

ALLIED HEALTHCARE PREMIUM RATE SCHEDULE

OCCURRENCE POLICY

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

(Rates do not apply in AK, CA, CT, FL, IL, LA, MD, NY, WA)

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

(Includes Fire Legal Liability Limit of \$150,000)

Premises Liability coverage is not available for practitioners who are not self-employed.

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

WHEN APPLYING FOR A GROUP POLICY, PLEASE PROVIDE A DESCRIPTION OF SERVICES OFFERED AND A BROCHURE IF AVAILABLE. WHEN APPLYING FOR CORPORATE COVERAGE, PLEASE PROVIDE THE PERCENTAGE OF OWNERSHIP AND A COPY OF THE ARTICLES OF INCORPORATION.



American Professional Agency

(800) 421-6694 x-2312

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**ALLIED HEALTHCARE PREMIUM RATE SCHEDULE
OCCURRENCE POLICY – CALIFORNIA ONLY**

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	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

(Includes Fire Legal Liability Limit of \$150,000)

Premises Liability coverage is not available for practitioners who are not self-employed.

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

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**ALLIED HEALTHCARE PREMIUM RATE SCHEDULE
OCCURRENCE POLICY – CONNECTICUT ONLY**

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	606	394	606	128	83	18
Bodywork Counselor	606	394	606	128	83	18
Chiropractic Assistant	160	104	160	57	37	18
Corrective Therapist	286	186	286	101	66	18
Exercise Physiologist	112	73	112	96	62	18
Fitness Trainer	112	73	112	96	62	18
Kinesiologist	112	73	112	96	62	18
Kinesiotherapist	286	186	286	101	66	18
Massage Therapist	112	73	112	112	73	18
Occupational Therapist	135	88	135	49	32	18
Occupational Therapist Asst	135	88	135	49	32	18
Orthopedic Assistant	192	125	192	112	73	18
Orthopedic Technician	135	88	135	49	32	18
Pedorthist	198	129	198	70	46	18
Personal Trainer	112	73	112	96	62	18
Physical Therapist	386	251	386	136	88	18
Physical Therapist Aide	112	73	112	54	35	18
Physical Therapist Asst	144	94	144	51	33	18
Physiotherapist	286	186	286	101	66	18
Recreational Therapist	192	125	192	57	37	18
Rehabilitation Assistant	144	94	144	51	33	18
Rehabilitation Counselor	203	132	203	77	50	18
Rehabilitation Tech	144	94	144	51	33	18
Rehabilitation Therapist	286	186	286	101	66	18
Sports Medicine Instructor	112	730	112	96	62	18
Sports Medicine Therapist	286	186	286	101	66	18

Premises Liability Coverage

(Includes Fire Legal Liability Limit of \$150,000)

Premises Liability coverage is not available for practitioners who are not self-employed.

Limit	Charge
\$100,000 / \$300,000	\$60
\$500,000 / \$1,000,000	\$80
\$1,000,000 / \$3,000,000	\$95

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ALLIED HEALTHCARE PREMIUM RATE SCHEDULE

OCCURRENCE POLICY – MARYAND ONLY

Limits of Liability - \$1,000,000/\$3,000,000

Occupation	Self -Employed Practitioner	Part-time Self-employed Practitioner	Entity Charge	Full-time Employee	Part-time Employee	Student
Athletic Trainer	625	406	625	132	86	19
Bodywork Counselor	625	406	625	132	86	19
Chiropractic Assistant	165	107	165	59	38	19
Corrective Therapist	295	192	295	104	68	19
Exercise Physiologist	116	75	116	99	64	19
Fitness Trainer	116	75	116	99	64	19
Kinesiologist	116	75	116	99	64	19
Kinesiotherapist	295	192	295	104	68	19
Massage Therapist	116	75	116	116	75	19
Occupational Therapist	139	90	139	50	33	19
Occupational Therapist Asst	139	90	139	50	33	19
Orthopedic Assistant	198	129	198	116	75	19
Orthopedic Technician	139	90	139	50	33	19
Pedorthist	205	133	205	73	47	19
Personal Trainer	116	75	116	99	64	19
Physical Therapist	295	192	295	104	68	19
Physical Therapist Aide	116	75	116	56	36	19
Physical Therapist Asst	149	97	149	53	34	19
Physiotherapist	295	192	295	104	68	19
Recreational Therapist	198	129	198	59	38	19
Rehabilitation Assistant	149	97	149	53	34	19
Rehabilitation Counselor	210	137	210	79	51	19
Rehabilitation Tech	149	97	149	53	34	19
Rehabilitation Therapist	295	192	295	104	68	19
Sports Medicine Instructor	116	75	116	99	64	19
Sports Medicine Therapist	295	192	295	104	68	19

Premises Liability Coverage

(Includes Fire Legal Liability Limit of \$150,000)

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

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ALLIED HEALTHCARE PREMIUM RATE SCHEDULE

Disciplinary Proceeding Reimbursement Coverage

Limit of Liability - \$25,000

Occupation	Self -Employed Practitioner	Part-time Self-employed Practitioner	Entity Charge	Full-time Employee	Part-time Employee	Student
Athletic Trainer	133	133	133	28	28	4
Bodywork Counselor	133	133	133	28	28	4
Chiropractic Assistant	35	35	35	12	12	4
Corrective Therapist	63	63	63	22	22	4
Exercise Physiologist	24	24	24	21	21	4
Fitness Trainer	24	24	24	21	21	4
Kinesiologist	24	24	24	21	21	4
Kinesiotherapist	63	63	63	22	22	4
Massage Therapist	24	24	24	24	24	4
Occupational Therapist	30	30	30	11	11	4
Occupational Therapist Asst	30	30	30	11	11	4
Orthopedic Assistant	42	42	42	24	24	4
Orthopedic Technician	30	30	30	11	11	4
Pedorthist	43	43	43	15	15	4
Personal Trainer	24	24	24	21	21	4
Physical Therapist	63	63	63	22	22	4
Physical Therapist Aide	24	24	24	12	12	4
Physical Therapist Asst	31	31	31	11	11	4
Physiotherapist	63	63	63	22	22	4
Recreational Therapist	42	42	42	12	12	4
Rehabilitation Assistant	31	31	31	11	11	4
Rehabilitation Counselor	44	44	44	17	17	4
Rehabilitation Tech	31	31	31	11	11	4
Rehabilitation Therapist	63	63	63	22	22	4
Sports Medicine Instructor	24	24	24	21	21	4
Sports Medicine Therapist	63	63	63	22	22	4

Premises Liability Coverage

(Includes Fire Legal Liability Limit of \$150,000)

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\$100,000 / \$300,000	\$75
\$500,000 / \$1,000,000	\$85
\$1,000,000 / \$3,000,000	\$100

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