

HEALTHCARE PROVIDERS SERVICE ORGANIZATION PURCHASING GROUP

Certificate of Insurance OCCURRENCE PROFESSIONAL LIABILITY POLICY FORM

Print Date: 5/13/2022

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	0677930618	From: 03/15/22 to 03/15/23 at 12:01 AM Standard Time		
Named Insure				Program Administered by:		
Rachel Suarez Martinez 27 Ne 12th Ave Homestead, FL 33030-6213				Nurses Service Organization 1100 Virginia Drive, Suite 250 Fort Washington, PA 19034 1-800-247-1500 www.nso.com Insurance Provided by:		
Medical Specialty: Code:						
Nursing Assistant			80963	American Casualty Company of Reading, Pennsylvania 151 N. Franklin Street Chicago, IL 60606		

Professional Liability Your professional liability limits shown above include the following:

Good Samaritan Liability

500,000

each claim \$ 2.500,000

* Personal Injury Liability

aggregate

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

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

Malplacement Liability

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

aggregate sublimit

Total \$

51.00

Base Premium

\$51.00

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)