

**AACAP SPONSORED  
PSYCHIATRIST PROFESSIONAL LIABILITY PROGRAM**

**ILLINOIS**

**Territory 1 - Remainder of State**

Claims-Made	\$500,000/1,500,000	\$1,000,000/1,000,000	\$1,000,000/3,000,000	\$2,000,000/4,000,000	\$2,000,000/6,000,000
Year					
First	\$2,544	\$2,598	\$2,678	\$3,347	\$3,427
Second	\$4,724	\$4,824	\$4,973	\$6,216	\$6,365
Third	\$6,178	\$6,308	\$6,503	\$8,129	\$8,323
Fourth	\$6,905	\$7,050	\$7,268	\$9,085	\$9,302
Fifth	\$7,268	\$7,421	\$7,650	\$9,563	\$9,792

**Territory 2- Champaign, Jackson, Macon, Sangamon & Vermillion**

Claims-Made	\$500,000/1,500,000	\$1,000,000/1,000,000	\$1,000,000/3,000,000	\$2,000,000/4,000,000	\$2,000,000/6,000,000
Year					
First	\$3,562	\$3,636	\$3,749	\$4,686	\$4,798
Second	\$6,614	\$6,752	\$6,962	\$8,702	\$8,911
Third	\$8,649	\$8,831	\$9,104	\$11,380	\$11,653
Fourth	\$9,666	\$9,869	\$10,175	\$12,719	\$13,024
Fifth	\$10,175	\$10,389	\$10,710	\$13,388	\$13,709

**Territory 3 - Cook, DuPage, Kane, Lake, Madison, McHenry, St. Clair & Will**

Claims-Made	\$500,000/1,500,000	\$1,000,000/1,000,000	\$1,000,000/3,000,000	\$2,000,000/4,000,000	\$2,000,000/6,000,000
Year					
First	\$5,087	\$5,194	\$5,355	\$6,694	\$6,854
Second	\$9,448	\$9,647	\$9,945	\$12,431	\$12,730
Third	\$12,355	\$12,615	\$13,005	\$16,256	\$16,646
Fourth	\$13,808	\$14,099	\$14,535	\$18,169	\$18,605
Fifth	\$14,535	\$14,841	\$15,300	\$19,125	\$19,584

**PREMIUM DISCOUNTS:**

**Part-time discount:** A 50% discount if you practice 20 hours or less a week.

**New doctor discount:** A 25%-50% discount if you qualify as a new doctor.

**Claims-free discount:** A 10% discount if you have been claims-free for more than 10 years.

**New business discount:** A 15% discount if you are applying to the Company for the first time and have been claims-free for the last six months.

**Risk Management discount:** A 5% discount for completion of risk management courses approved by the Company.

**Group policies:** If you are interested in group coverage, please contact us at **1-800-421-6694** and we will be happy to assist you.

**Quarterly payments:** Quarterly payments are available if the annual premium is \$1,000 or more. If you wish to pay quarterly, please remit 35% of the premium (rounded to the nearest dollar).

**Rates reflect the rate for members whose practice is more than 50% children and adolescents. If your practice consists of less than 50% children and adolescents, please contact us for the correct rate.**