

MARRIAGE AND FAMILY THERAPISTS' PROFESSIONAL LIABILITY POLICY

EXPLANATION OF PREMIUM RATES

INDIVIDUAL POLICY

- (a) Under **Employed Marriage and Family Therapist**, coverage is provided to employed professionals individual coverage ONLY as a W2 form employee. Practice outside the employment setting would not be covered.
- (b) Under **Self-Employed Marriage and Family Therapist**, coverage is provided to professionals who are self-employed only or who are employed and doing outside practice. Individual coverage is provided for all your employees as well as providing protection for you. Every professional and/or paraprofessional employee must be listed in Question 4(b) of the application and a premium must be paid for each. The "Insured" rate would be charged for you. All employees except clerical would pay the "Employee" rate. A premium charge is also made for any Independent Contractor or Consultant for whom you file a 1099 form whose services are in the mental health field. This charge is made for the additional exposure you have in using such services. The Independent Contractor or Consultant listed is **not** covered.

PARTNERSHIP AND CORPORATE POLICY

PARTNERSHIP – All partners must be listed under Question 4 (b) and a premium charge made for each one. Every professional and paraprofessional employee must also be listed under Question 4(b) and a premium charge made for each one. You will find the premium charge for each Partner under the "Partners" rate. Any employee except clerical will be charged the "Employee" rate. A premium charge is also made for any Independent Contractor or Consultant for whom you file a 1099 form whose services are in the mental health field. This charge is made for the additional exposure you have in using such services. The Independent Contractor or Consultant listed is **not** covered.

GENERAL BUSINESS CORPORATION – The corporation pays the "Corporation" rate for the entity. Any owner and employee except clerical will be charged the "Employee" rate. A premium charge is also made for any Independent Contractor or Consultant for whom you file a 1099 form whose services are in the mental health field. This charge is made for the additional exposure you have in using such services. The Independent Contractor or Consultant listed is **not** covered.

PROFESSIONAL CORPORATION (P.C.) OR PROFESSIONAL ASSOCIATION (P.A.) with no employees other than the owner qualifies for the Individual rate and policy.

PROFESSIONAL CORPORATION (P.C.) OR PROFESSIONAL ASSOCIATION (P.A.) with employees would be rated the same as a general business corporation.

PREMIUM DISCOUNTS

Part-time discount: You are entitled to a 35% discount provided your activities as a professional do not exceed 20 hours a week. This discount is not available if you have employees, if you are in a partnership or if you own a corporation. This discount should be rounded off to the nearest dollar. If you are taking the part-time discount, make sure you enclose the additional part-time worksheet. If you do not take the discount, we assume you do not want the part-time coverage. **You will find this rate computed for you on the appropriate rate schedule.**

Risk Management Discount: This discount applies only to the **individual insured** who meets our underwriting criteria for the Risk Management Discount. A 5% discount will be given for the completion of 3 CE credits. Please forward proof (certificate of completion) and the syllabus and outline in order to be considered for the discount. We will refund the 5% if you qualify.

ADDITIONAL INSURED

If you need to list an additional insured on your policy, you must complete the Request for Additional Insured form included. The premium charges are as follows: Landlord - \$15 First additional insured -\$30 Each Additional thereafter - \$15

DEFENSE REIMBURSEMENT COVERAGE

\$5,000 for legal defense reimbursement for costs relating to proceedings (a hearing or disciplinary action before a state licensing board or governmental regulatory body involving allegations of unprofessional conduct, or a civil proceeding in which you are not a defendant but have been ordered to offer deposition testimony regarding treatment rendered to a patient, or a civil proceeding in which you are not a party but have received a subpoena for record production) is provided in the policy at no additional cost to you. You can choose a higher limit of \$25,000, \$50,000 or \$75,000 for an additional premium which you will find on the rate schedule for the group you qualify under.

Please make checks payable to: American Professional Agency, Inc.

Program Administrator:
AMERICAN PROFESSIONAL AGENCY, INC.
P.O. Box 9009 • 95 Broadway, Amityville, NY 11701
(631) 691-6400 • (800) 421-6694

