

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 all supplementary 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.

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:	TO THE PARTY OF TH	Program Administered by:			
	152nd St 33177-1313	3	Code:	Nurses Service Organization 1100 Virginia Drive, Suite 250 Fort Washington, PA 19034 1-800-247-1500 www.nso.com			
			00000	Insurance Provided by: 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:

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

Coverage Extensions

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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 Includes Workplace Violence Counseling	\$ 25,000	per incident	\$ 25,000	aggregate	
	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 Personal Liability Included in Professional Liability Limit shown above

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

\$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

Secretary

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

aggregate sublimit

CNA93692 (11-2018)