage (in accordance with the rating formula above). Note that this coverage is only available for selection by accounts with Self Employed individuals.

Factor:.....1.10

5. Premises Liability Coverage

When the optional Premises Liability Coverage is selected, the appropriate charge is used to price the coverage (in accordance with the rating formula above). Note that this coverage is only available for selection by accounts with Self Employed individuals. The per claim limit for the Premises Liability Coverage must be less than or equal to the per claim limit for the Professional Liability Coverage.

Limit	Charge
\$100,000 / \$300,000	\$75
\$500,000 / \$1,000,000	\$85
\$1,000,000 / \$3,000,000	\$100
\$2,000,000 / \$4,000,000	\$123

The premises liability charge contemplates a \$150,000 aggregate Fire Damage Legal liability sublimit.

6. Supplemental Coverages / Limits

The professional liability base rate contemplates the following:

- Information Privacy Wrongful Acts: \$25,0000 aggregate limit of liability
- Disciplinary Proceedings: \$25,000 aggregate limit of liability
- Lost Earnings: \$500 per day, with an aggregate limit of liability of \$10,000
- Medical Payments: \$25,000 aggregate limit
- Emergency Aid Expenses: \$10,000 aggregate limit
- Damage to Property of Patients: \$10,000 aggregate limit
- Deposition or Subpoena Proceedings: \$5,000 aggregate limit
- Medical Expenses for Assault and Battery: \$25,000 aggregate limit

7. Schedule Rating

A Schedule Rating Factor may be applied for account characteristics that have not been reflected through the rating factors listed above. Examples of risk characteristics that may generate a schedule modification include continuing education of professionals, facilities attributes or risk management programs.

The maximum Schedule Rating credit or debit is **40%**.

Darwin National Assurance Company

Darwin National Assurance Company (“Darwin”) introduces a new product used to provide occurrence errors and omissions coverage for specified Allied Health Professionals. Rates are determined as outlined below and may be based on premiums for the underlying followed policy.

This is a new product for Darwin and we believe that the following rating methodology results in premiums that are adequate, not excessive, and not unfairly discriminatory. As a new product, there is no rate impact to any existing insured.

As stated above, this is a new product for Darwin National Assurance Company. Thus, we are unable to present actuarial exhibits because we have no statistical data of our own on which to base our rates. To develop the rating plan, we did the following:

- Examined our competitors’ rates and rules and general industry practice for this line of business.
- Used our actuarial and underwriting judgment to derive a rating plan that is:
 - Broad enough to cover the wide variety of exposures that are presented by the many classes of Allied Health Professionals.
 - Not excessive, inadequate or unfairly discriminatory.
- Examined our own rates and rules for similar lines of business written in this and other states.

Darwin National Assurance Company is enthusiastic about providing a new market for Allied Health Professionals.

RATE/RULE FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes rate-related items such as Rate; Rule; Rate & Rule; Reference; Loss Cost; Loss Cost & Rule or Rate, etc.)

(Do not refer to the body of the filing for the component/exhibit listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #	2008-7009-AR-R
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2.	This filing corresponds to form filing number (Company tracking number of form filing, if applicable)	2008-7009-AR-F
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Rate Increase
 Rate Decrease
 Rate Neutral (0%)

3.	Filing Method (Prior Approval, File & Use, Flex Band, etc.)	Prior Approval
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4a.	Rate Change by Company (As Proposed)
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Company Name	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change (where required)	Minimum % Change (where required)
Darwin National Assurance Co.	N/A New Program	N/A New Program	N/A New Program	N/A New Program	N/A New Program	N/A New Program	N/A New Program

4b.	Rate Change by Company (As Accepted) For State Use Only
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Company Name	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change (where required)	Minimum % Change (where required)

Overall Rate Information (Complete for Multiple Company Filings only)

		COMPANY USE	STATE USE
5a.	Overall percentage rate indication (when applicable)		
5b.	Overall percentage rate impact for this filing		
5c.	Effect of Rate Filing – Written premium change for this program		
5d.	Effect of Rate Filing – Number of policyholders affected		

6.	Overall percentage of last rate revision	
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7.	Effective Date of last rate revision	
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8.	Filing Method of Last filing (Prior Approval, File & Use, Flex Band, etc.)	
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9.	Rule # or Page # Submitted for Review	Replacement or Withdrawn?	Previous state filing number, if required by state
01	Rating Plan	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
02	Rating Memorandum	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
03		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	

