

State: Illinois **Filing Company:** Granite State Insurance Company
TOI/Sub-TOI: 11.1 Med Mal-Occurrence Only/11.1000 Med Mal Sub-TOI Combinations
Product Name: General Healthcare Provider Professional Liability Plus Program 151640288
Project Name/Number: General Healthcare Provider Professional Liability Plus Program/AIG-13-EO-15

Filing at a Glance

Company: Granite State Insurance Company
Product Name: General Healthcare Provider Professional Liability Plus Program – 151640288
State: Illinois
TOI: 11.1 Med Mal-Occurrence Only
Sub-TOI: 11.1000 Med Mal Sub-TOI Combinations
Filing Type: Rule
Date Submitted: 10/10/2013
SERFF Tr Num: AGNY-129228494
SERFF Status: Closed-Filed
State Tr Num: AGNY-129228494
State Status:
Co Tr Num: AIG-13-EO-15
Effective Date: On Approval
Requested (New):
Effective Date: On Approval
Requested (Renewal):
Author(s): Janine Graham
Reviewer(s): Gayle Neuman (primary)
Disposition Date: 01/29/2014
Disposition Status: Filed
Effective Date (New): 01/28/2014
Effective Date (Renewal): 01/28/2014

State Filing Description:

State: Illinois **Filing Company:** Granite State Insurance Company
TOI/Sub-TOI: 11.1 Med Mal-Occurrence Only/11.1000 Med Mal Sub-TOI Combinations
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General Information

Project Name: General Healthcare Provider Professional Liability Plus Program

Status of Filing in Domicile: Pending

Project Number: AIG-13-EO-15

Domicile Status Comments: This filing is being submitted simultaneously in all states.

Reference Organization: N/A

Reference Number: N/A

Reference Title: N/A

Advisory Org. Circular: N/A

Filing Status Changed: 01/29/2014

State Status Changed:

Deemer Date:

Created By: Janine Graham

Submitted By: Janine Graham

Corresponding Filing Tracking Number: AGNY-129228495

Filing Description:

Please be advised that effective immediately, Granite State Insurance Company will be eliminating coverages for the following classes of business, which are currently part of our filed General Healthcare Providers Professional Liability Plus Program, Our filing number CHS-11-EO-29:

- Enterostomal Therapists
- Electroneurodiagnostic Technicians

The reason for the elimination of these coverages is due to adverse development/unfavorable loss ratio, which our filed rating plan cannot adequately respond to. Attached please find our revised manual pages eliminating these coverages.

Notice of nonrenewal notice is being sent to the 31 Illinois insureds whose policies will not be renewed as of their expiration date. The proposed notice of nonrenewal is as follows:

We will not renew this policy when it expires. Your insurance will cease on the Expiration Date shown above.

The reason for nonrenewal is: The Company has made a business decision to eliminate coverage for the Enterostomal Therapists and the Electroneurodiagnostic Technicians classes of business due to adverse development/unfavorable loss ratio.

Acknowledgment upon receipt is respectfully requested.

Company and Contact

Filing Contact Information

Janine Graham, Senior Analyst
12 Metrotech
27th Floor
State Filings
Brooklyn, NY 11201

Janine.Graham@aig.com
718-250-1747 [Phone]
718-250-1779 [FAX]

State: Illinois **Filing Company:** Granite State Insurance Company
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Filing Company Information

Granite State Insurance Company	CoCode: 23809	State of Domicile:
175 Water Street	Group Code: 12	Pennsylvania
New York, NY 10038	Group Name:	Company Type:
(212) 458-5000 ext. [Phone]	FEIN Number: 02-0140690	State ID Number:

Filing Fees

Fee Required? No
 Retaliatory? No

Fee Explanation:

State Specific

Refer to our checklists prior to submitting filing (http://www.idfpr.com/DOI/Prop_Cas_IS3_Checklists/IS3_Checklists.htm):
 Acknowledged

Refer to our updated (04/06/2007) SERFF General Instructions prior to submitting filing. They have been updated to clarify what rates and rules are required to be filed as well as what rates and rules are not required to be filed. Also, the "Product Name" is the Filing Title and not the Project Number.: Completed

