

PREMIUM RATES - GROUP 1

Alabama, Alaska, Arkansas, Connecticut, Delaware, Hawaii, Indiana, Iowa, Kentucky, Maine, Massachusetts, North Dakota, Oklahoma, Rhode Island, South Carolina, Utah, Vermont, West Virginia, and Wyoming.

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

RATE – 1 Territory 1	INDIVIDUAL - PARTNERSHIP				CORPORATIONS			
	(1)	(2)	(3) Other Professional or Paraprofessional Employees (W2 form)	(4) Independent Contractors or Consultants (1099 form)	(5)	(6)	(7) Other Professional or Paraprofessional Employees (W2 form)	(8) Independent Contractors or Consultants (1099 form)
Limits of Liability	Individual or First Partner	Other Partners or Psychologists (W2 form)			Corporation	Owners and Psychologists (W2 form)		
Each Wrongful Act/ Annual Aggregate								
\$ 100,000/ 300,000	\$ 69.00	\$52.00	\$35.00	\$ 7.00	\$ 69.00	\$52.00	\$35.00	\$ 7.00
\$ 500,000/1,000,000	\$ 81.00	\$61.00	\$40.00	\$ 9.00	\$ 81.00	\$61.00	\$40.00	\$ 9.00
\$1,000,000/1,000,000	\$ 92.00	\$69.00	\$46.00	\$11.00	\$ 92.00	\$69.00	\$46.00	\$11.00
\$1,000,000/3,000,000	\$105.00	\$79.00	\$52.00	\$14.00	\$105.00	\$79.00	\$52.00	\$14.00
\$1,000,000/4,000,000	\$114.00	\$86.00	\$57.00	\$17.00	\$114.00	\$86.00	\$57.00	\$17.00
\$1,000,000/5,000,000	\$118.00	\$88.00	\$59.00	\$20.00	\$118.00	\$88.00	\$59.00	\$20.00
\$2,000,000/2,000,000	\$124.00	\$93.00	\$62.00	\$23.00	\$124.00	\$93.00	\$62.00	\$23.00
\$2,000,000/4,000,000	\$132.00	\$99.00	\$66.00	\$26.00	\$132.00	\$99.00	\$66.00	\$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.)

RATE – 2 Territory 1	INDIVIDUAL - PARTNERSHIP				CORPORATIONS			
	(1)	(2)	(3) Other Professional or Paraprofessional Employees (W2 form)	(4) Independent Contractors or Consultants (1099 form)	(5)	(6)	(7) Other Professional or Paraprofessional Employees (W2 form)	(8) Independent Contractors or Consultants (1099 form)
Limits of Liability	Individual or First Partner	Other Partners or Psychologists (W2 form)			Corporation	Owners and Psychologists (W2 form)		
Each Wrongful Act/ Annual Aggregate								
\$ 100,000/ 300,000	\$165.00	\$124.00	\$ 83.00	\$ 7.00	\$165.00	\$124.00	\$ 83.00	\$ 7.00
\$ 500,000/1,000,000	\$194.00	\$145.00	\$ 97.00	\$ 9.00	\$194.00	\$145.00	\$ 97.00	\$ 9.00
\$1,000,000/1,000,000	\$220.00	\$165.00	\$110.00	\$11.00	\$220.00	\$165.00	\$110.00	\$11.00
\$1,000,000/3,000,000	\$251.00	\$188.00	\$125.00	\$14.00	\$251.00	\$188.00	\$125.00	\$14.00
\$1,000,000/4,000,000	\$273.00	\$205.00	\$136.00	\$17.00	\$273.00	\$205.00	\$136.00	\$17.00
\$1,000,000/5,000,000	\$282.00	\$211.00	\$141.00	\$20.00	\$282.00	\$211.00	\$141.00	\$20.00
\$2,000,000/2,000,000	\$297.00	\$223.00	\$149.00	\$23.00	\$297.00	\$223.00	\$149.00	\$23.00
\$2,000,000/4,000,000	\$315.00	\$236.00	\$157.00	\$26.00	\$315.00	\$236.00	\$157.00	\$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.)

RATE – 3 Territory 1	INDIVIDUAL - PARTNERSHIP				CORPORATIONS			
	(1)	(2)	(3) Other Professional or Paraprofessional Employees (W2 form)	(4) Independent Contractors or Consultants (1099 form)	(5)	(6)	(7) Other Professional or Paraprofessional Employees (W2 form)	(8) Independent Contractors or Consultants (1099 form)
Limits of Liability	Individual or First Partner	Other Partners or Psychologists (W2 form)			Corporation	Owners and Psychologists (W2 form)		
Each Wrongful Act/ Annual Aggregate								
\$ 100,000/ 300,000	\$246.00	\$185.00	\$123.00	\$ 7.00	\$246.00	\$185.00	\$123.00	\$ 7.00
\$ 500,000/1,000,000	\$289.00	\$216.00	\$144.00	\$ 9.00	\$289.00	\$216.00	\$144.00	\$ 9.00
\$1,000,000/1,000,000	\$328.00	\$246.00	\$164.00	\$11.00	\$328.00	\$246.00	\$164.00	\$11.00
\$1,000,000/3,000,000	\$374.00	\$280.00	\$187.00	\$14.00	\$374.00	\$280.00	\$187.00	\$14.00
\$1,000,000/4,000,000	\$407.00	\$305.00	\$203.00	\$17.00	\$407.00	\$305.00	\$203.00	\$17.00
\$1,000,000/5,000,000	\$420.00	\$315.00	\$210.00	\$20.00	\$420.00	\$315.00	\$210.00	\$20.00
\$2,000,000/2,000,000	\$443.00	\$332.00	\$221.00	\$23.00	\$443.00	\$332.00	\$221.00	\$23.00
\$2,000,000/4,000,000	\$469.00	\$352.00	\$235.00	\$26.00	\$469.00	\$352.00	\$235.00	\$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.)

