

**AACAP SPONSORED
PSYCHIATRIST PROFESSIONAL LIABILITY PROGRAM**

INDIANA

Territory 1 - Remainder of State

Claims-Made	\$400,000/\$1,200,000	\$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	\$1,213	\$1,357	\$1,386	\$1,428	\$1,785	\$1,828
Second	\$2,254	\$2,519	\$2,572	\$2,652	\$3,315	\$3,395
Third	\$2,948	\$3,295	\$3,364	\$3,468	\$4,335	\$4,439
Fourth	\$3,295	\$3,682	\$3,760	\$3,876	\$4,845	\$4,961
Fifth	\$3,468	\$3,876	\$3,958	\$4,080	\$5,100	\$5,222
Occurrence	\$3,850	\$4,303	\$4,393	\$4,529	\$5,661	\$5,797

Territory 2 - Lake

Claims-Made	\$400,000/1,200,000	\$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	\$1,517	\$1,696	\$1,731	\$1,785	\$2,231	\$2,285
Second	\$2,818	\$3,149	\$3,216	\$3,315	\$4,144	\$4,243
Third	\$385	\$4,118	\$4,205	\$4,335	\$5,419	\$5,549
Fourth	\$4,118	\$4,603	\$4,700	\$4,845	\$6,056	\$6,202
Fifth	\$4,335	\$4,845	\$4,947	\$5,100	\$6,375	\$6,528
Occurrence	\$4,812	\$5,378	\$5,491	\$5,661	\$7,076	\$7,246

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.

Purchasing Group Fee: Coverage is written through the Professional Counselors Purchasing Group. There is a \$5.00 administrative fee assessed to each policy. Please include this in your payment.

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 that 50% children and adolescents. If your practice consists of less than 50% children and adolescents, please contact us for the correct rate.