



American Professional Agency

**MENTAL HEALTH COUNSELOR'S PROFESSIONAL LIABILITY RATE SCHEDULE
GROUP 7 – PSYCHOANALYST**

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

Limits of Liability	INDIVIDUAL POLICY					PARTNERSHIPS AND CORPORATIONS			
	Insured Full-time	Part-time Not available if you have employees	Professional Employees	Para-Professional Employees	Independent Contractors	Corporation	Partners and Professional Employees	Para-Professional Employees	Independent Contractors
\$ 200,000/ 600,000	\$ 213.00	\$ 138.00	\$ 213.00	\$ 107.00	\$ 8.00	\$ 213.00	\$ 213.00	\$ 107.00	\$ 8.00
\$ 500,000/1,000,000	\$ 232.00	\$ 151.00	\$ 232.00	\$ 116.00	\$ 9.00	\$ 232.00	\$ 232.00	\$ 116.00	\$ 9.00
\$1,000,000/1,000,000	\$ 263.00	\$ 171.00	\$ 263.00	\$ 132.00	\$ 11.00	\$ 263.00	\$ 263.00	\$ 132.00	\$ 11.00
\$1,000,000/3,000,000	\$ 300.00	\$ 195.00	\$ 300.00	\$ 150.00	\$ 14.00	\$ 300.00	\$ 300.00	\$ 150.00	\$ 14.00
\$1,000,000/4,000,000	\$ 327.00	\$ 213.00	\$ 327.00	\$ 164.00	\$ 17.00	\$ 327.00	\$ 327.00	\$ 164.00	\$ 17.00
\$1,000,000/5,000,000	\$ 337.00	\$ 219.00	\$ 337.00	\$ 169.00	\$ 20.00	\$ 337.00	\$ 337.00	\$ 169.00	\$ 20.00
\$2,000,000/2,000,000	\$ 356.00	\$ 231.00	\$ 356.00	\$ 178.00	\$ 23.00	\$ 356.00	\$ 356.00	\$ 178.00	\$ 23.00
\$2,000,000/4,000,000	\$ 377.00	\$ 245.00	\$ 377.00	\$ 189.00	\$ 26.00	\$ 377.00	\$ 377.00	\$ 189.00	\$ 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.)

Limits of Liability	INDIVIDUAL POLICY					PARTNERSHIPS AND CORPORATIONS			
	Insured Full-time	Part-time Not available if you have employees	Professional Employees	Para-Professional Employees	Independent Contractors	Corporation	Partners and Professional Employees	Para-Professional Employees	Independent Contractors
\$ 200,000/ 600,000	\$ 267.00	\$ 174.00	\$ 267.00	\$ 134.00	\$ 8.00	\$ 267.00	\$ 267.00	\$ 134.00	\$ 8.00
\$ 500,000/1,000,000	\$ 290.00	\$ 189.00	\$ 290.00	\$ 145.00	\$ 9.00	\$ 290.00	\$ 290.00	\$ 145.00	\$ 9.00
\$1,000,000/1,000,000	\$ 329.00	\$ 214.00	\$ 329.00	\$ 165.00	\$ 11.00	\$ 329.00	\$ 329.00	\$ 165.00	\$ 11.00
\$1,000,000/3,000,000	\$ 375.00	\$ 244.00	\$ 375.00	\$ 188.00	\$ 14.00	\$ 375.00	\$ 375.00	\$ 188.00	\$ 14.00
\$1,000,000/4,000,000	\$ 408.00	\$ 265.00	\$ 408.00	\$ 204.00	\$ 17.00	\$ 408.00	\$ 408.00	\$ 204.00	\$ 17.00
\$1,000,000/5,000,000	\$ 421.00	\$ 274.00	\$ 421.00	\$ 211.00	\$ 20.00	\$ 421.00	\$ 421.00	\$ 211.00	\$ 20.00
\$2,000,000/2,000,000	\$ 444.00	\$ 289.00	\$ 444.00	\$ 222.00	\$ 23.00	\$ 444.00	\$ 444.00	\$ 222.00	\$ 23.00
\$2,000,000/4,000,000	\$ 471.00	\$ 306.00	\$ 471.00	\$ 236.00	\$ 26.00	\$ 471.00	\$ 471.00	\$ 236.00	\$ 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.)