RATE – 4 Territory 1	INDIVIDUAL - PARTNERSHIP				CORPORATIONS			
	(1)	(2)	(3) Other Professional or Paraprofessional Employees (W2 form)	(4) Independent Contractors or Consultants (1099 form)	(5)	(6)	(7) Other Professional or Paraprofessional Employees (W2 form)	(8) Independent Contractors or Consultants (1099 form)
Limits of Liability	Individual or First Partner	Other Partners or Psychologists (W2 form)			Corporation	Owners and Psychologists (W2 form)		
Each Wrongful Act/ Annual Aggregate								
\$ 100,000/ 300,000	\$267.00	\$200.00	\$134.00	\$ 7.00	\$267.00	\$200.00	\$134.00	\$ 7.00
\$ 500,000/1,000,000	\$313.00	\$235.00	\$157.00	\$ 9.00	\$313.00	\$235.00	\$157.00	\$ 9.00
\$1,000,000/1,000,000	\$356.00	\$267.00	\$178.00	\$11.00	\$356.00	\$267.00	\$178.00	\$11.00
\$1,000,000/3,000,000	\$406.00	\$304.00	\$203.00	\$14.00	\$406.00	\$304.00	\$203.00	\$14.00
\$1,000,000/4,000,000	\$441.00	\$331.00	\$221.00	\$17.00	\$441.00	\$331.00	\$221.00	\$17.00
\$1,000,000/5,000,000	\$456.00	\$342.00	\$228.00	\$20.00	\$456.00	\$342.00	\$228.00	\$20.00
\$2,000,000/2,000,000	\$481.00	\$360.00	\$240.00	\$23.00	\$481.00	\$360.00	\$240.00	\$23.00
\$2,000,000/4,000,000	\$509.00	\$382.00	\$255.00	\$26.00	\$509.00	\$382.00	\$255.00	\$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.)

RATE - 5 Territory 1 Limits of Liability Each Wrongful Act*/ Annual Aggregate	INDIVIDUAL - PARTNERSHIP				CORPORATIONS			
	(1) Individual or First Partner	(2) Other Partners or Psychologists (W2 form)	(3) Other Professional or Paraprofessional Employees (W2 form)	(4) Independent Contractors or Consultants (1099 form)	(5) Corporation	(6) Owners and Psychologists (W2 form)	(7) Other Professional or Paraprofessional Employees (W2 form)	(8) Independent Contractors or Consultants (1099 form)
\$ 100,000/ 300,000	\$300.00	\$225.00	\$150.00	\$ 7.00	\$300.00	\$225.00	\$150.00	\$ 7.00
\$ 500,000/1,000,000	\$352.00	\$264.00	\$176.00	\$ 9.00	\$352.00	\$264.00	\$176.00	\$ 9.00
\$1,000,000/1,000,000	\$400.00	\$300.00	\$200.00	\$11.00	\$400.00	\$300.00	\$200.00	\$11.00
\$1,000,000/3,000,000	\$456.00	\$342.00	\$228.00	\$14.00	\$456.00	\$342.00	\$228.00	\$14.00
\$1,000,000/4,000,000	\$496.00	\$372.00	\$248.00	\$17.00	\$496.00	\$372.00	\$248.00	\$17.00
\$1,000,000/5,000,000	\$512.00	\$384.00	\$256.00	\$20.00	\$512.00	\$384.00	\$256.00	\$20.00
\$2,000,000/2,000,000	\$540.00	\$405.00	\$270.00	\$23.00	\$540.00	\$405.00	\$270.00	\$23.00
\$2,000,000/4,000,000	\$572.00	\$429.00	\$286.00	\$26.00	\$572.00	\$429.00	\$286.00	\$26.00

PREMIUM TO INCREASE LIMITS OF LIABILITY FOR DEFENSE COST OF LICENSING BOARD HEARINGS
(Limits of \$5,000 included at no extra charge.)

Limit of Defense Cost Coverage For Licensing Board Hearings	Prior Acts Charge	No Prior Acts Charge
\$25,000	\$ 75.00	\$35.00
\$50,000	\$ 95.00	\$45.00
\$75,000	\$140.00	\$65.00

EXPLANATION OF PREMIUM CHARGES

Individual and Partnership Policy:

- (1) The premium charge made for Individual Insured or First Partner.
- (2) The premium charge made for each Employed Psychologist and other Partners. A professional with a Masters in Psychology who is licensed, registered or certified as a Psychologist or a professional with a Doctorate in Psychology would fall in this category.
- (3) The premium charge made for all other Employees except clerical. Those employees with a Masters or higher in the mental health field will be listed on the policy and will have individual coverage. All others will not have coverage outside this employment setting.
- (4) The premium charge made for any Independent Contractor or Consultant for whom you file a 1099 form and whose services are in the mental health field. This charge is made for the additional exposure the insured has in using such services. The Independent Contractor or Consultant is **not** covered.

