

# **HEALTHCARE PROVIDERS SERVICE** ORGANIZATION PURCHASING GROUP



# Certificate of Insurance OCCURRENCE PROFESSIONAL LIABILITY POLICY FORM

Print Date: 8/24/2022

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	0419252707	From: 09/10/22 to 09/10/23 at 12:01 AM Standard Time		
Named Insure	d and Addres	ss:		Program Administered by:		
Educated Nurses LLC				Nurses Service Organization		
16 Meadov	vood Ln			1100 Virginia Drive, Suite 250		
Old Saybrook, CT 06475-1849				Fort Washington, PA 19034		
•	•			1-888-288-3534		
				www.nso.com		
Medical Speci	ialty:		Code:	Insurance Provided by:		
Nursing Firm 80964			80964	American Casualty Company of Reading, Pennsylvania 151 N. Franklin Street		
Excludes Cosmetic Procedures				Chicago, IL 60606		

Professional Liability	\$ 1,000,000	each claim	\$ 6,000,000	aggregate
Vous professional liability limits shown above include the following:				

Your professional liability limits shown above include the following:

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

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: 9/10/2016 (Defense inside limits)					
Media Expense	\$ 25,000	per incident	\$ 25,000	aggregate	
Employment Practices Liability - Claims Made	\$ 25,000	per incident	\$ 25,000	aggregate	
Retroactive Date: 9/10/2021 (Defense Only)					

## General Liability

**General Liability** \$1,000,000 each claim / \$5,000,000 aggregate Fire & Water Legal Liability Personal Liability Included in the GL limit shown above subject to \$250,000

aggregate sublimit

Excluded

Total \$ 1,127.00

Base Premium \$1,127.00

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

Chairman of the Board

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
CNA95181CT (02-19)	Amendment to the Limits of Liability Endorsement - CT
G-121500-D (04-08)	Common Policy Conditions
G-121501-C (07-01)	Occurrence Policy Form
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 (10-14)	Distribution or Recording of Material or Information in Violation of Law Exclusion Endorsement
	Connecticut Cancellation and Non-Renewal
G-142833-A06 (07-02)	
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
CNA88921CT (11-18)	
CNA79516CT (11-14)	
CNA89026 (05-17)	Media Expense Coverage
CNA93658 (08-18)	Employment Practices Liability Coverage - Defense Only
CNA96096 (06-19)	Amended Definition of You and Yours
G-121504-C (07-01)	General Liability Form

# 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: Educated Nurses LLC

Master Policy #: 188711433 Policy #: 0419252707