



**HEALTHCARE PROVIDERS SERVICE
ORGANIZATION PURCHASING GROUP
Certificate of Insurance
OCCURRENCE PROFESSIONAL LIABILITY POLICY FORM**



Mail Date: 01/11/23

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	018098	POLICY NUMBER	0126921997-0
BRANCH	970	PREFIX	HPG

Name Insured and Address:
 BARBARA GLENFIELD
 405 HILLMOOR DR
 SILVER SPRING, MD 20901-2635

Medical Specialty
 Physical Therapist
 Code 80995
 Excludes Cosmetic Procedures

Insurance Provided by:
 American Casualty Company of Reading, Pennsylvania
 151 N. Franklin Street
 Chicago, IL 60606

Professional Liability
 Your professional liability limits shown above include the following:
 - Good Samaritan Liability
 - Malpractice Liability
 - Sexual Misconduct included in the PL Limit shown above subject to \$25,000 aggregate sublimit

Coverage Extensions
 License Protection
 Defendant Expense Benefit
 Deposition Representation
 Assault
 Includes Workplace Violence Counseling
 Medical Payments
 First Aid
 Damage to Property of Others
 Information Privacy (HIPAA) Fines & Penalties
 Media Expense

aggregate	\$ 25,000	per proceeding	\$ 25,000	per person	\$ 25,000	per person	\$ 100,000	aggregate
aggregate	\$ 25,000	per day limit	\$ 1,000	per deposition	\$ 10,000	per incident	\$ 25,000	aggregate
aggregate	\$ 10,000	per incident	\$ 10,000	per person	\$ 25,000	per incident	\$ 25,000	aggregate
aggregate	\$ 25,000	per incident	\$ 25,000	per person	\$ 10,000	per incident	\$ 10,000	aggregate
aggregate	\$ 10,000	per incident	\$ 10,000	per person	\$ 10,000	per incident	\$ 10,000	aggregate
aggregate	\$ 25,000	per incident	\$ 25,000	per person	\$ 25,000	per incident	\$ 25,000	aggregate

Workplace Liability
 Workplace Liability
 Fire and Water Legal Liability
 Personal Liability
 Total \$508.00

Premium reflects Self-employed, Full-time rate

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