Corporation Policy:

- (5) The premium charge made for the Corporation name.
- (6) The premium charge made for all Owners and Employed Psychologists. A W2 form employee with a Masters in Psychology who is licensed as a Psychologist or a W2 form employee with a Doctorate in Psychology would be classified as an Employed Psychologist.
- (7) The premium charge made for all other Employees except clerical. Those employees with a Masters or higher in the mental health field will be listed on the policy and will have individual coverage. All other employees will only be covered in this employment setting.
- (8) The premium charge made for Independent Contractors or Consultants for whom you file a 1099 form and whose services are in the mental health field. This charge is made for the additional exposure the insured has in using such services. The Independent Contractor or Consultant is **not** covered.

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 are an owner of a corporation. This discount should be rounded off to the nearest dollar. It should be computed before taking any other discounts. 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 part time coverage.
- **Continuing Education Credit Discount:** This discount applies only to the **individual insured** who meets our underwriting criteria for the Continuing Education Credit Discount. Therefore, only apply the discount to the rate that applies to that individual when computing your premium. You are entitled to a 5% discount for the completion of 6 CE credits approved by your state or national psychological association or by your state licensing board. You must forward proof (certificate of completion) to this office that you have received 6 CE credits.
- **Risk Management Credit Discount:** This discount applies only to the **individual insured** who meets our underwriting criteria for the Risk Management Credit Discount. Therefore, only apply the discount to the rate that applies to that individual when computing your premium. A 5% discount will be given for the completion of 3 CE credits. Please forward proof (certificate of completion). We will refund the 5% if you qualify. Please include the syllabus and outline in order to be considered for the discount.
- **Underwriting Discounts** (Maximum discount available for this category is 35%):
 - 1) **New Graduate:** A 35% discount will be given to an **individual insured** who is practicing as a psychologist for the first time (must be within 12 months of receiving your degree). In order for this discount to be applied, you must complete Question #4(c).
 - 2) **New Business:** A 10% discount will be given to each insured applying for a policy with this agency for the first time provided you have been claims free for 6 months. In order to be eligible for this discount, you must forward a copy of your present Declarations page.
 - 3) **American Board of Professional Psychology:** A 20% discount will be given to the **individual insured** who has received Board Certification in a specialty certified from the American Board of Professional Psychology (ABPP). In order for this discount to be applied, you must answer Question #4(b) and comply with the necessary requirements.

Note: Surcharges should be computed after premiums have been determined.

ADDITIONAL INSUREDS: Landlord - \$15 First additional insured - \$50 Each additional insured thereafter - \$25

QUARTERLY PAYMENTS:

Quarterly payments are available for an annual premium that is \$1,000 or more. If you wish to pay quarterly, please remit 35% (rounded to the nearest dollar) of the annual premium and you will be billed for the remaining quarters. (A \$5.00 service charge will be added to each quarterly billing.) A \$20.00 service charge will be assessed to each quarterly payment which is returned for uncollected funds.

COMPLETING THE APPLICATION:

Please detach the application from the back of the brochure. Make sure you answer every question completely. Unanswered questions will cause us to return the application and delay your coverage. Determine your premium from the rate schedule and return the completed application and check made payable to: AMERICAN PROFESSIONAL AGENCY, INC. at 95 Broadway, Amityville, NY 11701.

PREMIUM RATES - GROUP 2

District of Columbia, Florida, Georgia, Idaho, Illinois, Kansas, Louisiana, Maryland, Mississippi, Missouri, Montana, Nebraska, New Hampshire, Nevada, New York, North Carolina, Ohio, Pennsylvania, South Dakota, Tennessee, Texas, Virginia, Washington and Wisconsin.

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

RATE - 1 Territory 2	INDIVIDUAL - PARTNERSHIP				CORPORATIONS			
	(1)	(2)	(3) Other Professional or Paraprofessional Employees (W2 form)	(4) Independent Contractors or Consultants (1099 form)	(5)	(6)	(7) Other Professional or Paraprofessional Employees (W2 form)	(8) Independent Contractors or Consultants (1099 form)
Limits of Liability	Individual or First Partner	Other Partners or Psychologists (W2 form)			Corporation	Owners and Psychologists (W2 form)		
Each Wrongful Act/ Annual Aggregate								
\$ 100,000/ 300,000	\$121.00	\$ 91.00	\$ 60.00	\$ 7.00	\$121.00	\$ 91.00	\$ 60.00	\$ 7.00
\$ 500,000/1,000,000	\$142.00	\$106.00	\$ 71.00	\$ 9.00	\$142.00	\$106.00	\$ 71.00	\$ 9.00
\$1,000,000/1,000,000	\$161.00	\$121.00	\$ 81.00	\$11.00	\$161.00	\$121.00	\$ 81.00	\$11.00
\$1,000,000/3,000,000	\$184.00	\$138.00	\$ 92.00	\$14.00	\$184.00	\$138.00	\$ 92.00	\$14.00
\$1,000,000/4,000,000	\$200.00	\$150.00	\$100.00	\$17.00	\$200.00	\$150.00	\$100.00	\$17.00
\$1,000,000/5,000,000	\$206.00	\$155.00	\$103.00	\$20.00	\$206.00	\$155.00	\$103.00	\$20.00
\$2,000,000/2,000,000	\$217.00	\$163.00	\$109.00	\$23.00	\$217.00	\$163.00	\$109.00	\$23.00
\$2,000,000/4,000,000	\$230.00	\$173.00	\$115.00	\$26.00	\$230.00	\$173.00	\$115.00	\$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.)

