



Certificate of Insurance



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.

PRODUCER	BRANCH	PREFIX	POLICY NUMBER	POLICY PERIOD	Mail Date: 04/29/26
018098	970	HPG	0286278187-8	From: 07/05/26 to 07/05/27 at 12:01 AM Standard Time	
Named Insured and Address:				Program Administered by:	Insurance Provided by:
ANNIE HEARTFIELD HARTZOG 1705 S CINCINNATI PL TULSA, OK 74119-4813				Healthcare Providers Service Organization 1100 Virginia Drive, Suite 250 Fort Washington, PA 19034 1-800-982-9491 www.hpso.com	American Casualty Company of Reading, Pennsylvania 151 N. Franklin Street Chicago, IL 60606
Medical Specialty:				Code:	
Licensed Professional Counselor				80723	
Excludes Cosmetic Procedures					

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

Limits of Liability

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

\$1,000,000 aggregate

(included within PL Aggregate Limit of Liability, above)

Bodily Injury and Property Damage

\$1,000,000 each occurrence

(included within Workplace Aggregate, above)

Personal and Advertising Injury

\$1,000,000 any one person or entity

(included within Workplace Aggregate, above)

Fire and Water Sublimit of Liability

\$150,000 aggregate

(included within Bodily Injury and Property Damage each occurrence Limit, above)

Residential Personal Liability

\$1,000,000 aggregate

(in addition to the Workplace Aggregate, above)

Workplace Liability Supplementary Benefit

Non-Patient Medical Expenses

\$25,000 each person

PL and GL/WPL (as applicable) Supplementary Benefit:

Proceeding Expense Reimbursement

\$1,000 each insured per day / \$25,000 each insured per proceeding

Total \$188.00

Premium reflects Self-employed, Part-time rate

Policy Forms and Endorsements (Please see attached list)

Doug Worman, Chief Executive Officer

Stathy Darcy, Secretary

Coverage Change Date:

Endorsement Date:

Master Policy: 188711433

CNA101440XX (07-23)

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Keep this Certificate of Insurance in a safe place. It & proof of payment are your proof of coverage. There is no coverage in force unless premium is paid in full. To activate your coverage, please remit premium in full by the effective date of this Certificate of Insurance.

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