

HEALTHCARE PROVIDERS SERVICE ORGANIZATION PURCHASING GROUP

Certificate of Insurance OCCURRENCE PROFESSIONAL LIABILITY POLICY FORM

Print Date: 4/03/2024

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	0793194823	From: 04/03/24 at 06:51 PM ET to 04/03/25 at 12:01 AM Std Time			
Named Insure	ed and Addre	ess:		Program Administered by:			
Carmen Hernandez Polanco 18203 SW 143rd Pl Miami, FL 33177				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:			
Home Health Aide			00000	American Casualty Company of Reading, Pennsylvania 151 N. Franklin Street Chicago, IL 60606			

Professional Liability

\$ 1,000,000

each claim \$ 3,000,000

aggregate

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 Extensions

•	verage 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 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 the Property of Others	\$ 10,000	per incident	\$ 10,000	aggregate:	1
	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 \$1,000,000 aggregate

aggregate sublimit

Total \$

47.47

Base Premium \$ 47.00

FIGA Emergency \$

Premium reflects Employed, Full Time, 60% new Graduate Discount

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
G-121501-C (07-01)	Occurrence Policy Form
G-121503-C (07-01)	Workplace Liability Form
CNA82011 (04-15)	Related Claims Endorsement
G-145184-A (06-03)	Policyholder Notice - OFAC Compliance Notice
G-147292-A (03-04)	Policyholder Notice - Silica, Mold & Asbestos Disclosure
CNA81753 (03-15)	Coverage & Cap on Losses from Certified Acts Terrorism
CNA81758FL (01-21)	Notice - Offer of Terrorism Coverage & Disclosure of Premium
GSL13424 (05-09)	Services to Animals
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
CNA80052 (09-14)	Distribution or Recording of Material or Information in Violation of Law Exclusion Endorsement
CNA80051 (09-14)	Amended Definition of Personal Injury Endorsement
CNA94164 (11-18)	Amendment Definition of Claim Endorsement
CNA96097 (06-19)	Amended Definition of Policy Period Endorsement
CNA80989 (12-14)	Concealment, Misrepresentation, Fraud Condition Amendatory Endorsement - Florida
CNA85582FL (04-16)	Florida Cancellation and Non-Renewal
CNA89026 (05-17)	Media Expense Coverage
CNA89027 (10-17)	Entity Exclusion Endorsement

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

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

Guaranty Association.

For KY residents: 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.

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 surcharge shown on the Certificate of Insurance is the FL Insurance

Guaranty Association Emergency Assessment

Form #:CNA93692 (11-2018) Named Insured: Carmen Hernandez Polanco

Master Policy #: 188711433 Policy #: 0793194823