RATE - 2 Territory 2	INDIVIDUAL - PARTNERSHIP				CORPORATIONS			
	(1)	(2)	(3) Other Professional or Paraprofessional Employees (W2 form)	(4) Independent Contractors or Consultants (1099 form)	(5)	(6)	(7) Other Professional or Paraprofessional Employees (W2 form)	(8) Independent Contractors or Consultants (1099 form)
Limits of Liability	Individual or First Partner	Other Partners or Psychologists (W2 form)			Corporation	Owners and Psychologists (W2 form)		
Each Wrongful Act/ Annual Aggregate								
\$ 100,000/ 300,000	\$289.00	\$217.00	\$144.00	\$ 7.00	\$289.00	\$217.00	\$144.00	\$ 7.00
\$ 500,000/1,000,000	\$339.00	\$254.00	\$169.00	\$ 9.00	\$339.00	\$254.00	\$169.00	\$ 9.00
\$1,000,000/1,000,000	\$385.00	\$289.00	\$193.00	\$11.00	\$385.00	\$289.00	\$193.00	\$11.00
\$1,000,000/3,000,000	\$439.00	\$329.00	\$219.00	\$14.00	\$439.00	\$329.00	\$219.00	\$14.00
\$1,000,000/4,000,000	\$477.00	\$358.00	\$239.00	\$17.00	\$477.00	\$358.00	\$239.00	\$17.00
\$1,000,000/5,000,000	\$493.00	\$370.00	\$246.00	\$20.00	\$493.00	\$370.00	\$246.00	\$20.00
\$2,000,000/2,000,000	\$520.00	\$390.00	\$260.00	\$23.00	\$520.00	\$390.00	\$260.00	\$23.00
\$2,000,000/4,000,000	\$551.00	\$413.00	\$275.00	\$26.00	\$551.00	\$413.00	\$275.00	\$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.)

RATE - 3 Territory 2	INDIVIDUAL - PARTNERSHIP				CORPORATIONS			
	(1)	(2)	(3) Other Professional or Paraprofessional Employees (W2 form)	(4) Independent Contractors or Consultants (1099 form)	(5)	(6)	(7) Other Professional or Paraprofessional Employees (W2 form)	(8) Independent Contractors or Consultants (1099 form)
Limits of Liability	Individual or First Partner	Other Partners or Psychologists (W2 form)			Corporation	Owners and Psychologists (W2 form)		
Each Wrongful Act/ Annual Aggregate								
\$ 100,000/ 300,000	\$431.00	\$323.00	\$215.00	\$ 7.00	\$431.00	\$323.00	\$215.00	\$ 7.00
\$ 500,000/1,000,000	\$505.00	\$379.00	\$253.00	\$ 9.00	\$505.00	\$379.00	\$253.00	\$ 9.00
\$1,000,000/1,000,000	\$574.00	\$431.00	\$287.00	\$11.00	\$574.00	\$431.00	\$287.00	\$11.00
\$1,000,000/3,000,000	\$654.00	\$491.00	\$327.00	\$14.00	\$654.00	\$491.00	\$327.00	\$14.00
\$1,000,000/4,000,000	\$712.00	\$534.00	\$356.00	\$17.00	\$712.00	\$534.00	\$356.00	\$17.00
\$1,000,000/5,000,000	\$735.00	\$551.00	\$367.00	\$20.00	\$735.00	\$551.00	\$367.00	\$20.00
\$2,000,000/2,000,000	\$775.00	\$581.00	\$387.00	\$23.00	\$775.00	\$581.00	\$387.00	\$23.00
\$2,000,000/4,000,000	\$821.00	\$616.00	\$410.00	\$26.00	\$821.00	\$616.00	\$410.00	\$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.)

RATE - 4 Territory 2	INDIVIDUAL - PARTNERSHIP				CORPORATIONS			
	(1)	(2)	(3) Other Professional or Paraprofessional Employees (W2 form)	(4) Independent Contractors or Consultants (1099 form)	(5)	(6)	(7) Other Professional or Paraprofessional Employees (W2 form)	(8) Independent Contractors or Consultants (1099 form)
Limits of Liability	Individual or First Partner	Other Partners or Psychologists (W2 form)			Corporation	Owners and Psychologists (W2 form)		
Each Wrongful Act/ Annual Aggregate								
\$ 100,000/ 300,000	\$467.00	\$350.00	\$234.00	\$ 7.00	\$467.00	\$350.00	\$234.00	\$ 7.00
\$ 500,000/1,000,000	\$548.00	\$411.00	\$274.00	\$ 9.00	\$548.00	\$411.00	\$274.00	\$ 9.00
\$1,000,000/1,000,000	\$623.00	\$467.00	\$312.00	\$11.00	\$623.00	\$467.00	\$312.00	\$11.00
\$1,000,000/3,000,000	\$710.00	\$533.00	\$355.00	\$14.00	\$710.00	\$533.00	\$355.00	\$14.00
\$1,000,000/4,000,000	\$773.00	\$579.00	\$386.00	\$17.00	\$773.00	\$579.00	\$386.00	\$17.00
\$1,000,000/5,000,000	\$797.00	\$598.00	\$399.00	\$20.00	\$797.00	\$598.00	\$399.00	\$20.00
\$2,000,000/2,000,000	\$841.00	\$631.00	\$421.00	\$23.00	\$841.00	\$631.00	\$421.00	\$23.00
\$2,000,000/4,000,000	\$891.00	\$668.00	\$445.00	\$26.00	\$891.00	\$668.00	\$445.00	\$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.)

