

**AACAP SPONSORED
PSYCHIATRIST PROFESSIONAL LIABILITY PROGRAM**

MARYLAND

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	\$1,442	\$1,471	\$1,517	\$1,896	\$1,942
Second	\$2,677	\$2,734	\$2,818	\$3,522	\$3,607
Third	\$3,500	\$3,574	\$3,685	\$4,606	\$4,717
Fourth	\$3,913	\$3,995	\$4,118	\$5,148	\$5,272
Fifth	\$4,118	\$4,205	\$4,335	\$5,419	\$5,549

Territory 2- Anne Arundel, Howard, Montgomery & Prince George

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	\$1,527	\$1,558	\$1,607	\$2,009	\$2,056
Second	\$2,835	\$2,894	\$2,984	\$3,730	\$3,819
Third	\$3,707	\$3,784	\$3,902	\$4,877	\$4,994
Fourth	\$4,143	\$4,230	\$4,361	\$5,451	\$5,581
Fifth	\$4,361	\$4,452	\$4,590	\$5,738	\$5,875

Territory 3 - Baltimore City & County

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	\$1,696	\$1,731	\$1,785	\$2,231	\$2,285
Second	\$3,149	\$3,216	\$3,315	\$4,144	\$4,243
Third	\$4,118	\$4,205	\$4,335	\$5,419	\$5,549
Fourth	\$4,603	\$4,700	\$4,845	\$6,056	\$6,202
Fifth	\$4,845	\$4,947	\$5,100	\$6,375	\$6,528

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.