

1100 Virginia Drive, Suite 250, Fort Washington, PA 19034 customer.service@hpsocover.com (215) 660-0241

## Professional Liability for Thrive Rehab, PLLC

#### Hello Frances Westlake

I'm happy to present to you your insurance policy. The terms and coverage details are specified in the following pages, so please review them and maintain a copy for your records. If you have any questions about the language, your coverage or anything else, please let me know.

Type of policy	Start Date	Expiry Date	Type of Payment	Invoiced Amount
Professional Liability	2023-03-02	2024-03-02	Full Payment	
			Premium	\$855.00
			Taxes	\$0.00
		Purch	asing Group Fee	\$20.00
		Initial Paymer	nt Proccessing fees	\$0.00
			Total Amount	\$875.00



### HEALTHCARE PROVIDERS SERVICE ORGANIZATION PURCHASING GROUP



# Certificate of Insurance occurrence professional liability policy form

Print Date: 3/01/2023

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	0737917870	From: 03/02/23 to 03/02/24 at 12:01 AM Standard Time
Named Insure	ed and Addres	ss:		Program Administered by:
Thrive Reb 913 19th S Greeley, C	treet			Healthcare Providers Service Organization 1100 Virginia Drive, Suite 250 Fort Washington, PA 19034 1-888-288-3534 www.hpso.com
Medical Spec	ialty:		Code:	Insurance Provided by:
Physical Therapist Firm 80995		80995	American Casualty Company of Reading, Pennsylvania 151 N. Franklin Street	
Excludes Cosmetic Procedures			Chicago, IL 60606	

Professional Liability	\$ 1,000,000
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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

overage 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: 3/02/2023 (Defense inside limits)					
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

Excluded

aggregate sublimit

aggregate

Total \$

855.00

Base Premium \$855.00

Policy Forms and Endorsements (Please see attached list of policy forms and endorsements)

Chairman of the Board

Secretary

each claim \$ 3,000,000

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-121503-C (07-01)	Workplace Liability Form
G-121501-C (07-01)	Occurrence Policy Form
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
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
GSL13425 (05-09)	Business Owner Coverage Extension Endorsement
CNA80052 (09-14)	Distribution or Recording of Material or Information in Violation of Law Exclusion Endorsement
	Colorado Cancellation and Non-Renewal
CNA81753 (03-15)	Coverage & Cap on Losses from Certified Acts Terrorism
CNA81758 (01-21)	Notice - Offer of Terrorism Coverage & Disclosure of Premium
CNA82011 (04-15)	Related Claims Endorsement
CNA79575 (07-14)	Exclusion of Cosmetic Procedures
CNA79516 (07-14)	Enterprise Privacy Protection
CNA89026 (05-17)	Media Expense Coverage
CNA96096 (06-19)	Amended Definition of You and Yours

## 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 FIGA Assessment shown on the Certificate of Insurance is the FL Insurance Guaranty Association

- 2022 Regular Assessment.

Form #:CNA93692 (11-2018) Named Insured: Thrive Rehab, PLLC

Master Policy #: 188711433 Policy #: 0737917870