

**AACAP SPONSORED  
PSYCHIATRIST PROFESSIONAL LIABILITY PROGRAM**

**TENNESSEE**

**Territory 1 - Entire State**

<b>Claims-Made</b>	<b>\$500,000/1,500,000</b>	<b>\$1,000,000/1,000,000</b>	<b>\$1,000,000/3,000,000</b>	<b>\$2,000,000/4,000,000</b>	<b>\$2,000,000/6,000,000</b>
<b>Year</b>					
First	\$1,414	\$1,443	\$1,488	\$1,860	\$1,904
Second	\$2,625	\$2,680	\$2,763	\$3,454	\$3,536
Third	\$3,432	\$3,505	\$3,613	\$4,516	\$4,624
Fourth	\$3,836	\$3,917	\$4,038	\$5,047	\$5,168
Fifth	\$4,038	\$4,123	\$4,250	\$5,313	\$5,440

**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.**