



1100 Virginia Drive, Suite 250, Fort Washington, PA 19034
service@hpsocover.com
(800) 982-9491

Professional Liability for Tobias Unterfranz

Hello Tobias Unterfranz

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	2025-08-24	2026-08-24	Full Payment	
			Premium	\$145.00
			Taxes	\$0.00
			Purchasing Group Fee	\$8.00
			Initial Payment Processing fees	\$0.00
			Total Amount	\$153.00



**HEALTHCARE PROVIDERS SERVICE
ORGANIZATION PURCHASING GROUP**

Certificate of Insurance



Print Date : 8/01/2025

PRODUCER	BRANCH	PREFIX	POLICY NUMBER	POLICY PERIOD
018098	970	HPG	0666218377	From: 08/24/25 to 08/24/26 at 12:01 AM Standard Time
Named Insured and Address:				Program Administered by:
Tobias Unterfranz Suite 300 #1016 9620 Ne Tanasbourne Dr Hillsboro, OR 97124-7843				Healthcare Providers Service Organization 1100 Virginia Drive, Suite 250 Fort Washington, PA 19034-3278 1-800-982-9491 www.hpsos.com
Medical Specialty:				Insurance Provided by:
Mental Health Counselor				American Casualty Company of Reading, Pennsylvania 151 N. Franklin Street Chicago, IL 60606
				Code:
				80723

Professional Liability ("PL"): Occurrence _____ Claims Made and Reported

. Limits of Liability

\$1,000,000 each claim / \$5,000,000 aggregate

PL Limits of Liability above include the following:

*Healthcare Providers Services Liability *Placement Services Liability *Formal Review Board Activities Liability *Good Samaritan Services Liability

Abuse and Molestation Sublimits of Liability:

Damages (included within PL Limits of Liability shown above)	\$25,000 aggregate
Defense Costs (included within PL Limits of Liability shown above)	\$100,000 aggregate

PL Supplementary Benefits

Licensure Defense Expenses	Up to \$200 per hour / \$25,000 aggregate
Licensure Proceeding Supplemental Costs	\$500 each insured / \$500 aggregate
Subpoena Assistance Costs	\$10,000 each subpoena / \$10,000 aggregate
Assault (includes workplace violence counseling)	\$25,000 each assault incident / \$25,000 aggregate
Patient First Aid Medical Expenses	\$10,000 aggregate
Services to Animals Property Damage	\$10,000 aggregate
Media Expense	\$25,000 aggregate
Information Privacy (HIPAA) Fines & Penalties	\$25,000 aggregate

Workplace Liability: Occurrence

Workplace Liability Aggregate Limit of Liability (included within PL Aggregate Limit of Liability, above)	\$1,000,000 aggregate
Bodily Injury and Property Damage (included within Workplace Aggregate, above)	\$1,000,000 each occurrence
Personal and Advertising Injury (included within Workplace Aggregate, above)	\$1,000,000 any one person or entity
Fire and Water Sublimit of Liability (included within Bodily Injury and Property Damage each occurrence Limit, above)	\$150,000 aggregate
Residential Personal Liability (in addition to the Workplace Aggregate, above)	\$1,000,000 aggregate

Workplace Liability Supplementary Benefit

Non-Patient Medical Expenses	\$25,000 each person
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PL and GL/WPL (as applicable) Supplementary Benefit:

Proceeding Expense Reimbursement	\$1,000 each insured per day / \$25,000 each insured per proceeding
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Total \$145.00

Base Premium \$145.00

Premium reflects Employed , Full Time

Policy Forms and Endorsements (Please see attached list)

Doug Worman, Chief Executive Officer

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

Stathy Darcy, Secretary

CNA101440 (07-23)

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Your professional liability insurance contains insuring agreements that may be written on an occurrence or a claims made and reported basis. With respect to any claims made and reported coverage such coverage applies only to claims first made against the insureds and reported to the Insurer during the policy period or any applicable extended reporting period in accordance with the provisions of this policy. Please discuss with your Program Administrator.

DEFENSE WITHIN LIMITS: WHERE DEFENSE WITHIN LIMITS IS INDICATED BELOW OR BY ENDORSEMENT, THE AMOUNT OF MONEY AVAILABLE TO PAY SETTLEMENTS OR JUDGMENTS AGAINST YOU UNDER SUCH SPECIFIED COVERAGE PART WILL BE REDUCED AND MAY BE EXHAUSTED BY DEFENSE EXPENSES, INCLUDING BUT NOT LIMITED TO FEES PAID TO ATTORNEYS TO DEFEND YOU.

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.

POLICY FORMS & ENDORSEMENTS

The following are the policy forms and endorsements that apply to your current professional liability policy.

FORM #	FORM DESCRIPTION
CNA101429 (07-23)	General Terms and Conditions
CNA101432 (07-23)	Healthcare Providers Professional Liability Coverage Part (Occurrence)
CNA101436 (07-23)	Workplace Liability Coverage Part
CNA81753 (03-15)	Coverage & Cap on Losses from Certified Acts Terrorism
CNA81758 (01-21)	Notice - Offer of Terrorism Coverage & Disclosure of Premium
CNA101458 (07-23)	HIPAA Proceedings Supplementary Benefits Endorsement
CNA101553 (07-23)	Table of Contents - General Terms and Conditions
CNA101557 (07-23)	Table of Contents- Coverage Part Occurrence Form
CNA101563 (07-23)	Table of Contents - Workplace
CNA101577 (07-23)	Biometric Privacy Exclusion Endorsement
CNA101512OR (10-23)	Cancellation & Nonrenewal Amendatory Endorsement
CNA101521OR (11-23)	Amendatory Endorsement (General Terms & Conditions) - OR
CNA101524OR (10-23)	Amendatory Endorsement (Workplace Liability) - OR
CNA101443 (07-23)	Media Event Expenses Supplementary Benefits Endorsement
CNA101450 (07-23)	Entity, Employees or Independent Contractor Exclusion Endorsement
CNA101463 (07-23)	Personal Liability Coverage Endorsement