

**HEALTHCARE PROVIDERS
PROFESSIONAL LIABILITY INSURANCE ENDORSEMENT**

Named Insured as a Student Graduate

If the named insured is a student and such named insured graduates prior to the expiration date of this policy, and the named insured becomes licensed or certified in the healthcare profession for which such named insured was covered as a student, the named insured will be afforded the same coverage and limits of liability as a licensed or certified healthcare professional, through the expiration date of named insured's policy period, at no additional cost.

DECLARATION OF CERTIFICATION

I, the undersigned,

do hereby

certify that the named insured is a student and such named insured graduates prior to the expiration date of this policy, and the named insured becomes licensed or certified in the healthcare profession for which such named insured was covered as a student, the named insured will be afforded the same coverage and limits of liability as a licensed or certified healthcare professional, through the expiration date of named insured's policy period, at no additional cost.

I declare.

Signature

Printed Name of Insured

Printed Name of Endorser

This endorsement is a part of your policy and takes effect on the effective date of your policy, unless another effective date is shown below. All other provisions of the policy remain unchanged.

Must Be Completed

*Complete Only When This Endorsement Is Not Prepared with the Policy
Or Is Not to be Effective with the Policy*

ENDT. NO.

POLICY NO.

ISSUED TO

ENDORSEMENT EFFECTIVE DATE

1

716062495

Alice Heard

01/30/2023

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-121503-D (04-08)	Common Policy Conditions
G-121503-C (07-01)	Workplace Liability Form
G-121501-C (07-01)	Occurrence Policy Form
CNA97490TX (01-20)	Texas Policy Holder Notice
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
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
GSL17101 (02-10)	Exclusion of Specified Activities Reuse of Parenteral Devices and Supplies
GSL13424 (05-09)	Services to Animals
CNA80051 (09-14)	Amended Definition of Personal Injury Endorsement
CNA80052 (10-14)	Distribution or Recording of Material or Information in Violation of Law Exclusion Endorsement
CNA80079TX (09-14)	Texas Policyholder Notice
G-123846-C42 (06-16)	Texas 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
CNA84406 (01-16)	Student Endorsement
CNA89027 (10-17)	Entity Exclusion Endorsement
CNA89026 (05-17)	Media Expense Coverage

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

For NJ residents: The PLUGA 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. §136.362.

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)

Master Policy #: 188711433

Named Insured: Alice Heard

Policy #: 0716062495



HEALTHCARE PROVIDERS SERVICE
ORGANIZATION PURCHASING GROUP



Certificate of Insurance
OCCURRENCE PROFESSIONAL LIABILITY POLICY FORM

Print Date: 1/30/2023

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 016596	BRANCH 913	PREFIX HPG	POLICY NUMBER 0716062495	POLICY PERIOD From: 07/05/22 to 07/05/23 at 12:01 AM Standard Time
Named Insured and Address: Alice Heard 1400 N Fulton St Wharton, TX 77488-3134				Program Administered by: Nurses Service Organization 1100 Virginia Drive, Suite 250 Fort Washington, PA 19034 1-800-247-1500 www.nso.com
Medical Specialty: Nurse Practitioner Student Registered Nurse		Code: 80965 80964	Insurance Provided by: American Casualty Company of Reading, Pennsylvania 151 N. Franklin Street Chicago, IL 60606	

Professional Liability

\$ 1,000,000 each claim \$ 6,000,000 aggregate

Your professional liability limits shown above include the following:

- * Good Samaritan Liability
- * Sexual Misconduct Included in the PL limit shown above subject to \$ 25,000 aggregate sublimit
- * Malplacement Liability
- * Personal Injury Liability

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
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	Included in Professional Liability Limit shown above
Fire & Water Legal Liability	Included in the PL limit shown above subject to \$150,000 aggregate sublimit
Personal Liability	\$1,000,000 aggregate

Total \$ 325.00

Base Premium \$325.00

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)

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