www.americanprofessional.com

MARRIAGE AND FAMILY THERAPISTS' PROFESSIONAL LIABILITY RATE SCHEDULE

Self-Employed Marriage and Family Therapist

A. First Year Rate – NO PRIOR ACTS (Coverage begins on the effective date of the policy.)

INDIVIDUAL					PARTNERSHIPS AND CORPORATIONS			
Limits of Liability	Insured Full-time	Part-time Not available if you have employees	Employees- Professional and/or paraprofessional	Independent Contractors	Corporation	Partners	Employees- Professional and/or paraprofessional	Independent Contractors
\$ 200,000/ 600,000	\$118.00	\$ 77.00	\$ 59.00	\$ 8.00	\$118.00	\$118.00	\$ 59.00	\$ 8.00
\$ 500,000/ 1,000,000	\$128.00	\$ 83.00	\$ 64.00	\$ 9.00	\$128.00	\$128.00	\$ 64.00	\$ 9.00
\$1,000,000/ 1,000,000	\$145.00	\$ 94.00	\$ 73.00	\$11.00	\$145.00	\$145.00	\$ 73.00	\$11.00
\$1,000,000/ 3,000,000	\$166.00	\$108.00	\$ 83.00	\$14.00	\$166.00	\$166.00	\$ 83.00	\$14.00
\$1,000,000/ 4,000,000	\$180.00	\$117.00	\$ 90.00	\$17.00	\$180.00	\$180.00	\$ 90.00	\$17.00
\$1,000,000/ 5,000,000	\$186.00	\$121.00	\$ 93.00	\$20.00	\$186.00	\$186.00	\$ 93.00	\$20.00
\$2,000,000/ 2,000,000	\$196.00	\$127.00	\$ 98.00	\$23.00	\$196.00	\$196.00	\$ 98.00	\$23.00
\$2,000,000/ 4,000,000	\$208.00	\$135.00	\$104.00	\$26.00	\$208.00	\$208.00	\$104.00	\$26.00

B. Second Year Rate – ONE YEAR PRIOR ACTS (You will be covered for any act, error or omission that occurred up to one year prior to the effective date of the policy and otherwise covered by the policy.)

INDIVIDUAL					PARTNERSHIPS AND CORPORATIONS			
Limits of Liability	Insured Full-time	Part-time Not available if you have employees	Employees- Professional and/or paraprofessional	Independent Contractors	Corporation	Partners	Employees- Professional and/or paraprofessional	Independent Contractors
\$ 200,000/ 600,000	\$147.00	\$ 96.00	\$ 74.00	\$ 8.00	\$147.00	\$147.00	\$ 74.00	\$ 8.00
\$ 500,000/ 1,000,000	\$160.00	\$104.00	\$ 80.00	\$ 9.00	\$160.00	\$160.00	\$ 80.00	\$ 9.00
\$1,000,000/ 1,000,000	\$182.00	\$118.00	\$ 91.00	\$11.00	\$182.00	\$182.00	\$ 91.00	\$11.00
\$1,000,000/ 3,000,000	\$207.00	\$135.00	\$103.00	\$14.00	\$207.00	\$207.00	\$103.00	\$14.00
\$1,000,000/ 4,000,000	\$225.00	\$146.00	\$113.00	\$17.00	\$225.00	\$225.00	\$113.00	\$17.00
\$1,000,000/ 5,000,000	\$232.00	\$151.00	\$116.00	\$20.00	\$232.00	\$232.00	\$116.00	\$20.00
\$2,000,000/ 2,000,000	\$245.00	\$159.00	\$123.00	\$23.00	\$245.00	\$245.00	\$123.00	\$23.00
\$2,000,000/ 4,000,000	\$260.00	\$169.00	\$130.00	\$26.00	\$260.00	\$260.00	\$130.00	\$26.00

C. Third Year Rate – TWO YEARS PRIOR ACTS (You will be covered for any act, error or omission that occurred up to two years prior to the effective date of the policy and otherwise covered by the policy.)

INDIVIDUAL					PARTNERSHIPS AND CORPORATIONS			
Limits of Liability	Insured Full-time	Part-time Not available if you have employees	Employees- Professional and/or paraprofessional	Independent Contractors	Corporation	Partners	Employees- Professional and/or paraprofessional	Independent Contractors
\$ 200,000/ 600,000	\$167.00	\$109.00	\$ 83.00	\$ 8.00	\$167.00	\$167.00	\$ 83.00	\$ 8.00
\$ 500,000/ 1,000,000	\$181.00	\$118.00	\$ 91.00	\$ 9.00	\$181.00	\$181.00	\$ 91.00	\$ 9.00
\$1,000,000/ 1,000,000	\$206.00	\$134.00	\$103.00	\$11.00	\$206.00	\$206.00	\$103.00	\$11.00
\$1,000,000/ 3,000,000	\$234.00	\$152.00	\$117.00	\$14.00	\$234.00	\$234.00	\$117.00	\$14.00
\$1,000,000/ 4,000,000	\$255.00	\$166.00	\$128.00	\$17.00	\$255.00	\$255.00	\$128.00	\$17.00
\$1,000,000/ 5,000,000	\$263.00	\$171.00	\$132.00	\$20.00	\$263.00	\$263.00	\$132.00	\$20.00
\$2,000,000/ 2,000,000	\$278.00	\$181.00	\$139.00	\$23.00	\$278.00	\$278.00	\$139.00	\$23.00
\$2,000,000/ 4,000,000	\$294.00	\$191.00	\$147.00	\$26.00	\$294.00	\$294.00	\$147.00	\$26.00

D. Fourth Year Rate – THREE YEARS PRIOR ACTS (You will be covered for any act, error or omission that occurred up to three years prior to the effective date of the policy and otherwise covered by the policy.)

