

HEALTHCARE PROVIDERS SERVICE ORGANIZATION PURCHASING GROUP

Certificate of Insurance occurrence professional liability policy form



Email Date: 08/16/23

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			PERIOD			
018098	970	HPG	0697280359-8			09/23 to 09/09/24 at 12:0 ²	1 AM Sta	andard Time	
Name Insured	ond Addrood	I I			Drogram	Administered by			
Name insured	and Address					Administered by: e Providers Service Organ	nization		
						inia Drive, Suite 250			
						nington, PA 19034-3278			
Medical Speci	altv				1-800-982				
incurour opcor	arty				www.hpsc	o.com			
			Code		Insurance	e Provided by:			
Mental Health	Counselor		80723			Casualty Company of Re	ading, P	ennsylvania	
Excludes Cos	metic Procedu	res				anklin Street			
					Chicago, I	IL 60606			
Professional L	₋iability			\$1 ,	000,000 e	ach claim	\$	5,000,000	aggregate
			include the following:					· · ·	
	Samaritan Lia		Malplacement Liability			Personal Injury Liability			
• Sexua		nciuded in t	he PL Limit shown above	suc	oject to \$25,	oou aggregate sublimit			
Coverage Exte									
License Protection				\$	25,000	per proceeding	\$	25,000	aggregate
Defendant Exper				\$	1,000	per day limit	\$	25,000	aggregate
Deposition Repre	esentation			\$	10,000	per deposition	\$	10,000	aggregate
Assault	ce Violence Couns	olina		\$	25,000	per incident	\$	25,000	aggregate
Medical Paymen		sening		\$	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 & Penalties			\$	25,000	per incident	\$	25,000	aggregate	
Media Expense				\$	25,000	per incident	\$	25,000	aggregate
Workplace Lia									
Workplace Liabil			Included in Professior						
Fire and Water L	egal Liability.		Included in the PL lim	it ab	ove subject	to \$150,000 aggregate si	ub limit		
Personal Liability	/		\$1,000,000 aggregate	;					
Total \$411.86									
\$409.00 PREMIL	JM \$2.86 2022	2 FIGA Rea	ular Assessment						
Premium refle	cts Self-em	ployed, Fu	III-time rate						
Policy Forms	and Endors	ements (P	lease see attached list	of	oolicy form	s and endorsements)			
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		VIA	-						
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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: CNA93692 (11-2018) Endorsement Date:

Master Policy: 188711433

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POLICY FORMS & ENDORSEMENTS

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

CNA89026 (05-17)Media Expense CoverageCNA79575 (07-14)Exclusion of Cosmetic ProceduresCNA89027 (10-17)Entity Exclusion Endorsement	CNA89026 (05-17) Concealment, Misrepresentation, Fraud Condition Amendatory Endorsement - Fionda Media Expense Coverage		CNA79575 (07-14)	Amended Definition of Personal Injury Endorsement Amendment Definition of Claim Endorsement Florida Cancellation and Non-Renewal Concealment, Misrepresentation, Fraud Condition Amendatory Endorsement - Florida Media Expense Coverage Exclusion of Cosmetic Procedures
CNA80989 (12-14) Concealment, Misrepresentation, Fraud Condition Amendatory Endorsement - Florida			()	
CNA85582FL (04-16)Florida Cancellation and Non-RenewalCNA80989 (12-14)Concealment, Misrepresentation, Fraud Condition Amendatory Endorsement - Florida	CNA85582FL (04-16) Florida Cancellation and Non-Renewal		()	, ,
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Self-employed individuals may be eligible for General Liability coverage subject to underwriting approval. Should an individual practitioner's status change from self-employed to employed, general liability coverage will be deleted and replaced with workplace liability. Please contact Healthcare Providers Service Organization for details.

Form #: CNA93692 (11-2018)

Master Policy #: 188711433

Named Insured: JANET GLENN Policy #: 0697280359-8