



American Professional Agency

PSYCHOLOGISTS PROFESSIONAL LIABILITY INSURANCE - 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 Limits of Liability Each Wrongful Act/ Annual Aggregate	INDIVIDUAL - PARTNERSHIP				CORPORATIONS			
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
	Individual or First Partner	Other Partners or Psychologists (W2 form)	Other Professional or Paraprofessional Employees (W2 form)	Independent Contractors or Consultants (1099 form)	Corporation	Owners and Psychologists (W2 form)	Other Professional or Paraprofessional Employees (W2 form)	Independent Contractors or Consultants (1099 form)
\$ 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 Limits of Liability Each Wrongful Act/ Annual Aggregate	INDIVIDUAL - PARTNERSHIP				CORPORATIONS			
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
	Individual or First Partner	Other Partners or Psychologists (W2 form)	Other Professional or Paraprofessional Employees (W2 form)	Independent Contractors or Consultants (1099 form)	Corporation	Owners and Psychologists (W2 form)	Other Professional or Paraprofessional Employees (W2 form)	Independent Contractors or Consultants (1099 form)
\$ 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 Limits of Liability Each Wrongful Act/ Annual Aggregate	INDIVIDUAL - PARTNERSHIP				CORPORATIONS			
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
	Individual or First Partner	Other Partners or Psychologists (W2 form)	Other Professional or Paraprofessional Employees (W2 form)	Independent Contractors or Consultants (1099 form)	Corporation	Owners and Psychologists (W2 form)	Other Professional or Paraprofessional Employees (W2 form)	Independent Contractors or Consultants (1099 form)
\$ 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 Limits of Liability Each Wrongful Act/ Annual Aggregate	INDIVIDUAL - PARTNERSHIP				CORPORATIONS			
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
	Individual or First Partner	Other Partners or Psychologists (W2 form)	Other Professional or Paraprofessional Employees (W2 form)	Independent Contractors or Consultants (1099 form)	Corporation	Owners and Psychologists (W2 form)	Other Professional or Paraprofessional Employees (W2 form)	Independent Contractors or Consultants (1099 form)
\$ 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)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
	Individual or First Partner	Other Partners or Psychologists (W2 form)	Other Professional or Paraprofessional Employees (W2 form)	Independent Contractors or Consultants (1099 form)	Corporation	Owners and Psychologists (W2 form)	Other Professional or Paraprofessional Employees (W2 form)	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

**ADDITIONAL LIMITS FOR DEFENSE
REIMBURSEMENT FOR LICENSING BOARD HEARINGS**

A LIMIT OF \$5,000 IS INCLUDED WITH NO ADDITIONAL CHARGE.

THERE IS AN ADDITIONAL PREMIUM TO INCREASE THE LIMIT OF LIABILITY FOR DEFENSE EXPENSES RELATING TO LICENSING BOARD HEARINGS AND OTHER RELATED PROCEEDINGS.

Rate Schedule for Additional Defense Limits

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

Please make checks **payable** to the American Professional Agency, Inc. or contact our office to have a credit card payment scheduled.



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