INDIVIDUAL					PARTNERSHIPS AND CORPORATIONS			
Limits of Liability	Insured Full-time	Part-time Not available if you have employees	Employees- Professional and/or paraprofessional	Independent Contractors	Corporation	Partners	Employees- Professional and/or paraprofessional	Independent Contractors
\$ 200,000/ 600,000	\$186.00	\$121.00	\$93.00	\$ 8.00	\$186.00	\$186.00	\$ 93.00	\$ 8.00
\$ 500,000/ 1,000,000	\$202.00	\$131.00	\$101.00	\$ 9.00	\$202.00	\$202.00	\$101.00	\$ 9.00
\$1,000,000/ 1,000,000	\$230.00	\$150.00	\$115.00	\$11.00	\$230.00	\$230.00	\$115.00	\$11.00
\$1,000,000/ 3,000,000	\$262.00	\$170.00	\$131.00	\$14.00	\$262.00	\$262.00	\$131.00	\$14.00
\$1,000,000/ 4,000,000	\$285.00	\$185.00	\$143.00	\$17.00	\$285.00	\$285.00	\$143.00	\$17.00
\$1,000,000/ 5,000,000	\$294.00	\$191.00	\$147.00	\$20.00	\$294.00	\$294.00	\$147.00	\$20.00
\$2,000,000/ 2,000,000	\$310.00	\$202.00	\$155.00	\$23.00	\$310.00	\$310.00	\$155.00	\$23.00
\$2,000,000/ 4,000,000	\$329.00	\$214.00	\$164.00	\$26.00	\$329.00	\$329.00	\$164.00	\$26.00

E. Fifth Year Rate – MATURE CLAIMS-MADE RATE (You will be covered for any act, error or omission back to the retroactive date of the policy and otherwise covered by the policy.)

INDIVIDUAL					PARTNERSHIPS AND CORPORATIONS			
Limits of Liability	Insured Full-time	Part-time Not available if you have employees	Employees-Professional and/or paraprofessional	Independent Contractors	Corporation	Partners	Employees-Professional and/or paraprofessional	Independent Contractors
\$ 200,000/ 600,000	\$196.00	\$127.00	\$ 98.00	\$ 8.00	\$196.00	\$196.00	\$ 98.00	\$ 8.00
\$ 500,000/ 1,000,000	\$213.00	\$138.00	\$106.00	\$ 9.00	\$213.00	\$213.00	\$106.00	\$ 9.00
\$1,000,000/ 1,000,000	\$242.00	\$157.00	\$121.00	\$11.00	\$242.00	\$242.00	\$121.00	\$11.00
\$1,000,000/ 3,000,000	\$276.00	\$179.00	\$138.00	\$14.00	\$276.00	\$276.00	\$138.00	\$14.00
\$1,000,000/ 4,000,000	\$300.00	\$195.00	\$150.00	\$17.00	\$300.00	\$300.00	\$150.00	\$17.00
\$1,000,000/ 5,000,000	\$310.00	\$202.00	\$155.00	\$20.00	\$310.00	\$310.00	\$155.00	\$20.00
\$2,000,000/ 2,000,000	\$327.00	\$213.00	\$163.00	\$23.00	\$327.00	\$327.00	\$163.00	\$23.00
\$2,000,000/ 4,000,000	\$346.00	\$225.00	\$173.00	\$26.00	\$346.00	\$346.00	\$173.00	\$26.00

Premiums for limits of liability for Defense Costs for Licensing Board Hearings

Limit of Liability	No Prior Acts Charge	Prior Acts Charge
\$ 5,000	No Charge	No Charge
\$25,000	\$35.00	\$ 75.00
\$50,000	\$45.00	\$ 95.00
\$75,000	\$65.00	\$140.00

Employed Marriage and Family Therapist

(W2 Form Employee - Covered only while employed by others and not in private practice.)

A. First Year Rate – NO PRIOR ACTS (Coverage begins on the effective date of the policy.)

Limits of Liability	Individual Full-time	Individual Part-time
\$ 200,000/ 600,000	\$ 59.00	\$38.00
\$ 500,000/ 1,000,000	\$ 64.00	\$42.00
\$1,000,000/ 1,000,000	\$ 73.00	\$47.00
\$1,000,000/ 3,000,000	\$ 83.00	\$54.00
\$1,000,000/ 4,000,000	\$ 90.00	\$59.00
\$1,000,000/ 5,000,000	\$ 93.00	\$60.00
\$2,000,000/ 2,000,000	\$ 98.00	\$64.00
\$2,000,000/ 4,000,000	\$104.00	\$68.00

B. Second Year Rate – ONE YEAR PRIOR ACTS (You will be covered for any act, error or omission that occurred up to one year prior to the effective date of the policy and otherwise covered by the policy.)