NO RATES and/or RULES ARE REQUIRED TO BE FILED FOR LINES OF COVERAGE SUCH AS COMMERCIAL AUTO (except taxicabs), BURGLARY AND THEFT, GLASS, FIDELITY, SURETY, COMMERCIAL GENERAL LIABILITY, CROP HAIL, COMMERCIAL PROPERTY, DIRECTORS AND OFFICERS, ERRORS AND OMISSIONS, COMMERCIAL MULTI PERIL just to mention a few. However, a Summary Sheet (RF-3) is required to be filed. Please refer to the State Specific Field below for what rates/rules are required to be filed and to our checklists for specific statutes, regulations, etc. :

http://insurance.illinois.gov/Prop_Cas_IS3_Checklists/IS3_Checklists.asp .: Acknowledged

Medical Malpractice rates/rules may now be submitted using SERFF effective January 1, 2012.: Acknowledged

The only rates and/or rules that are required to be filed are Homeowners, Mobile Homeowners, Dwelling Fire and Allied Lines, Workers' Compensation, Liquor Liability, Private Passenger Automobiles, Taxicabs, Motorcycles and Group Inland Marine Insurance which only applies to insurance involving personal property owned by, being purchased by or pledged as collateral by individuals, and not used in any business, trade or profession per Regulation Part 2302 which says in part, "each company shall file with the Director of Insurance each rate, rule and minimum premium before it is used in the State of Illinois.":

Acknowledged

When selecting a form filing type for a multiple form filing, use the dominant type from these choices: APP - application; CER - certificate; COF - coverage form; DPS - declaration page; END - endorsement; POJ - policy jacket; ORG - Companies adopting an Advisory or Rating Organization's filing. Example: If you are submitting a policy as well as endorsements, a declaration page and an application, you would select "POL" for policy.: Not applicable

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11.1 Med Mal-Occurrence Only/11.1000 Med Mal Sub-TOI Combinations

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General Healthcare Provider Professional Liability Plus Program 151640288

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General Healthcare Provider Professional Liability Plus Program/AIG-13-EO-15

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed	Gayle Neuman	01/29/2014	01/29/2014

Objection Letters and Response Letters

Objection Letters

Status	Created By	Created On	Date Submitted
Pending Industry Response	Gayle Neuman	01/28/2014	01/28/2014

Response Letters

Responded By	Created On	Date Submitted
Janine Graham	01/29/2014	01/29/2014

SERFF Tracking #:

AGNY-129228494

State Tracking #:

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Disposition

Disposition Date: 01/29/2014

Effective Date (New): 01/28/2014

Effective Date (Renewal): 01/28/2014

Status: Filed

Comment:

Rate data does NOT apply to filing.

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Explanatory Memorandum		Yes
Supporting Document	Form RF3 - (Summary Sheet)		Yes
Supporting Document	Certification		Yes
Supporting Document	Manual		Yes
Supporting Document	Request to Maintain Data as Trade Secret Information		Yes
Supporting Document	Blackline		Yes
Rate	General Healthcare Providers Professional Liability Rate Plan		Yes

State: Illinois **Filing Company:** Granite State Insurance Company
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Objection Letter

Objection Letter Status	Pending Industry Response
Objection Letter Date	01/28/2014
Submitted Date	01/28/2014
Respond By Date	02/04/2014

Dear Janine Graham,

Introduction:

This is to acknowledge receipt of your filing. Your submission is not acceptable for filing in Illinois due to the following reasons:

How many policies for all classes of medical liability coverage were written in Illinois?

Please indicate if your company has a plan for the gathering of statistics or the reporting of statistics to statistical agencies? If yes, what stat agency is being used?

Conclusion:

Sign up to get e-mail notification for updates to the Department's website. <http://insurance.illinois.gov/RSS/>

Please refer to the appropriate Property Casualty IS3 Review Requirements Checklist before submitting any filing. The checklists are available at the Department's Web site or at the following link:

http://insurance.illinois.gov/Prop_Cas_IS3_Checklists/IS3_Checklists.asp

Please submit compliant form(s) no later than the date shown above or the entire filing may be disapproved. Please be advised that when the Director disapproves the form(s) you must immediately cease using the form(s) in Illinois.

Please give this matter your immediate attention. If you have any question regarding this filing please feel free to contact me.

Sincerely,

Gayle Neuman

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Response Letter

Response Letter Status	Submitted to State
Response Letter Date	01/29/2014
Submitted Date	01/29/2014

Dear Gayle Neuman,

Introduction:

Response 1

Comments:

We have a total of 985 policies for the General Healthcare Provider Professional Liability Plus Program in Illinois. ISO is our statistical agent.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

We trust our response will enable you to continue with your review of this filing.