Limits of Liability	INDIVIDUAL POLICY					PARTNERSHIPS AND CORPORATIONS			
	Insured Full-time	Part-time Not available if you have employees	Professional Employees	Para-Professional Employees	Independent Contractors	Corporation	Partners and Professional Employees	Para-Professional Employees	Independent Contractors
\$ 200,000/ 600,000	\$ 302.00	\$ 196.00	\$ 302.00	\$ 151.00	\$ 8.00	\$ 302.00	\$ 302.00	\$ 151.00	\$ 8.00
\$ 500,000/1,000,000	\$ 328.00	\$ 213.00	\$ 328.00	\$ 164.00	\$ 9.00	\$ 328.00	\$ 328.00	\$ 164.00	\$ 9.00
\$1,000,000/1,000,000	\$ 373.00	\$ 242.00	\$ 373.00	\$ 187.00	\$ 11.00	\$ 373.00	\$ 373.00	\$ 187.00	\$ 11.00
\$1,000,000/3,000,000	\$ 425.00	\$ 276.00	\$ 425.00	\$ 213.00	\$ 14.00	\$ 425.00	\$ 425.00	\$ 213.00	\$ 14.00
\$1,000,000/4,000,000	\$ 463.00	\$ 301.00	\$ 463.00	\$ 232.00	\$ 17.00	\$ 463.00	\$ 463.00	\$ 232.00	\$ 17.00
\$1,000,000/5,000,000	\$ 478.00	\$ 311.00	\$ 478.00	\$ 239.00	\$ 20.00	\$ 478.00	\$ 478.00	\$ 239.00	\$ 20.00
\$2,000,000/2,000,000	\$ 504.00	\$ 328.00	\$ 504.00	\$ 252.00	\$ 23.00	\$ 504.00	\$ 504.00	\$ 252.00	\$ 23.00
\$2,000,000/4,000,000	\$ 534.00	\$ 347.00	\$ 534.00	\$ 267.00	\$ 26.00	\$ 534.00	\$ 534.00	\$ 267.00	\$ 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.)

Limits of Liability	INDIVIDUAL POLICY					PARTNERSHIPS AND CORPORATIONS			
	Insured Full-time	Part-time Not available if you have employees	Professional Employees	Para-Professional Employees	Independent Contractors	Corporation	Partners and Professional Employees	Para-Professional Employees	Independent Contractors
\$ 200,000/ 600,000	\$338.00	\$220.00	\$338.00	\$169.00	\$ 8.00	\$338.00	\$338.00	\$169.00	\$ 8.00
\$ 500,000/1,000,000	\$367.00	\$239.00	\$367.00	\$184.00	\$ 9.00	\$367.00	\$367.00	\$184.00	\$ 9.00
\$1,000,000/1,000,000	\$417.00	\$271.00	\$417.00	\$209.00	\$11.00	\$417.00	\$417.00	\$209.00	\$11.00
\$1,000,000/3,000,000	\$475.00	\$309.00	\$475.00	\$238.00	\$14.00	\$475.00	\$475.00	\$238.00	\$14.00
\$1,000,000/4,000,000	\$517.00	\$336.00	\$517.00	\$259.00	\$17.00	\$517.00	\$517.00	\$259.00	\$17.00
\$1,000,000/5,000,000	\$534.00	\$347.00	\$534.00	\$267.00	\$20.00	\$534.00	\$534.00	\$267.00	\$20.00
\$2,000,000/2,000,000	\$563.00	\$366.00	\$563.00	\$282.00	\$23.00	\$563.00	\$563.00	\$282.00	\$23.00
\$2,000,000/4,000,000	\$596.00	\$387.00	\$596.00	\$298.00	\$26.00	\$596.00	\$596.00	\$298.00	\$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.)