RATE - 5 Territory 2 Limits of Liability Each Wrongful Act*/ Annual Aggregate	INDIVIDUAL - PARTNERSHIP				CORPORATIONS			
	(1) Individual or First Partner	(2) Other Partners or Psychologists (W2 form)	(3) Other Professional or Paraprofessional Employees (W2 form)	(4) Independent Contractors or Consultants (1099 form)	(5) Corporation	(6) Owners and Psychologists (W2 form)	(7) Other Professional or Paraprofessional Employees (W2 form)	(8) Independent Contractors or Consultants (1099 form)
\$ 100,000/ 300,000	\$ 525.00	\$394.00	\$263.00	\$ 7.00	\$ 525.00	\$394.00	\$263.00	\$ 7.00
\$ 500,000/1,000,000	\$ 616.00	\$462.00	\$308.00	\$ 9.00	\$ 616.00	\$462.00	\$308.00	\$ 9.00
\$1,000,000/1,000,000	\$ 700.00	\$525.00	\$350.00	\$11.00	\$ 700.00	\$525.00	\$350.00	\$11.00
\$1,000,000/3,000,000	\$ 798.00	\$599.00	\$399.00	\$14.00	\$ 798.00	\$599.00	\$399.00	\$14.00
\$1,000,000/4,000,000	\$ 868.00	\$651.00	\$434.00	\$17.00	\$ 868.00	\$651.00	\$434.00	\$17.00
\$1,000,000/5,000,000	\$ 896.00	\$672.00	\$448.00	\$20.00	\$ 896.00	\$672.00	\$448.00	\$20.00
\$2,000,000/2,000,000	\$ 945.00	\$709.00	\$473.00	\$23.00	\$ 945.00	\$709.00	\$473.00	\$23.00
\$2,000,000/4,000,000	\$1,001.00	\$751.00	\$501.00	\$26.00	\$1,001.00	\$751.00	\$501.00	\$26.00

PREMIUM TO INCREASE LIMITS OF LIABILITY FOR DEFENSE COST OF LICENSING BOARD HEARINGS
(Limits of \$5,000 included at no extra charge.)

Limit of Defense Cost Coverage For Licensing Board Hearings	Prior Acts Charge	No Prior Acts Charge
\$25,000	\$ 75.00	\$35.00
\$50,000	\$ 95.00	\$45.00
\$75,000	\$140.00	\$65.00

EXPLANATION OF PREMIUM CHARGES

Individual and Partnership Policy:

- (1) The premium charge made for Individual Insured or First Partner.
- (2) The premium charge made for each Employed Psychologist and other Partners. A professional with a Masters in Psychology who is licensed, registered or certified as a Psychologist or a professional with a Doctorate in Psychology would fall in this category.
- (3) The premium charge made for all other Employees except clerical. Those employees with a Masters or higher in the mental health field will be listed on the policy and will have individual coverage. All others will not have coverage outside this employment setting.
- (4) The premium charge made for any Independent Contractor or Consultant for whom you file a 1099 form and whose services are in the mental health field. This charge is made for the additional exposure the insured has in using such services. The Independent Contractor or Consultant is **not** covered.

Corporation Policy:

- (5) The premium charge made for the Corporation name.
- (6) The premium charge made for all Owners and Employed Psychologists. A W2 form employee with a Masters in Psychology who is licensed as a Psychologist or a W2 form employee with a Doctorate in Psychology would be classified as an Employed Psychologist.
- (7) The premium charge made for all other Employees except clerical. Those employees with a Masters or higher in the mental health field will be listed on the policy and will have individual coverage. All other employees will only be covered in this employment setting.
- (8) The premium charge made for Independent Contractors or Consultants for whom you file a 1099 form and whose services are in the mental health field. This charge is made for the additional exposure the insured has in using such services. The Independent Contractor or Consultant is **not** covered.

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 are an owner of a corporation. This discount should be rounded off to the nearest dollar. It should be computed before taking any other discounts. 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 part time coverage.
- **Continuing Education Credit Discount:** This discount applies only to the **individual insured** who meets our underwriting criteria for the Continuing Education Credit Discount. Therefore, only apply the discount to the rate that applies to that individual when computing your premium. You are entitled to a 5% discount for the completion of 6 CE credits approved by your state or national psychological association or by your state licensing board. You must forward proof (certificate of completion) to this office that you have received 6 CE credits.
- **Risk Management Credit Discount:** This discount applies only to the **individual insured** who meets our underwriting criteria for the Risk Management Credit Discount. Therefore, only apply the discount to the rate that applies to that individual when computing your premium. A 5% discount will be given for the completion of 3 CE credits. Please forward proof (certificate of completion). We will refund the 5% if you qualify. Please include the syllabus and outline in order to be considered for the discount.
- **Underwriting Discounts** (Maximum discount available for this category is 35%):
 - 1) **New Graduate:** A 35% discount will be given to an **individual insured** who is practicing as a psychologist for the first time (must be within 12 months of receiving your degree). In order for this discount to be applied, you must complete Question #4(c).
 - 2) **New Business:** A 10% discount will be given to each insured applying for a policy with this agency for the first time provided you have been claims free for 6 months. In order to be eligible for this discount, you must forward a copy of your present Declarations page.
 - 3) **American Board of Professional Psychology:** A 20% discount will be given to the **individual insured** who has received Board Certification in a specialty certified from the American Board of Professional Psychology (ABPP). In order for this discount to be applied, you must answer Question #4(b) and comply with the necessary requirements.