Sincerely,

Janine Graham

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AGNY-129228494

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Project Name/Number:

General Healthcare Provider Professional Liability Plus Program/AIG-13-EO-15

Rate/Rule Schedule

Item No.	Schedule Item Status	Exhibit Name	Rule # or Page #	Rate Action	Previous State Filing Number	Attachments
1		General Healthcare Providers Professional Liability Rate Plan		Replacement	AGNY-128590107	IL Rate Pages (9-13).pdf

**GRANITE STATE INSURANCE COMPANY
GENERAL HEALTHCARE PROVIDERS PROFESSIONAL LIABILITY
RATE PAGE**

ILLINOIS

I. NURSES

Student Nurses, Dental Hygienists & Assts.		Registered & Licensed Practical Nurses	
<u>Limits of Liability</u>	<u>Rate</u>	<u>Limits of Liability</u>	<u>Rate</u>
\$100,000/\$300,000	\$12	\$500,000/\$1,000,000	\$61
\$200,000/\$600,000	\$15	\$1,000,000/\$5,000,000	\$104
\$1,000,000/\$5,000,000	\$23	\$1,000,000/\$6,000,000	\$105
\$1,000,000/\$6,000,000	\$24		
Graduate RN and LPN First Year Only		Nurses Aides	
<u>Limits of Liability</u>	<u>Rate</u>	<u>Limits of Liability</u>	<u>Rate</u>
\$500,000/\$1,000,000	\$51	\$500,000/\$1,000,000	\$50
\$1,000,000/\$5,000,000	\$59	\$1,000,000/\$5,000,000	\$84
\$1,000,000/\$6,000,000	\$60	\$1,000,000/\$6,000,000	\$85
Dental Hygienists		Dental Assistants	
<u>Limits of Liability</u>	<u>Rate</u>	<u>Limits of Liability</u>	<u>Rate</u>
\$200,000/\$600,000	\$58	\$200,000/\$600,000	\$40
\$1,000,000/\$5,000,000	\$104	\$1,000,000/\$5,000,000	\$71
\$1,000,000/\$6,000,000	\$105	\$1,000,000/\$6,000,000	\$72

II. POSTPARTUM CARE PROVIDERS

Individual Post Partum Care Provider		Agency Post Partum Care Provider*	
<u>Limits of Liability</u>	<u>Rate</u>	<u>Limits of Liability</u>	<u>Min Prem</u>
\$500,000/\$1,000,000	\$69	\$500,000/\$1,000,000	\$429
\$1,000,000/\$5,000,000	\$114	\$1,000,000/\$5,000,000	\$613
\$1,000,000/\$6,000,000	\$116	& above	

*Agency premium=(Total # Hours for all employees/2000) x Individual Premium

III. Allied Healthcare Providers

Class	\$500,000/\$1,000,000		\$1,000,000/\$5,000,000		\$1,000,000/\$6,000,000		
	Employed	Self Employed *	Employed	Self Employed *	Employed	Self Employed *	
I	\$75	\$225	\$92	\$276	\$93	\$279	
II	\$84	\$252	\$103	\$309	\$104	\$311	
III	\$88	\$88	\$107	\$107	\$108	\$108	
IV	\$110	\$330	\$135	\$405	\$136	\$408	
V	\$149	\$149	\$181	\$181	\$183	\$183	
VI	\$174	\$174	\$212	\$212	\$214	\$214	
VII	A	\$174	\$523	\$212	\$636	\$214	\$643
	B	\$348	\$1,044	\$425	\$1,275	\$429	\$1,287
	C	\$522	\$522	\$637	\$637	\$643	\$643
VIII	A	\$78	\$78	\$95	\$95	\$96	\$96
	B	\$193	\$193	\$235	\$235	\$237	\$237
	C	\$233	\$233	\$284	\$284	\$287	\$287
IX	\$112	\$112	\$137	\$137	\$138	\$138	
X	\$312	\$312	\$381	\$381	\$385	\$385	

Student rates are 20% of the applicable specialty subject to minimums of \$20.

* Self-Employed rates do not apply to Occupational Therapy Assistants or Certified Occupational Therapy Assistants.

