



HEALTHCARE PROVIDERS SERVICE ORGANIZATION PURCHASING GROUP



Certificate of Insurance

OCCURRENCE PROFESSIONAL LIABILITY POLICY FORM

Print Date: 08/19/19

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.

Table with 5 columns: PRODUCER, BRANCH, PREFIX, POLICY NUMBER, POLICY PERIOD. Includes sections for Name Insured and Address, Program Administered by, Medical Specialty, and Insurance Provided by.

Professional Liability \$1,000,000 each claim \$5,000,000 aggregate

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

Coverage Extensions

Table listing coverage extensions such as License Protection, Defendant Expense Benefit, Deposition Representation, Assault, Medical Payments, First Aid, Damage to Property of Others, Information Privacy (HIPAA) Fines & Penalties, and Media Expense.

Workplace Liability

Table listing workplace liability items: Workplace Liability, Fire and Water Legal Liability, Personal Liability, and Total \$135.00.

Premium reflects employed, full-time rate.

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

Handwritten signature of the Chairman of the Board

Chairman of the Board

Handwritten signature of the Secretary

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 (08-2018)

Endorsement Date:

Master Policy: 188711433

POLICY FORMS & ENDORSEMENTS

The following are the policy forms and endorsements that apply to your current professional liability policy.

FORM #	FORM NAME
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
CNA81753	Cap on Losses from Certified Acts of Terrorism
CNA81758	Offer of Terrorism Coverage - Disclosure of Premium
GSL13424	Services to Animals
GSL15563	Information Privacy Coverage Endorsement HIPAA Fines, Penalties & Notification Costs
GSL15564	Sexual Misconduct Sublimits of Liability Professional Liability & Sexual Misconduct Exclusion
GSL15565	Healthcare Providers Professional Liability Assault Coverage
GSL17101	Exclusion of Specified Activities Reuse of Parenteral Devices and Supplies
CNA80052	Distribution or Recording of Material or Information in Violation of Law Exclusion Endorsement
CNA80051	Amended Definition of Personal Injury Endorsement
G-123846-C48	Wisconsin Cancellation and Non-Renewal
G-123812-C48	Wisconsin Amendatory Change Endorsement
CNA89026	Media Expense Coverage
CNA89027	Exclusion of Entity, Employees or Independent Contractors Endorsement

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 Healthcare Providers Service Organization for details.

Form #: CNA93692 (08-2018)

Master Policy #: 188711433

Named Insured: Gregory J Greiten

Policy #: 0597117185-8