Note: Surcharges should be computed after premiums have been determined.

ADDITIONAL INSUREDS: Landlord - \$15 First additional insured - \$50 Each additional insured thereafter - \$25

QUARTERLY PAYMENTS:

Quarterly payments are available for an annual premium that is \$1,000 or more. If you wish to pay quarterly, please remit 35% (rounded to the nearest dollar) of the annual premium and you will be billed for the remaining quarters. (A \$5.00 service charge will be added to each quarterly billing.) A \$20.00 service charge will be assessed to each quarterly payment which is returned for uncollected funds.

COMPLETING THE APPLICATION:

Please detach the application from the back of the brochure. Make sure you answer every question completely. Unanswered questions will cause us to return the application and delay your coverage. Determine your premium from the rate schedule and return the completed application and check made payable to: AMERICAN PROFESSIONAL AGENCY, INC. at 95 Broadway, Amityville, NY 11701.

PREMIUM RATES - GROUP 3

Arizona, California, Colorado, Michigan, Minnesota, New Jersey, New Mexico and Oregon

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

RATE - 1 Territory 3	INDIVIDUAL - PARTNERSHIP				CORPORATIONS			
	(1)	(2)	(3) Other Professional or Paraprofessional Employees (W2 form)	(4)	(5)	(6)	(7) Other Professional or Paraprofessional Employees (W2 form)	(8)
Limits of Liability	Individual or First Partner	Other Partners or Psychologists (W2 form)	Independent Contractors or Consultants (1099 form)	Independent Contractors or Consultants (1099 form)	Corporation	Owners and Psychologists (W2 form)	Independent Contractors or Consultants (1099 form)	Independent Contractors or Consultants (1099 form)
Each Wrongful Act/ Annual Aggregate	Individual or First Partner	Other Partners or Psychologists (W2 form)	Independent Contractors or Consultants (1099 form)	Independent Contractors or Consultants (1099 form)	Corporation	Owners and Psychologists (W2 form)	Independent Contractors or Consultants (1099 form)	Independent Contractors or Consultants (1099 form)
\$ 100,000/ 300,000	\$180.00	\$135.00	\$ 90.00	\$ 7.00	\$180.00	\$135.00	\$ 90.00	\$ 7.00
\$ 500,000/1,000,000	\$212.00	\$159.00	\$106.00	\$ 9.00	\$212.00	\$159.00	\$106.00	\$ 9.00
\$1,000,000/1,000,000	\$240.00	\$180.00	\$120.00	\$11.00	\$240.00	\$180.00	\$120.00	\$11.00
\$1,000,000/3,000,000	\$274.00	\$205.00	\$137.00	\$14.00	\$274.00	\$205.00	\$137.00	\$14.00
\$1,000,000/4,000,000	\$298.00	\$224.00	\$149.00	\$17.00	\$298.00	\$224.00	\$149.00	\$17.00
\$1,000,000/5,000,000	\$308.00	\$231.00	\$154.00	\$20.00	\$308.00	\$231.00	\$154.00	\$20.00
\$2,000,000/2,000,000	\$324.00	\$243.00	\$162.00	\$23.00	\$324.00	\$243.00	\$162.00	\$23.00
\$2,000,000/4,000,000	\$344.00	\$258.00	\$172.00	\$26.00	\$344.00	\$258.00	\$172.00	\$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.)

RATE - 2 Territory 3	INDIVIDUAL - PARTNERSHIP				CORPORATIONS			
	(1)	(2)	(3) Other Professional or Paraprofessional Employees (W2 form)	(4)	(5)	(6)	(7) Other Professional or Paraprofessional Employees (W2 form)	(8)
Limits of Liability	Individual or First Partner	Other Partners or Psychologists (W2 form)	Independent Contractors or Consultants (1099 form)	Independent Contractors or Consultants (1099 form)	Corporation	Owners and Psychologists (W2 form)	Independent Contractors or Consultants (1099 form)	Independent Contractors or Consultants (1099 form)
Each Wrongful Act/ Annual Aggregate	Individual or First Partner	Other Partners or Psychologists (W2 form)	Independent Contractors or Consultants (1099 form)	Independent Contractors or Consultants (1099 form)	Corporation	Owners and Psychologists (W2 form)	Independent Contractors or Consultants (1099 form)	Independent Contractors or Consultants (1099 form)
\$ 100,000/ 300,000	\$431.00	\$323.00	\$216.00	\$ 7.00	\$431.00	\$323.00	\$216.00	\$ 7.00
\$ 500,000/1,000,000	\$506.00	\$379.00	\$253.00	\$ 9.00	\$506.00	\$379.00	\$253.00	\$ 9.00
\$1,000,000/1,000,000	\$575.00	\$431.00	\$287.00	\$11.00	\$575.00	\$431.00	\$287.00	\$11.00
\$1,000,000/3,000,000	\$655.00	\$491.00	\$328.00	\$14.00	\$655.00	\$491.00	\$328.00	\$14.00
\$1,000,000/4,000,000	\$713.00	\$535.00	\$356.00	\$17.00	\$713.00	\$535.00	\$356.00	\$17.00
\$1,000,000/5,000,000	\$736.00	\$552.00	\$368.00	\$20.00	\$736.00	\$552.00	\$368.00	\$20.00
\$2,000,000/2,000,000	\$776.00	\$582.00	\$388.00	\$23.00	\$776.00	\$582.00	\$388.00	\$23.00
\$2,000,000/4,000,000	\$822.00	\$616.00	\$411.00	\$26.00	\$822.00	\$616.00	\$411.00	\$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.)

