

HEALTHCARE PROVIDERS SERVICE ORGANIZATION PURCHASING GROUP

CHPSO

Certificate of Insurance OCCURRENCE PROFESSIONAL LIABILITY POLICY FORM

Mail Date: 06/09/22

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	0419024237-8	From: 08/17/22 to 08/17/23 at 12:01 AM Standard Time		
Name Insured and Address: DEANNA EDDY 1028 LAKE WAY DR NICEVILLE, FL 32578-1721				Program Administered by: Healthcare Providers Service Organization 1100 Virginia Drive, Suite 250 Fort Washington, PA 19034-3278 1-800-982-9491 www.hpso.com		
Medical Specialty Code				Insurance Provided by: American Casualty Company of Reading, Pennsylvania 151 N. Franklin Street Chicago, IL 60606		
Clinical Counselor/LPCC 80723						

\$3,000,000 aggregate

Professional Liability

Your professional liability imits shown above include the following:

Good Samaritan Liability

Maiplacement Liability

Personal Injury Liability

Sexual Misconduct included in the PL Limit shown above subject to \$25,000 aggregate sublimit

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
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
Information Privacy (HIPAA) Fines & Penalties	\$ 25,000	per incident	\$ 25,000	aggregate
Media Expense	\$ 25,000	per incident	\$ 25,000	aggregate

Workplace Liability

Included in Professional Liability Limit shown above Workplace Liability

Fire and Water Legal Liability Personal Liability

Included in the PL limit above subject to \$150,000 aggregate sub limit

\$1,000,000 aggregate

Total \$148.92

\$146.00 PREMIUM \$2.92 2022 FIGA Regular Assessment Premium reflects Employed, Full-time rate

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: CNA93692 (11-2018)

Endorsement Date:

Master Policy: 188711433

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