



1100 Virginia Drive, Suite 250
Fort Washington, PA 19034-3278
Phone: 1-800-982-9491 Fax: 1-800-758-3635
Website: www.hpso.com

09/18/22

Linda Franke
2247 Sewell Ln Sw
Roanoke, VA 24015-3733

Dear Linda Franke:

Enclosed is the replacement certificate of insurance that you requested.

If you have any questions or need assistance, please call us toll free at 1-800-982-9491. Our Customer Service Representatives are available weekdays from 8:00 a.m. to 6:00 p.m., EST.

Sincerely,

Customer Service

Enclosure

Dedicated To Serving The Insurance Needs of Healthcare Providers

Healthcare Providers Service Organization is a registered trade name of Affinity Insurance Services, Inc.; (AR 244489); in CA & MN, AIS Affinity Insurance Agency, Inc. (CA 0795465); in OK, AIS Affinity Insurance Services Inc.; in CA, Aon Affinity Insurance Services, Inc., (OG94493), Aon Direct Insurance Administrators and Berkely Insurance Agency and in NY, AIS Affinity Insurance Agency.

Q032



Certificate of Insurance
OCCURRENCE PROFESSIONAL LIABILITY POLICY FORM

Print Date: 9/18/2022

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.

| | | | | |
|--|----------------------|-----------------------|--|--|
| PRODUCER 018098 | BRANCH 970 | PREFIX HPG | POLICY NUMBER 0697322514 | POLICY PERIOD From: 09/18/22 to 09/18/23 at 12:01 AM Standard Time |
| Named Insured and Address: Linda Franke 2247 Sewell Ln Sw Roanoke, VA 24015-3733 | | | Program Administered by: Healthcare Providers Service Organization 1100 Virginia Drive, Suite 250 Fort Washington, PA 19034 1-800-982-9491 www.hpsso.com | |
| Medical Specialty: Clinical Counselor/LPCC | | Code: 80723 | | Insurance Provided by: American Casualty Company of Reading, Pennsylvania 151 N. Franklin Street Chicago, IL 60606 |
| Excludes Cosmetic Procedures | | | | |

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

Your professional liability limits shown above include the following:

- * Good Samaritan Liability
- * Sexual Misconduct Included in the PL limit shown above subject to \$ 25,000 aggregate sublimit
- * Malplacement Liability
- * Personal Injury Liability

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 and Penalties | \$ 25,000 | per incident | \$ 25,000 | aggregate |
| Media Expense | \$ 25,000 | per incident | \$ 25,000 | aggregate |

Workplace Liability

| | |
|------------------------------|--|
| Workplace Liability | Included in Professional Liability Limit shown above |
| Fire & Water Legal Liability | Included in the PL limit shown above subject to \$150,000 aggregate sublimit |
| Personal Liability | \$1,000,000 aggregate |

Total \$ 178.00

Base Premium \$178.00

Premium reflects Self Employed , Part Time

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:

Endorsement Date:

Master Policy: 188711433

CNA93692 (11-2018)

POLICY FORMS & ENDORSEMENTS

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

COMMON POLICY FORMS & ENDORSEMENTS

| FORM # | FORM NAME |
|----------------------|--|
| G-121500-D (04-08) | Common Policy Conditions |
| G-121503-C (07-01) | Workplace Liability Form |
| G-121501-C (07-01) | Occurrence Policy Form |
| CNA94164 (11-18) | Amendment Definition of Claim Endorsement |
| G-145184-A (06-03) | Policyholder Notice - OFAC Compliance Notice |
| G-147292-A (03-04) | Policyholder Notice - Silica, Mold & Asbestos Disclosure |
| GSL15563 (02-10) | Information Privacy Coverage Endorsement HIPAA Fines, Penalties & Notification Costs |
| GSL15564 (10-09) | Sexual Misconduct Sublimits of Liability Professional Liability & Sexual Misconduct Exclusion |
| GSL15565 (03-10) | Healthcare Providers Professional Liability Assault Coverage |
| GSL17101 (02-10) | Exclusion of Specified Activities Reuse of Parenteral Devices and Supplies |
| GSL13424 (05-09) | Services to Animals |
| CNA80051 (09-14) | Amended Definition of Personal Injury Endorsement |
| CNA80052 (10-14) | Distribution or Recording of Material or Information in Violation of Law Exclusion Endorsement |
| G-123846-C45 (07-01) | Virginia Cancellation and Non-Renewal |
| CNA81753 (03-15) | Coverage & Cap on Losses from Certified Acts Terrorism |
| CNA81758 (01-21) | Notice - Offer of Terrorism Coverage & Disclosure of Premium |
| CNA82011 (04-15) | Related Claims Endorsement |
| CNA89027 (10-17) | Entity Exclusion Endorsement |
| CNA79575 (07-14) | Exclusion of Cosmetic Procedures |
| CNA89026 (05-17) | Media Expense Coverage |

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

For NJ residents: The PLIGA surcharge shown on the Certificate of Insurance is the NJ Property & Liability Insurance Guaranty Association.

For KY residents: The Surcharge shown on the Certificate of Insurance is the KY Firefighters and Law Enforcement Foundation Program Fund and the Local Tax is the KY Local Government Premium Tax. As required by 806 Ky. Admin Regs. 2:100, this Notice is to advise you that a surcharge has been applied to your insurance premium and is separately itemized on the Declarations page or billing instrument attached to your policy, as required KRS. §136.392.

For WV residents: The surcharge shown on the Certificate of Insurance is the WV Premium Surcharge.

For FL residents: The FIGA Assessment shown on the Certificate of Insurance is the FL Insurance Guaranty Association - 2022 Regular Assessment.

Form #:CNA93692 (11-2018)

Named Insured: Linda Franke

Master Policy #: 188711433

Policy #: 0697322514