RATE - 3 Territory 3	INDIVIDUAL - PARTNERSHIP				CORPORATIONS			
	(1)	(2)	(3) Other Professional or Paraprofessional Employees (W2 form)	(4)	(5)	(6)	(7) Other Professional or Paraprofessional Employees (W2 form)	(8)
Limits of Liability	Individual or First Partner	Other Partners or Psychologists (W2 form)	Independent Contractors or Consultants (1099 form)	Independent Contractors or Consultants (1099 form)	Corporation	Owners and Psychologists (W2 form)	Independent Contractors or Consultants (1099 form)	Independent Contractors or Consultants (1099 form)
Each Wrongful Act/ Annual Aggregate	Individual or First Partner	Other Partners or Psychologists (W2 form)	Independent Contractors or Consultants (1099 form)	Independent Contractors or Consultants (1099 form)	Corporation	Owners and Psychologists (W2 form)	Independent Contractors or Consultants (1099 form)	Independent Contractors or Consultants (1099 form)
\$ 100,000/ 300,000	\$ 643.00	\$482.00	\$321.00	\$ 7.00	\$ 643.00	\$482.00	\$321.00	\$ 7.00
\$ 500,000/1,000,000	\$ 754.00	\$566.00	\$377.00	\$ 9.00	\$ 754.00	\$566.00	\$377.00	\$ 9.00
\$1,000,000/1,000,000	\$ 857.00	\$643.00	\$428.00	\$11.00	\$ 857.00	\$643.00	\$428.00	\$11.00
\$1,000,000/3,000,000	\$ 977.00	\$733.00	\$488.00	\$14.00	\$ 977.00	\$733.00	\$488.00	\$14.00
\$1,000,000/4,000,000	\$1,063.00	\$797.00	\$531.00	\$17.00	\$1,063.00	\$797.00	\$531.00	\$17.00
\$1,000,000/5,000,000	\$1,097.00	\$823.00	\$548.00	\$20.00	\$1,097.00	\$823.00	\$548.00	\$20.00
\$2,000,000/2,000,000	\$1,157.00	\$868.00	\$578.00	\$23.00	\$1,157.00	\$868.00	\$578.00	\$23.00
\$2,000,000/4,000,000	\$1,225.00	\$919.00	\$613.00	\$26.00	\$1,225.00	\$919.00	\$613.00	\$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.)

RATE - 4 Territory 3	INDIVIDUAL - PARTNERSHIP				CORPORATIONS			
	(1)	(2)	(3) Other Professional or Paraprofessional Employees (W2 form)	(4)	(5)	(6)	(7) Other Professional or Paraprofessional Employees (W2 form)	(8)
Limits of Liability	Individual or First Partner	Other Partners or Psychologists (W2 form)	Independent Contractors or Consultants (1099 form)	Independent Contractors or Consultants (1099 form)	Corporation	Owners and Psychologists (W2 form)	Independent Contractors or Consultants (1099 form)	Independent Contractors or Consultants (1099 form)
Each Wrongful Act/ Annual Aggregate	Individual or First Partner	Other Partners or Psychologists (W2 form)	Independent Contractors or Consultants (1099 form)	Independent Contractors or Consultants (1099 form)	Corporation	Owners and Psychologists (W2 form)	Independent Contractors or Consultants (1099 form)	Independent Contractors or Consultants (1099 form)
\$ 100,000/ 300,000	\$ 698.00	\$523.00	\$349.00	\$ 7.00	\$ 698.00	\$523.00	\$349.00	\$ 7.00
\$ 500,000/1,000,000	\$ 818.00	\$614.00	\$409.00	\$ 9.00	\$ 818.00	\$614.00	\$409.00	\$ 9.00
\$1,000,000/1,000,000	\$ 930.00	\$698.00	\$465.00	\$11.00	\$ 930.00	\$698.00	\$465.00	\$11.00
\$1,000,000/3,000,000	\$1,060.00	\$795.00	\$530.00	\$14.00	\$1,060.00	\$795.00	\$530.00	\$14.00
\$1,000,000/4,000,000	\$1,153.00	\$865.00	\$577.00	\$17.00	\$1,153.00	\$865.00	\$577.00	\$17.00
\$1,000,000/5,000,000	\$1,190.00	\$893.00	\$595.00	\$20.00	\$1,190.00	\$893.00	\$595.00	\$20.00
\$2,000,000/2,000,000	\$1,256.00	\$942.00	\$628.00	\$23.00	\$1,256.00	\$942.00	\$628.00	\$23.00
\$2,000,000/4,000,000	\$1,330.00	\$997.00	\$665.00	\$26.00	\$1,330.00	\$997.00	\$665.00	\$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.)