Limits of Liability	INDIVIDUAL POLICY					PARTNERSHIPS AND CORPORATIONS			
	Insured Full-time	Part-time Not available if you have employees	Professional Employees	Para-Professional Employees	Independent Contractors	Corporation	Partners and Professional Employees	Para-Professional Employees	Independent Contractors
\$ 200,000/ 600,000	\$356.00	\$231.00	\$356.00	\$178.00	\$ 8.00	\$356.00	\$356.00	\$178.00	\$ 8.00
\$ 500,000/1,000,000	\$386.00	\$251.00	\$386.00	\$193.00	\$ 9.00	\$386.00	\$386.00	\$193.00	\$ 9.00
\$1,000,000/1,000,000	\$439.00	\$285.00	\$439.00	\$220.00	\$11.00	\$439.00	\$439.00	\$220.00	\$11.00
\$1,000,000/3,000,000	\$500.00	\$325.00	\$500.00	\$250.00	\$14.00	\$500.00	\$500.00	\$250.00	\$14.00
\$1,000,000/4,000,000	\$544.00	\$354.00	\$544.00	\$272.00	\$17.00	\$544.00	\$544.00	\$272.00	\$17.00
\$1,000,000/5,000,000	\$562.00	\$365.00	\$562.00	\$281.00	\$20.00	\$562.00	\$562.00	\$281.00	\$20.00
\$2,000,000/2,000,000	\$593.00	\$385.00	\$593.00	\$297.00	\$23.00	\$593.00	\$593.00	\$297.00	\$23.00
\$2,000,000/4,000,000	\$628.00	\$408.00	\$628.00	\$314.00	\$26.00	\$628.00	\$628.00	\$314.00	\$26.00

PREMIUMS FOR A HIGHER LIMIT OF LIABILITY FOR DEFENSE EXPENSES RELATED TO LICENSING BOARD INVESTIGATIONS AND OTHER PROCEEDINGS AS DESCRIBED IN THE POLICY

**Rate Schedule for Additional Defense Expenses
A LIMIT OF \$5,000 IS INCLUDED WITH NO ADDITIONAL CHARGE.
(Maryland Residents need to apply separately for this coverage.)**

DEFENSE REIMBURSEMENT FOR LICENSING BOARD HEARINGS AND OTHER PROCEEDINGS

LIMIT	Prior Acts	No Prior Acts
\$ 25,000	\$ 75.00	\$ 35.00
\$ 50,000	\$ 95.00	\$ 45.00
\$ 75,000	\$140.00	\$ 65.00
\$100,000	\$190.00	\$ 88.00
\$125,000	\$240.00	\$111.00
\$150,000	\$290.00	\$135.00

Program Administrator:
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AmericanProfessional.com

IMPORTANT SURCHARGE INFORMATION
Allied World Insurance Company

NOTICE TO KENTUCKY RESIDENTS:

Kentucky law requires insurance companies to charge all policies written for its residents a surcharge of 1.8%. We are also required to assess your policy with a municipality tax which is based on the location of your residence. In order for us to compute this additional tax, we need to have you contact our office for the appropriate premium. Please call 800-421-6694.

NOTICE TO NEW JERSEY RESIDENTS:

The New Jersey Property and Liability Insurance Guaranty Association requires insurance companies to charge all policies written for its residents a surcharge of .06%. Please include this additional amount when remitting your premium.

NOTICE TO WEST VIRGINIA RESIDENTS:

West Virginia law requires insurance companies to charge all policies written for its residents a surcharge of .55%. Please include this additional amount when remitting your premium.

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.

Psychology, Mental Health,
and Marriage and Family Surcharge
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