**GENERAL HEALTHCARE PROVIDERS PROFESSIONAL LIABILITY
RATE PAGE**

III. cont.

Allied Healthcare Provider Class Definitions

<u>Class</u>	<u>Professional</u>	<u>Class</u>	<u>Professional</u>	
I	Occupational Therapist	III cont.	Nutritionist	
	Occupational Therapist Assistant		Pathologist's Assistant	
	Certified OT Assistant		Pharmacist Assistant	
	Respiratory Care Provider		Pharmacy Technician / Technologist	
	Respiratory Therapist		Phlebotomist	
	Respiratory Therapist Technician / Technologist		Radiation Therapist	
II	Art Therapist		Radiologic Technician / Technologist	
	Dance Therapist		Speech Hearing Therapist	
	Diagnostic Medical Sonographer		Speech Language Pathologist	
	Horticulture Therapist		Surgeon Assistant	
	Music Therapist		Surgical Technician / Technologist	
	Recreation Therapist		X-Ray Machine Operator	
III	Audiologist		IV	Medical Dosimetrist
	Bio-med Technician / Technologist			Pharmacist
	Blood Bank Technician / Technologist	Pharmacist (Consulting)		
	Cardiology Technician / Technologist	V	Circulation Technician / Technologist	
	Cert. Lab Technician / Technologist		Employed Physical Therapist	
	Cert. Med. Assistant		Legal Nurse Consultant / Nurse Educator	
	Clinical Lab Technician / Technologist		Rehabilitation Assistant	
	Community Health Assistant		Rehabilitation Therapist	
	Community Health Technician / Technologist	All Other		
	Dialysis Technician / Technologist	VI	Corrective Therapist	
	Dietitian		Exercise Physiologist	
	EEG Technician / Technologist		Kinesiologist/Kinesiotherapist	
	EKG Technician / Technologist		Massage Therapist	
	Electrologist		Orthopedic Assistant	
	Geriatric Nursing Assistant		Wellness Counselor	
	Health Educator	VII	Acupuncture (VII-C)	
	Histologic Technician / Technologist		Athletic Trainer (Non-medical, non-certified) (VII-A)	
	Home Health (live-in)		Athletic Trainer (Medical, LPT or RPT) (VII-B)	
	Home Health Aide		Auto Tran Fusionist/Clinical Technician (VII-C)	
	Hospital Pharmacy Technician / Technologist	Medical Director (VII-C)		
	Laboratory Aide	Orthotist/Prosthetist (VII-A)		
	Med. Lab Technician / Technologist	VIII	Student / Volunteer EMT (VIII-A)	
	Med. Technician		Basic / Intermediate EMT (VIII-B)	
	Med. Technician / Technologist Assistant		Paramedic (VIII-C)	
	Med. Technologist	IX	Physical Therapist Assistant	
	Medical Assistant		X	Self Employed Physical Therapist
Medical Records Administrator	Sports Medicine Instructor			
Medical Records Technician / Technologist	Sports Medicine Therapist			
Nuclear Med. Technician / Technologist				
Nursing Assistant				

IV. ADDITIONAL LIMITS OF LIABILITY

<u>Limit of Liability</u>	<u>ILF</u>	<u>Limit of Liability</u>	<u>ILF</u>
\$1,000,000/\$6,000,000	1.000	\$2,000,000/\$4,000,000	1.149
\$1,000,000/\$7,000,000	1.010	\$2,000,000/\$5,000,000	1.158
\$1,000,000/\$8,000,000	1.020	\$2,000,000/\$6,000,000	1.168
\$1,000,000/\$9,000,000	1.030	\$2,000,000/\$7,000,000	1.178
\$1,000,000/\$10,000,000	1.040	\$2,000,000/\$8,000,000	1.188
		\$2,000,000/\$9,000,000	1.198
		\$2,000,000/\$10,000,000	1.208

(apply increased limit factor to \$1,000,000/\$6,000,000 rate)

V. NATIONAL NURSES UNION MEMBERSHIP

A credit of 5% will be applied to a nurse who is a member in good standing of the National Nurses Union.