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 TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0019 Professional Errors & Omissions Liability
 Product Name: Allied Healthcare
 Project Name/Number: Allied Healthcare/2008-7009-AR-R

Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-Property & Casualty **Review Status:** Filed 09/30/2008

Comments:

Attachment:

transmittal DSI rates.pdf

Bypassed -Name: NAIC Loss Cost Filing Document for OTHER than Workers' Comp **Review Status:** Filed 09/30/2008

Bypass Reason: N/A

Comments:

Bypassed -Name: NAIC loss cost data entry document **Review Status:** Filed 09/30/2008

Bypass Reason: N/A

Comments:

Property & Casualty Transmittal Document

1. Reserved for Insurance Dept. Use Only 	2. Insurance Department Use only a. Date the filing is received: b. Analyst: c. Disposition: d. Date of disposition of the filing: e. Effective date of filing: <table style="width: 100%; border: none;"> <tr> <td style="width: 70%; border: none;">New Business</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;">Renewal Business</td> <td style="border: none;"></td> </tr> </table> f. State Filing #: g. SERFF Filing #: h. Subject Codes	New Business		Renewal Business	
New Business					
Renewal Business					

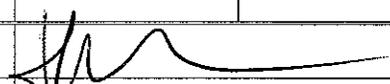
3. Group Name	Group NAIC #
Alleghany Corporation	0501

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Darwin Select Insurance Company	AR	24319	51-0331163	

5. Company Tracking Number	2008-7009-AR-R
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Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6.	Name and address	Title	Telephone #s	FAX #	e-mail
	Elizabeth Stefanow, 9 Farm Springs Road, Farmington, CT 06032	Compliance Analyst	860-284-1978	860-284-1979	estefanow@darwinpro.com

7. Signature of authorized filer	
8. Please print name of authorized filer	Elizabeth Stefanow

Filing information (see General Instructions for descriptions of these fields)

9. Type of Insurance (TOI)	17
10. Sub-Type of Insurance (Sub-TOI)	17.0019
11. State Specific Product code(s) (if applicable)[See State Specific Requirements]	
12. Company Program Title (Marketing title)	Allied Healthcare
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input checked="" type="checkbox"/> Rates/Rules <input type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
14. Effective Date(s) Requested	New: Upon Approval Renewal: Upon Approval
15. Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
16. Reference Organization (if applicable)	N/A

17. Reference Organization # & Title	N/A
18. Company's Date of Filing	7/9/2008
19. Status of filing in domicile	<input type="checkbox"/> Not Filed <input checked="" type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

Property & Casualty Transmittal Document—

20. This filing transmittal is part of Company Tracking #	2008-7009-AR-R
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21. Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]

Enclosed please find Darwin Select Insurance Company's Allied Health Professionals Professional and Premises Liability Policy. The filing contained herein constitutes a new program for Darwin Select Insurance Company and does not replace any previous filed program.

The Allied Health Professionals Professional and Office Liability program will be sold exclusively through Professional Counselors Purchasing Group, Inc., a registered purchasing group in your state. The program is designed to provide professional and premises liability to physical therapists and related occupations (as specified herein).

We propose to begin using this program immediately upon your earliest review and approval.

22. Filing Fees (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]
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Check #: EFT
Amount: \$100

\$100 per rate filing.

Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.

SERFF Tracking Number: DRWN-125726594 State: Arkansas
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Superseded Attachments

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Original Date:	Schedule	Document Name	Replaced Date	Attach Document
No original date	Rate and Rule	Rating Plan	07/09/2008	Allied Health Professionals - Rating Plan (PT 2008-06-17 V1.R).pdf

Allied Health Professionals Rating Plan

Version – 2008-06-17 V1.R

Allied Health Professionals is rated in accordance with the following formula:

$$AP = (\sum \text{for all individuals } \{BP \times PTF\}) \times ILF \times CHF \times AIF + PLC, \text{ where}$$

AP = Annual Premium for Allied Health Professionals

BP = Professional Liability Base Premium

PTF = Part Time Factor

ILF = Professional Liability ILF

CHF = Claims History Factor

AIF = Additional Insured Factor

PLC = Premises Liability Coverage Premium

1. Base Premium

The following table displays the base rates for each individual. When more than one profession is listed for an individual, the profession in the highest rated group is used for rating.

