

**AMERICAN PSYCHIATRIC ASSOCIATION ENDORSED  
PSYCHIATRIST PROFESSIONAL LIABILITY PROGRAM**

**NEW HAMPSHIRE**

**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	\$1,663	\$1,698	\$1,750	\$2,188	\$2,240
Second	\$3,088	\$3,153	\$3,250	\$4,063	\$4,160
Third	\$4,038	\$4,123	\$4,250	\$5,313	\$5,440
Fourth	\$4,513	\$4,608	\$4,750	\$5,938	\$6,080
Fifth	\$4,750	\$4,850	\$5,000	\$6,250	\$6,400
<b>Occurrence</b>	\$5,273	\$5,384	\$5,550	\$6,938	\$7,104

**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.

**Resident-Fellow Member discount (RFM):** A 50% discount if you are classified as a RFM by the American Psychiatric Association.

**Child and Adolescent discount:** A 15% discount if your practice consists of more than 50% children and adolescents.

**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).