

HEALTHCARE PROVIDERS SERVICE ORGANIZATION PURCHASING GROUP



Certificate of Insurance OCCURRENCE PROFESSIONAL LIABILITY POLICY FORM

Print Date: 2/25/2022

The application for the Policy and any and alisupplementary 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.

| | 1 | 1 | | | | |
|----------------------------------|------------------------------|-------------|---------------|-----------------------------------------------------------------------------------------------------------------|-----|--|
| PRODUCER | BRANCH | PREFIX | POLICY NUMBER | POLICY PERIOD | | |
| 018098 | 970 | HPG | 0732510106 | From: 02/25/22 to 02/25/23 at 12:01 AM Standard Time | | |
| Named Insure | ed and Addre | ss : | | Program Administered by: | | |
| | a 182nd Ter 33177-2440 |) | | Nurses Service Organization 1100 Virginia Drive, Suite 250 Fort Washington, PA 19034 1-800-247-1500 www.nso.com | | |
| Medical Spec | ialty: | | Code: | Insurance Provided by: | . 1 | |
| Home Health Aide (Live-in) 00000 | | | 00000 | American Casualty Company of Reading, Pennsylvania 151 N. Franklin Street Chicago, IL 60606 | | |

| Professional Liability | \$ 500,000 | each claim | \$ 2,500,000 | aggregate |
|-----------------------------------------------------------------------|------------|------------|--------------|-----------|
| Your professional liability limits shown above include the following: | | | | |

- * Malplacement Liability * Personal Injury Liability Good Samaritan Liability
- Sexual Misconduct Included in the PL limit shown above subject to \$ 25,000 aggregate sublimit

Coverage Extensions

| relage Extensions | | | | | |
|-------------------------------------------------|-----------|----------------|------------|-----------|---|
| 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 | |
| | | | | | |

| Wo | rkplace | Lia | hility |
|----|---------|-----|--------|
| | | | |

Workplace Liability Fire & Water Legal Liability Personal Liability

Included in Professional Liability Limit shown above

Included in the PL limit shown above subject to \$150,000 \$500,000 aggregate

aggregate sublimit

Total \$

93.65

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

.65

Premium reflects Employed, Part 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)

POLICY FORMS & ENDORSEMENTS

The following are the policy forms and endorsements that apply to your current professional liability policy.

COMMON POLICY FORMS & ENDORSEMENTS

| FORM# | FORM NAME |
|--------------------|------------------------------------------------------------------------------------------------|
| G-121500-D (04-08) | Common Policy Conditions |
| CNA80989 (12-14) | Concealment, Misrepresentation, Fraud Condition Amendatory Endorsement - Florida |
| G-121503-C (07-01) | Workplace Liability Form |
| G-121501-C (07-01) | Occurrence Policy Form |
| CNA85582FL (04-16) | Florida Cancellation and Non-Renewal |
| CNA96097 (06-19) | Amended Definition of Policy Period Endorsement |
| CNA94164 (11-18) | Amendment Definition of Claim Endorsement |
| G-145184-A (06-03) | Policyholder Notice - OFAC Compliance Notice |
| G-147292-A (03-04) | Policyholder Notice - Silica, Mold & Asbestos Disclosure |
| GSL15563 (02-10) | Information Privacy Coverage Endorsement HIPAA Fines, Penalties & Notification Costs |
| GSL15564 (10-09) | Sexual Misconduct Sublimits of Liability Professional Liability & Sexual Misconduct Exclusion |
| GSL15565 (03-10) | Healthcare Providers Professional Liability Assault Coverage |
| GSL17101 (02-10) | Exclusion of Specified Activities Reuse of Parenteral Devices and Supplies |
| GSL13424 (05-09) | Services to Animals |
| CNA80051 (09-14) | Amended Definition of Personal Injury Endorsement |
| CNA80052 (10-14) | Distribution or Recording of Material or Information in Violation of Law Exclusion Endorsement |
| CNA81753 (03-15) | Coverage & Cap on Losses from Certified Acts Terrorism |
| CNA81758FL (01-21) | Notice - Offer of Terrorism Coverage & Disclosure of Premium |
| CNA82011 (04-15) | Related Claims Endorsement |
| CNA89027 (10-17) | Entity Exclusion Endorsement |
| CNA89026 (05-17) | Media Expense Coverage |

PLEASE REFER TO YOUR CERTIFICATE OF INSURANCE FOR THE POLICY FORMS & ENDORSEMENTS SPECIFIC TO YOUR STATE AND YOUR POLICY PERIOD.

The PLIGA surcharge shown on the Certificate of Insurance is the NJ Property & Liability Insurance For NJ residents:

Guaranty Association.

The Surcharge shown on the Certificate of Insurance is the KY Firefighters and Law Enforcement Foundation Program Fund and the Local Tax is the KY Local Government Premium Tax. For KY residents:

As required by 806 Ky. Admin Regs. 2:100, this Notice is to advise you that a surcharge has been

applied to your insurance premium and is separately itemized on the Declarations page or billing

instrument attached to your policy, as required KRS. §136.392.

For WV residents: The surcharge shown on the Certificate of Insurance is the WV Premium Surcharge.

For FL residents: The FIGA Assessment shown on the Certificate of Insurance is the FL Insurance Guaranty Association

- 2022 Regular Assessment.

Named Insured: Maria Silva Form #: CNA93692 (11-2018)

Master Policy #: 188711433 Policy #: 0732510106