Self Employed: individual working for themselves or with others as partners as owners of a group or entity

Employee: individuals listed as employees or independent contractors of Self-Employed individuals

Student: individuals that are still enrolled in school studying for listed profession

Professional Class	Self Employed	Employee	Student
Athletic Trainer	606 - 910	128 - 192	18 - 28
Bodywork Counselor	606 - 910	128 - 192	18 - 28
Chiropractic Assistant	160 - 240	57 - 85	18 - 28
Corrective Therapist	286 - 430	101 - 151	18 - 28
Exercise Physiologist	112 - 168	96 - 144	18 - 28
Fitness Trainer	112 - 168	96 - 144	18 - 28
Kinesiologist	112 - 168	96 - 144	18 - 28
Kinesiotherapist	286 - 430	101 - 151	18 - 28
Massage Therapist	112 - 168	112 - 168	18 - 28
Occupational Therapist	135 - 203	49 - 73	18 - 28
Occupational Therapist Asst	135 - 203	49 - 73	18 - 28
Orthopedic Assistant	192 - 288	112 - 168	18 - 28
Orthopedic Technician	135 - 203	49 - 73	18 - 28
Pedorthist	198 - 298	70 - 106	18 - 28
Personal Trainer	112 - 168	96 - 144	18 - 28
Physical Therapist	286 - 430	101 - 151	18 - 28
Physical Therapist Aide	112 - 168	54 - 82	18 - 28
Physical Therapist Asst	144 - 216	51 - 77	18 - 28
Physiotherapist	286 - 430	101 - 151	18 - 28
Recreational Therapist	192 - 288	57 - 85	18 - 28
Rehabilitation Assistant	144 - 216	51 - 77	18 - 28
Rehabilitation Counselor	203 - 305	77 - 115	18 - 28
Rehabilitation Tech	144 - 216	51 - 77	18 - 28
Rehabilitation Therapist	286 - 430	101 - 151	18 - 28
Sports Medicine Instructor	112 - 168	96 - 144	18 - 28
Sports Medicine Therapist	286 - 430	101 - 151	18 - 28

2. Base Rate Adjustment Factors

Part Time Factor

This factor is available for individuals who work less than or equal to 24 hours per week. (Not available to students)

Factor:.....0.50 – 0.75

Claims History Factor

The base rates contemplate risks with no prior claims. The following factor will apply when the account is *not* claims free.

Factor.....1.00 – 1.40

3. Professional Liability Increased Limits Factors

Limit	Factor
\$100,000 / \$300,000	0.658
\$200,000 / \$600,000	0.711
\$500,000 / \$1,000,000	0.772
\$1,000,000 / \$1,000,000	0.930
\$1,000,000 / \$3,000,000	1.000
\$2,000,000 / \$2,000,000	1.184
\$2,000,000 / \$4,000,000	1.234
\$2,000,000 / \$6,000,000	1.273

4. Professional Liability – Additional Insured Coverage

When the optional Additional Insured coverage is selected for Professional Liability, the following factor is used to price the coverage (in accordance with the rating formula above). Note that this coverage is only available for selection by accounts with Self Employed individuals.

Factor:.....1.00 – 1.20

5. Premises Liability Coverage

When the optional Premises Liability Coverage is selected, the appropriate charge is used to price the coverage (in accordance with the rating formula above). Note that this coverage is only available for selection by accounts with Self Employed individuals. The per claim limit for the Premises Liability Coverage must be less than or equal to the per claim limit for the Professional Liability Coverage.

Limit	Charge
\$100,000 / \$300,000	\$60 - \$80
\$500,000 / \$1,000,000	\$80 – \$95
\$1,000,000 / \$3,000,000	\$95 - \$115
\$2,000,000 / \$4,000,000	\$\$115 - \$140

The premises liability charge contemplates a \$150,000 aggregate Fire Damage Legal liability sublimit.

6. Supplemental Coverages / Limits

The professional liability base rate contemplates the following:

- Information Privacy Wrongful Acts: \$25,000 aggregate limit of liability
- Disciplinary Proceedings: \$25,000 aggregate limit of liability
- Lost Earnings: \$500 per day, with an aggregate limit of liability of \$10,000
- Medical Payments: \$25,000 aggregate limit
- Emergency Aid Expenses: \$10,000 aggregate limit
- Damage to Property of Patients: \$10,000 aggregate limit
- Deposition or Subpoena Proceedings: \$5,000 aggregate limit
- Medical Expenses for Assault and Battery: \$25,000 aggregate limit

7. Schedule Rating

A Schedule Rating Factor may be applied for account characteristics that have not been reflected through the rating factors listed above. Examples of risk characteristics that may generate a schedule modification include continuing education of professionals, facilities attributes or risk management programs.

The maximum Schedule Rating credit or debit is **25%**. (Will vary by state)