

CPL RATES

<u>DESCRIPTION</u>	<u>MEDICAL</u>	<u>LIABILITY</u>		
		<u>100,000</u>	<u>300,000</u>	<u>500,000</u>
Personal Liability-Including INITIAL PREMISES	1,000	90.00	110.00	130.00
Same as above, except with INCIDENTAL OFFICE	1,000	100.00	120.00	140.00
Personal Liability-Including INITIAL TWO FAMILY DWELLING PREMISES	1,000	95.00	115.00	135.00
Same as above, except with INCIDENTAL OFFICE	1,000	105.00	130.00	155.00
Additional residence premises maintained by Named insured or spouse	1,000	25.00	30.00	35.00
Same as above, except with INCIDENTAL OFFICE	1,000	35.00	40.00	45.00
Private Residence Premises RENTED TO OTHERS (without incidental office)	1,000	40.00	50.00	60.00
Same as above, except TWO FAMILY DWELLING PREMISES RENTED TO OTHERS	1,000	40.00	45.00	50.00
Additional Insureds-non relatives personal liability	1,000	20.00	25.00	30.00
RESIDENCE EMPLOYEES (First 2, NO CHARGE) Employees Liability and Medical Payments Employee of named insured or spouse	1,000	14.00	16.00	18.00
Medical payments for BUSINESS VISITORS (should be attached to policy) (whenever there is an incidental office)	1,000	25.00	25.00	25.00