RATE - 5 Territory 3 Limits of Liability Each Wrongful Act*/ Annual Aggregate	INDIVIDUAL - PARTNERSHIP				CORPORATIONS			
	(1) Individual or First Partner	(2) Other Partners or Psychologists (W2 form)	(3) Other Professional or Paraprofessional Employees (W2 form)	(4) Independent Contractors or Consultants (1099 form)	(5) Corporation	(6) Owners and Psychologists (W2 form)	(7) Other Professional or Paraprofessional Employees (W2 form)	(8) Independent Contractors or Consultants (1099 form)
\$ 100,000/ 300,000	\$ 784.00	\$ 588.00	\$392.00	\$ 7.00	\$ 784.00	\$ 588.00	\$392.00	\$ 7.00
\$ 500,000/1,000,000	\$ 920.00	\$ 690.00	\$460.00	\$ 9.00	\$ 920.00	\$ 690.00	\$460.00	\$ 9.00
\$1,000,000/1,000,000	\$1,045.00	\$ 784.00	\$523.00	\$11.00	\$1,045.00	\$ 784.00	\$523.00	\$11.00
\$1,000,000/3,000,000	\$1,191.00	\$ 893.00	\$596.00	\$14.00	\$1,191.00	\$ 893.00	\$596.00	\$14.00
\$1,000,000/4,000,000	\$1,296.00	\$ 972.00	\$648.00	\$17.00	\$1,296.00	\$ 972.00	\$648.00	\$17.00
\$1,000,000/5,000,000	\$1,338.00	\$1,003.00	\$669.00	\$20.00	\$1,338.00	\$1,003.00	\$669.00	\$20.00
\$2,000,000/2,000,000	\$1,411.00	\$1,058.00	\$705.00	\$23.00	\$1,411.00	\$1,058.00	\$705.00	\$23.00
\$2,000,000/4,000,000	\$1,494.00	\$1,121.00	\$747.00	\$26.00	\$1,494.00	\$1,121.00	\$747.00	\$26.00

PREMIUM TO INCREASE LIMITS OF LIABILITY FOR DEFENSE COST OF LICENSING BOARD HEARINGS
(Limits of \$5,000 included at no extra charge.)

Limit of Defense Cost Coverage For Licensing Board Hearings	Prior Acts Charge	No Prior Acts Charge
\$25,000	\$ 75.00	\$35.00
\$50,000	\$ 95.00	\$45.00
\$75,000	\$140.00	\$65.00

EXPLANATION OF PREMIUM CHARGES

Individual and Partnership Policy:

- (1) The premium charge made for Individual Insured or First Partner.
- (2) The premium charge made for each Employed Psychologist and other Partners. A professional with a Masters in Psychology who is licensed, registered or certified as a Psychologist or a professional with a Doctorate in Psychology would fall in this category.
- (3) The premium charge made for all other Employees except clerical. Those employees with a Masters or higher in the mental health field will be listed on the policy and will have individual coverage. All others will not have coverage outside this employment setting.
- (4) The premium charge made for any Independent Contractor or Consultant for whom you file a 1099 form and whose services are in the mental health field. This charge is made for the additional exposure the insured has in using such services. The Independent Contractor or Consultant is **not** covered.

Corporation Policy:

- (5) The premium charge made for the Corporation name.
- (6) The premium charge made for all Owners and Employed Psychologists. A W2 form employee with a Masters in Psychology who is licensed as a Psychologist or a W2 form employee with a Doctorate in Psychology would be classified as an Employed Psychologist.
- (7) The premium charge made for all other Employees except clerical. Those employees with a Masters or higher in the mental health field will be listed on the policy and will have individual coverage. All other employees will only be covered in this employment setting.
- (8) The premium charge made for Independent Contractors or Consultants for whom you file a 1099 form and whose services are in the mental health field. This charge is made for the additional exposure the insured has in using such services. The Independent Contractor or Consultant is **not** covered.

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 are an owner of a corporation. This discount should be rounded off to the nearest dollar. It should be computed before taking any other discounts. 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 part time coverage.
- **Continuing Education Credit Discount:** This discount applies only to the **individual insured** who meets our underwriting criteria for the Continuing Education Credit Discount. Therefore, only apply the discount to the rate that applies to that individual when computing your premium. You are entitled to a 5% discount for the completion of 6 CE credits approved by your state or national psychological association or by your state licensing board. You must forward proof (certificate of completion) to this office that you have received 6 CE credits.
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Note: Surcharges should be computed after premiums have been determined.

ADDITIONAL INSUREDS: Landlord - \$15 First additional insured - \$50 Each additional insured thereafter - \$25

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Quarterly payments are available for an annual premium that is \$1,000 or more. If you wish to pay quarterly, please remit 35% (rounded to the nearest dollar) of the annual premium and you will be billed for the remaining quarters. (A \$5.00 service charge will be added to each quarterly billing.) A \$20.00 service charge will be assessed to each quarterly payment which is returned for uncollected funds.

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