SERFF Tracking #:

AGNY-129228494

State Tracking #:

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State:

Illinois

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Granite State Insurance Company

TOI/Sub-TOI:

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Supporting Document Schedules

Satisfied - Item:	Explanatory Memorandum
Comments:	
Attachment(s):	IL Explanatory Memorandum - Rules.pdf
Item Status:	
Status Date:	

Bypassed - Item:	Form RF3 - (Summary Sheet)
Bypass Reason:	Not applicable.
Attachment(s):	
Item Status:	
Status Date:	

Bypassed - Item:	Certification
Bypass Reason:	Not applicable.
Attachment(s):	
Item Status:	
Status Date:	

Bypassed - Item:	Manual
Bypass Reason:	Not applicable.
Attachment(s):	
Item Status:	
Status Date:	

Bypassed - Item:	Request to Maintain Data as Trade Secret Information
Bypass Reason:	Not applicable.
Attachment(s):	
Item Status:	
Status Date:	

Satisfied - Item:	Blackline
Comments:	
Attachment(s):	Blackline - IL Rate Pages.pdf
Item Status:	
Status Date:	

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**GENERAL HEALTHCARE PROVIDER PROFESSIONAL LIABILITY PLUS
PRORAM**

EXPLANATORY MEMORANDUM

Granite State Insurance Company will be eliminating coverages for the following classes of business, which are currently part of our filed General Healthcare Providers Professional Liability Plus Program, Our filing number CHS-11-EO-29:

- Enterostomal Therapists
- Electroneurodiagnostic Technicians

The reason for the elimination of these coverages is due to adverse development/unfavorable loss ratio, which our filed rating plan cannot adequately respond to. Attached please find our revised manual pages eliminating these coverages.

Notice of nonrenewal notice is being sent to the 31 Illinois insureds whose policies will not be renewed as of their expiration date.

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GENERAL HEALTHCARE PROVIDERS PROFESSIONAL LIABILITY
RATE PAGE**

ILLINOIS

I. NURSES

Student Nurses, Dental Hygienists & Assts.		Registered & Licensed Practical Nurses	
<u>Limits of Liability</u>	<u>Rate</u>	<u>Limits of Liability</u>	<u>Rate</u>
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\$200,000/\$600,000	\$15	\$1,000,000/\$5,000,000	\$104
\$1,000,000/\$5,000,000	\$23	\$1,000,000/\$6,000,000	\$105
\$1,000,000/\$6,000,000	\$24		
Graduate RN and LPN First Year Only		Nurses Aides	
<u>Limits of Liability</u>	<u>Rate</u>	<u>Limits of Liability</u>	<u>Rate</u>
\$500,000/\$1,000,000	\$51	\$500,000/\$1,000,000	\$50
\$1,000,000/\$5,000,000	\$59	\$1,000,000/\$5,000,000	\$84
\$1,000,000/\$6,000,000	\$60	\$1,000,000/\$6,000,000	\$85
Dental Hygienists		Dental Assistants	
<u>Limits of Liability</u>	<u>Rate</u>	<u>Limits of Liability</u>	<u>Rate</u>
\$200,000/\$600,000	\$58	\$200,000/\$600,000	\$40
\$1,000,000/\$5,000,000	\$104	\$1,000,000/\$5,000,000	\$71
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II. POSTPARTUM CARE PROVIDERS

Individual Post Partum Care Provider		Agency Post Partum Care Provider*	
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\$1,000,000/\$5,000,000	\$114	\$1,000,000/\$5,000,000	\$613
\$1,000,000/\$6,000,000	\$116	& above	

*Agency premium=(Total # Hours for all employees/2000) x Individual Premium

III. Allied Healthcare Providers

Class	\$500,000/\$1,000,000		\$1,000,000/\$5,000,000		\$1,000,000/\$6,000,000		
	Employed	Self Employed *	Employed	Self Employed *	Employed	Self Employed *	
I	\$75	\$225	\$92	\$276	\$93	\$279	
II	\$84	\$252	\$103	\$309	\$104	\$311	
III	\$88	\$88	\$107	\$107	\$108	\$108	
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V	\$149	\$149	\$181	\$181	\$183	\$183	
VI	\$174	\$174	\$212	\$212	\$214	\$214	
VII	A	\$174	\$523	\$212	\$636	\$214	\$643
	B	\$348	\$1,044	\$425	\$1,275	\$429	\$1,287
	C	\$522	\$522	\$637	\$637	\$643	\$643
VIII	A	\$78	\$78	\$95	\$95	\$96	\$96
	B	\$193	\$193	\$235	\$235	\$237	\$237
	C	\$233	\$233	\$284	\$284	\$287	\$287
IX	\$112	\$112	\$137	\$137	\$138	\$138	
X	\$312	\$312	\$381	\$381	\$385	\$385	

Student rates are 20% of the applicable specialty subject to minimums of \$20.

* Self-Employed rates do not apply to Occupational Therapy Assistants or Certified Occupational Therapy Assistants.

**GENERAL HEALTHCARE PROVIDERS PROFESSIONAL LIABILITY
RATE PAGE**

III. cont.

Allied Healthcare Provider Class Definitions

<u>Class</u>	<u>Professional</u>	<u>Class</u>	<u>Professional</u>	
I	Occupational Therapist	III cont.	Nutritionist	
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	Certified OT Assistant		Pharmacist Assistant	
	Respiratory Care Provider		Pharmacy Technician / Technologist	
	Respiratory Therapist		Phlebotomist	
	Respiratory Therapist Technician / Technologist		Radiation Therapist	
II	Art Therapist		Radiologic Technician / Technologist	
	Dance Therapist		Speech Hearing Therapist	
	Diagnostic Medical Sonographer		Speech Language Pathologist	
	Horticulture Therapist		Surgeon Assistant	
	Music Therapist		Surgical Technician / Technologist	
	Recreation Therapist		X-Ray Machine Operator	
III	Audiologist		IV	Medical Dosimetrist
	Bio-med Technician / Technologist			Pharmacist
	Blood Bank Technician / Technologist	Pharmacist (Consulting)		
	Cardiology Technician / Technologist	V	Circulation Technician / Technologist	
	Cert. Lab Technician / Technologist		Employed Physical Therapist	
	Cert. Med. Assistant		Legal Nurse Consultant / Nurse Educator	
	Clinical Lab Technician / Technologist		Rehabilitation Assistant	
	Community Health Assistant		Rehabilitation Therapist	
	Community Health Technician / Technologist	All Other		
	Dialysis Technician / Technologist	VI	Corrective Therapist	
	Dietitian		Enterostomal Therapist	
	EEG Technician / Technologist		Exercise Physiologist	
	EKG Technician / Technologist		Kinesiologist/Kinesiotherapist	
	Electrologist		Massage Therapist	
	Geriatric Nursing Assistant		Orthopedic Assistant	
	Health Educator	Wellness Counselor		
	Histologic Technician / Technologist	VII	Acupuncture (VII-C)	
	Home Health (live-in)		Athletic Trainer (Non-medical, non-certified) (VII-A)	
	Home Health Aide		Athletic Trainer (Medical, LPT or RPT) (VII-B)	
	Hospital Pharmacy Technician / Technologist		Auto Tran Fusionist/Clinical Technician (VII-C)	
	Laboratory Aide		Electroneurodiagnostic Technician (VII-C)	
	Med. Lab Technician / Technologist	Medical Director (VII-C)		
	Med. Technician	Orthotist/Prosthetist (VII-A)		
	Med. Technician / Technologist Assistant	VIII	Student / Volunteer EMT (VIII-A)	
Med. Technologist	Basic / Intermediate EMT (VIII-B)			
Medical Assistant	Paramedic (VIII-C)			
Medical Records Administrator	IX	Physical Therapist Assistant		
Medical Records Technician / Technologist		X	Self Employed Physical Therapist	
Nuclear Med. Technician / Technologist	Sports Medicine Instructor			
Nursing Assistant	Sports Medicine Therapist			

IV. ADDITIONAL LIMITS OF LIABILITY

<u>Limit of Liability</u>	<u>ILF</u>	<u>Limit of Liability</u>	<u>ILF</u>
\$1,000,000/\$6,000,000	1.000	\$2,000,000/\$4,000,000	1.149
\$1,000,000/\$7,000,000	1.010	\$2,000,000/\$5,000,000	1.158
\$1,000,000/\$8,000,000	1.020	\$2,000,000/\$6,000,000	1.168
\$1,000,000/\$9,000,000	1.030	\$2,000,000/\$7,000,000	1.178
\$1,000,000/\$10,000,000	1.040	\$2,000,000/\$8,000,000	1.188
		\$2,000,000/\$9,000,000	1.198
		\$2,000,000/\$10,000,000	1.208

(apply increased limit factor to \$1,000,000/\$6,000,000 rate)

V. NATIONAL NURSES UNION MEMBERSHIP

A credit of 5% will be applied to a nurse who is a member in good standing of the National Nurses Union.