

# HEALTHCARE PROVIDERS SERVICE ORGANIZATION PURCHASING GROUP Certificate of Insurance



### **OCCURRENCE POLICY FORM**

30680-8	From 11/01/14 to 11/01/15 a		AM Standard Time
	Program Administered by		
		Program Administered by:	
	Nurses Service Organization 159 E. County Line Road Hatboro, PA 19040-1218 1-800-247-1500 www.nso.com	n	·
Code	Insurance is provided by:		
8096	HAITICHUATI CASUAILY COTTIPA	ny of Re Chicag	eading, Pennsylvania o, Illinois 60604
\$1,6	000,000 each claim	\$6	,000,000 aggregate
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\$	25,000 per proceeding	\$	25,000 aggregate
			25,000 aggregate
			10,000 aggregate
\$	25,000 per incident		
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	\$1,0 acement I the PL Lin \$ \$	Code  80964  Insurance is provided by: American Casualty Compar 333 South Wabash Avenue \$1,000,000 each claim  accement Liability • Personal Injury the PL Limit shown above subject to \$25,000 per proceeding \$ 1,000 per day limit \$ 10,000 per deposition	Code    Insurance is provided by:     American Casualty Company of Residual States     333 South Wabash Avenue Chicage     \$1,000,000 each claim   \$6     acement Liability   Personal Injury Liability     the PL Limit shown above subject to \$25,000 accompany of Residual States     \$25,000 per proceeding   \$1,000 per day limit   \$1

Policy Forms & Endorsements (Please see attached list for a general description of many common policy forms and endorsements.)

G-121500-D G-121501-C G-121503-C G-145184-A G-147292-A GSL3886 GSL3908 GSL13424 G-123846-D31 G-123813-C31 GSL10550NY GSL11892NY GSL15563NY GSL18064NY GSL15565NY GSL17101 GSL-5587-NY

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Chairman of the Board

Soul My ton

Secretary

Keep this Certificate of Insurance in a safe place. This Certificate of Insurance and proof of payment are your proof of coverage. There is no coverage in force unless the premium is paid in full. In order to activate your coverage, please remit premium in full by the effective date of this Certificate of Insurance.

Form #: G-141241-B31 (3/2010)

Master Policy: 188711433

#### **POLICY FORMS & ENDORSEMENTS**

The list below contains general descriptions of the policy forms and endorsements that may or may not apply to your professional liability insurance policy. State specific policy forms and endorsements are not included in the list below. Should you require descriptions or samples of these documents, please visit us online at www.nso.com/policyforms. Please refer to your Certificate of Insurance for the policy forms & endorsements specific to your state and your policy period. All products and services may not be available in all states and may be subject to change without notice.

Think Green - expanded definitions and copies of these policy forms and endorsements are available online at www.nso.com/policyforms.

#### **COMMON POLICY FORMS & ENDORSEMENTS**

FORM #	<u>DESCRIPTION</u>
G-121500-D	Common Policy Conditions
G-121501-C	Occurrence Policy Form
G-121503-C	Workplace Liability Form
G-145184-A	Policyholder Notice - OFAC Compliance Notice
G-147292-A	Policyholder Notice - Silica Mold & Asbestos Disclosure
GSL3886	Coverage & Cap on Losses from Certified Acts of Terrorism
GSL3908	Notice - Offer of Terrorism Coverage & Disclosure of Premium
GSL13424	Services to Animals
G-123846-D31	New York Cancellation and Non-Renewal
G-123813-C31	New York Amendatory Change Endorsement
GSL10550NY	New York Amendatory Endorsement
GSL11892NY	New York Amendatory Endorsement
GSL15563NY	Information Privacy Coverage Endorsement HIPAA Fines - New York
GSL18064NY	New York Amendatory Change Endorsement
GSL15565NY	Healthcare Providers Professional Liability Assault Coverage - New York
GSL17101	Exclusion of Specified Activities Reuse of Parenteral Devices and Supplies

#### **OPTIONAL ENDORSEMENTS**

FORM #	DESCRIPTION
GSL-5587	Consulting ServicesLiability Endorsement

## PLEASE REFER TO YOUR CERTIFICATE OF INSURANCE FOR THE POLICY FORMS & ENDORSEMENTS SPECIFIC TO YOUR STATE AND YOUR POLICY PERIOD.

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 Nurses Service Organization for details.