



**Certificate of Insurance**  
**OCCURRENCE PROFESSIONAL LIABILITY POLICY FORM**

Print Date: 12/19/2022

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.

<b>PRODUCER</b> 018098	<b>BRANCH</b> 970	<b>PREFIX</b> HPG	<b>POLICY NUMBER</b> 0127295415	<b>POLICY PERIOD</b> From: 01/15/23 to 01/15/24 at 12:01 AM Standard Time
<b>Named Insured and Address:</b>			<b>Program Administered by:</b>	
National Medical Education & Training Center, In 5 Manley St West Bridgewater, MA 02379-1016			Healthcare Providers Service Organization 1100 Virginia Drive, Suite 250 Fort Washington, PA 19034 1-800-986-4627 www.hpsso.com	
<b>Medical Specialty:</b>		<b>Code:</b>		<b>Insurance Provided by:</b>
School Blanket - Healthcare Provider Students		80998		American Casualty Company of Reading, Pennsylvania 151 N. Franklin Street Chicago, IL 60606

**Professional Liability** \$ 2,000,000 each claim \$ 6,000,000 aggregate

Your professional liability limits shown above include the following:

- \* Personal Injury Liability

**Coverage Extensions**

Grievance Proceedings	\$ 1,000	per proceeding	\$ 10,000	aggregate
Defendant Expense Benefit			\$ 10,000	aggregate
Deposition Representation	\$ 1,000	per deposition	\$ 5,000	aggregate
Assault	\$ 1,000	per incident	\$ 25,000	aggregate
Medical Payments	\$ 2,000	per person	\$ 100,000	aggregate
First Aid	\$ 500	per incident	\$ 25,000	aggregate
Damage to Property of Others	\$ 250	per incident	\$ 10,000	aggregate

Total \$ 2,599.00

Base Premium \$2,599.00

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

**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