

HEALTHCARE PROVIDERS SERVICE ORGANIZATION PURCHASING GROUP



Certificate of Insurance occurrence professional liability policy form

Print Date: 9/09/2022

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.

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PRODUCER	BRANCH	PREFIX	POLICY NUMBER	POLICY PERIOD			
018098	970	HPG	0696632518	From: 06/07/22 to 06/07/23 at 12:01 AM Standard Time			
Named Insure	d and Addres	ss:		Program Administered by:			
112 W Oak	re Human Se k Ln 3rd F1 PA 19036-1			Nurses Service Organization 1100 Virginia Drive, Suite 250 Fort Washington, PA 19034 1-888-288-3534 www.nso.com			
Medical Specialty: Code:			Code:	Insurance Provided by:			
Nursing Firm			80963	American Casualty Company of Reading, Pennsylvania 151 N. Franklin Street			
Excludes (Cosmetic Pro	cedures		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

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
Enterprise Privacy Protection - Claims Made	\$ 25,000	per incident	\$ 25,000	aggregate
Retroactive Date: 6/07/2020 (Defense inside limits)				
Media Expense	\$ 25,000	per incident	\$ 25,000	aggregate
Employment Practices Liability - Claims Made Retroactive Date: 6/07/2020 (Defense Only)	\$ 25,000	per incident	\$ 25,000	aggregate

General Liability

General Liability
Fire & Water Legal Liability
Personal Liability

\$1,000,000 each claim / \$3,000,000 aggregate

Included in the GL limit shown above subject to \$250,000

Excluded

aggregate sublimit

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

CNA93692 (11-2018)