



HEALTHCARE PROVIDERS SERVICE  
ORGANIZATION PURCHASING GROUP

Certificate of Insurance  
OCCURRENCE POLICY FORM



Print Date: 2/05/2019

<b>Producer</b>	<b>Branch</b>	<b>Prefix</b>	<b>Policy Number</b>	<b>Policy Period</b>
018098	970	HPG	0644695799	from 01/31/19 to 01/31/20 at 12:01 AM Standard Time

**Named Insured and Address:**

Brenda K Ewer  
Po Box 1551  
Tavernier, FL 33070-1551

**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:**

Occupational Therapist

**Code:**

80721

**Insurance is provided by:**

American Casualty Company of Reading, Pennsylvania  
333 S. Wabash Avenue, Chicago, IL 60604

Excludes Cosmetic Procedures

<b>Professional Liability</b>	\$1,000,000 each claim	\$ 3,000,000 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

**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: \$ 232.00**

Base Premium

Premium reflects Self Employed , Full Time

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

G-121500-D	CNA80989	G-121503-C	G-121501-C	G-145184-A	G-147292-A	GSL15563
GSL15564	GSL15565	GSL17101	GSL13424	CNA80051	CNA80052	G-123846-D09
CNA81753	CNA81758	CNA82011	CNA79575	G-123828-B		

  
Chairman of the Board

  
Secretary

Keep this document 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. In order to activate your coverage, please remit premium in full by the effective date of this Certificate of Insurance.  
Master Policy # 188711433

G-141241-B (03/2010)

Coverage Change Date:

Endorsement Change Date: