

**PREMIUM SCHEDULE- CALIFORNIA ONLY**  
**Limits of Liability - \$1,000,000 each claim/ \$3,000,000 aggregate**

<b>Occupation</b>	<b>Self - Employed Practitioner</b>	<b>Part-time Self-employed Practitioner</b>	<b>Entity Charge</b>	<b>Full time Employee</b>	<b>Part time Employee</b>	<b>Student</b>
Athletic Trainer	277	180	277	134	87	23
Bodywork Counselor	221	144	221	134	87	23
Chiropractic Assistant	163	106	163	58	38	23
Corrective Therapist	134	87	134	134	87	23
Exercise Physiologist	277	180	277	134	87	23
Fitness Trainer	277	180	277	134	87	23
Kinesiologist	277	180	277	134	87	23
Kinesiotherapist	277	180	277	134	87	23
Massage Therapist	140	91	140	107	70	23
Occupational Therapist	163	106	163	58	38	23
Occupational Therapist Asst	163	106	163	58	38	23
Orthopedic Assistant	107	70	107	107	70	23
Orthopedic Technician	163	106	163	58	38	23
Pedorthist	239	155	239	86	56	23
Personal Trainer	277	180	277	134	87	23
Physical Therapist	269	175	269	126	82	23
Physical Therapist Aide	140	91	140	68	44	23
Physical Therapist Asst	54	35	54	54	35	23
Physiotherapist	215	140	215	126	82	23
Recreational Therapist	196	127	196	66	43	23
Rehabilitation Assistant	54	35	54	54	35	23
Rehabilitation Counselor	192	125	192	85	55	23
Rehabilitation Tech	43	28	43	54	35	23
Rehabilitation Therapist	269	175	269	126	82	23
Sports Medicine Instructor	277	180	277	134	87	23
Sports Medicine Therapist	215	140	215	134	87	23

**Premises Liability Coverage**

Premises Liability coverage is an option available to Self-employed practitioners only. The following limits are available:

<b>Limit</b>	<b>Charge</b>
\$100,000 / \$300,000	\$75
\$500,000 / \$1,000,000	\$85
\$1,000,000 / \$3,000,000	\$100

IF YOU ARE APPLYING FOR A GROUP POLICY, PLEASE PROVIDE US WITH A LETTER DESCRIBING ALL SERVICES PROVIDED, INCLUDING ANY BROCHURE AVAILABLE. IF YOU ARE APPLYING FOR CORPORATE COVERAGE, PLEASE PROVIDE US WITH A COPY OF YOUR ARTICLES OF INCORPORATION AS WELL.