

## **HEALTHCARE PROVIDERS SERVICE** ORGANIZATION PURCHASING GROUP



## Certificate of Insurance OCCURRENCE PROFESSIONAL LIABILITY POLICY FORM

Print Date: 10/04/2022

The application for the Policy and any and allsupplementary information, materials, and statements submitted therewith shall be maintained on file by us or our Program Administrator and will be deemed attached to and incorporated into the Policy as if physically attached.

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PRODUCER	BRANCH	PREFIX	POLICY NUMBER	POLICY PERIOD			
018098	970	HPG	0735514619	From: 10/04/22 at 07:52 PM ET to 10/04/23 at 12:01 AM Std Time			
Named Insure	ed and Addre	ss:		Program Administered by:			
Taira Magdaleno 13302 Sw 152nd St 3005 Miami, FL 33177-1313  Medical Specialty: Code:				Nurses Service Organization 1100 Virginia Drive, Suite 250 Fort Washington, PA 19034 1-800-247-1500 www.nso.com Insurance Provided by:			
Home Health Aide 00000				American Casualty Company of Reading, Pennsylvania 151 N. Franklin Street Chicago, IL 60606			

**Professional Liability** 

500,000

each claim \$ 2,500,000

Your professional liability limits shown above include the following:

Good Samaritan Liability

\* Malplacement Liability

\* Personal Injury Liability

Sexual Misconduct Included in the PL limit shown above subject to \$ 25,000 aggregate sublimit

Coverage	<b>Extensions</b>
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License Protection	\$ 25,000	per proceeding	\$ 25,000	aggregate
Defendant Expense Benefit	\$ 1,000	per day limit	\$ 25,000	aggregate
Deposition Representation	\$ 10,000	per deposition	\$ 10,000	aggregate
Assault	\$ 25,000	per incident	\$ 25,000	aggregate
Includes Workplace Violence Counseling				
Medical Payments	\$ 25,000	per person	\$ 100,000	aggregate
First Aid	\$ 10,000	per incident	\$ 10,000	aggregate
Damage to Property of Others	\$ 10,000	per incident	\$ 10,000	aggregate
Information Privacy (HIPAA) Fines and Penalties	\$ 25,000	per incident	\$ 25,000	aggregate
Media Expense	\$ 25,000	per incident	\$ 25,000	aggregate

Workplace Liability

Workplace Liability Fire & Water Legal Liability Included in Professional Liability Limit shown above

Included in the PL limit shown above subject to \$150,000

aggregate sublimit

Personal Liability \$500,000 aggregate

Total \$

94.86

Base Premium \$93.00 Florida Insurance Guaranty Association - 2022 Regular Assessment \$

Premium reflects Employed, Full Time

Policy Forms and Endorsements (Please see attached list of policy forms and endorsements)

Chairman of the Board

Keep this Certificate of Insurance in a safe place. It and proof of payment are your proof of coverage. There is no coverage in force unless the premium is paid in full. To activate your coverage, please remit premium in full by the effective date of this Certificate of Insurance.

Coverage Change Date:

**Endorsement Date:** 

Master Policy: 188711433

CNA93692 (11-2018)