Limits of Liability	Individual Full-time	Individual Part-time
\$ 200,000/ 600,000	\$ 74.00	\$48.00
\$ 500,000/ 1,000,000	\$ 80.00	\$52.00
\$1,000,000/ 1,000,000	\$ 91.00	\$59.00
\$1,000,000/ 3,000,000	\$103.00	\$67.00
\$1,000,000/ 4,000,000	\$113.00	\$73.00
\$1,000,000/ 5,000,000	\$116.00	\$75.00
\$2,000,000/ 2,000,000	\$123.00	\$80.00
\$2,000,000/ 4,000,000	\$130.00	\$85.00

C. Third Year Rate – TWO YEARS PRIOR ACTS (You will be covered for any act, error or omission that occurred up to two years prior to the effective date of the policy and otherwise covered by the policy.)

Limits of Liability	Individual Full-time	Individual Part-time
\$ 200,000/ 600,000	\$ 83.00	\$54.00
\$ 500,000/ 1,000,000	\$ 91.00	\$59.00
\$1,000,000/ 1,000,000	\$103.00	\$67.00
\$1,000,000/ 3,000,000	\$117.00	\$76.00
\$1,000,000/ 4,000,000	\$128.00	\$83.00
\$1,000,000/ 5,000,000	\$132.00	\$86.00
\$2,000,000/ 2,000,000	\$139.00	\$90.00
\$2,000,000/ 4,000,000	\$147.00	\$96.00

D. Fourth Year Rate – THREE YEARS PRIOR ACTS (You will be covered for any act, error or omission that occurred up to three years prior to the effective date of the policy and otherwise covered by the policy.)

Limits of Liability	Individual Full-time	Individual Part-time
\$ 200,000/ 600,000	\$ 93.00	\$ 60.00
\$ 500,000/ 1,000,000	\$101.00	\$ 66.00
\$1,000,000/ 1,000,000	\$115.00	\$ 75.00
\$1,000,000/ 3,000,000	\$131.00	\$ 85.00
\$1,000,000/ 4,000,000	\$143.00	\$ 93.00
\$1,000,000/ 5,000,000	\$147.00	\$ 96.00
\$2,000,000/ 2,000,000	\$155.00	\$101.00
\$2,000,000/ 4,000,000	\$164.00	\$107.00

E. Fifth Year Rate – MATURE CLAIMS-MADE RATE (You will be covered for any act, error or omission back to the retroactive date of the policy and otherwise covered by the policy.)

Limits of Liability	Individual Full-time	Individual Part-time
\$ 200,000/ 600,000	\$ 98.00	\$ 64.00
\$ 500,000/ 1,000,000	\$106.00	\$ 69.00
\$1,000,000/ 1,000,000	\$121.00	\$ 79.00
\$1,000,000/ 3,000,000	\$138.00	\$ 90.00
\$1,000,000/ 4,000,000	\$150.00	\$ 98.00
\$1,000,000/ 5,000,000	\$155.00	\$101.00
\$2,000,000/ 2,000,000	\$163.00	\$106.00
\$2,000,000/ 4,000,000	\$173.00	\$112.00

Premiums for Limit of Liability for Defense Costs for Licensing Board Hearings

Limit of Liability	No Prior Acts Charge	Prior Acts Charge
\$ 5,000	No Charge	No Charge
\$25,000	\$35.00	\$ 75.00
\$50,000	\$45.00	\$ 95.00
\$75,000	\$65.00	\$140.00

IMPORTANT SURCHARGE INFORMATION

**Policies are underwritten by: Darwin National Assurance Company
Platte River Insurance Company and Darwin Select Insurance Company**

NOTICE TO KENTUCKY RESIDENTS:

Kentucky law requires insurance companies to charge all policies written for its residents a surcharge of 1.5%. We are also required to assess your policy with a municipality tax which is based on the location of your residence.

NOTICE TO WEST VIRGINIA RESIDENTS:

West Virginia law requires insurance companies to charge all policies written for its residents a surcharge of .55%.

DAR-Surcharge

(Psychology, Mental Health and Marriage and Family)

DAR-Surcharge



**IMPORTANT INFORMATION
PURCHASING GROUP FEE NOTICE**

A \$5.00 annual Purchasing Group fee needs to be added to your premium to help defer the administrative costs for maintaining the Professional Counselors Purchasing Group.