

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

Occupation	Self -Employed Practitioner	Part-time Self-employed Practitioner	Entity Charge	Full time Employee	Part time Employee	Student
Athletic Trainer	758	493	758	160	104	23
Bodywork Counselor	758	493	758	160	104	23
Chiropractic Assistant	200	130	200	71	46	23
Corrective Therapist	358	233	358	126	82	23
Exercise Physiologist	140	91	140	120	78	23
Fitness Trainer	140	91	140	120	78	23
Kinesiologist	140	91	140	120	78	23
Kinesiotherapist	358	233	358	126	82	23
Massage Therapist	140	91	140	140	91	23
Occupational Therapist	169	110	169	61	40	23
Occupational Therapist Asst	169	110	169	61	40	23
Orthopedic Assistant	240	156	240	140	91	23
Orthopedic Technician	169	110	169	61	40	23
Pedorthist	248	161	248	88	57	23
Personal Trainer	140	91	140	120	78	23
Physical Therapist	358	233	358	126	82	23
Physical Therapist Aide	140	91	140	68	44	23
Physical Therapist Asst	180	117	180	64	42	23
Physiotherapist	358	233	358	126	82	23
Recreational Therapist	240	156	240	71	46	23
Rehabilitation Assistant	180	117	180	64	42	23
Rehabilitation Counselor	254	165	254	96	62	23
Rehabilitation Tech	180	117	180	64	42	23
Rehabilitation Therapist	358	233	358	126	82	23
Sports Medicine Instructor	140	91	140	120	78	23
Sports Medicine Therapist	358	233	358	126	82	23

Premises Liability Coverage

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

Limit	Charge
\$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.