



1100 Virginia Drive, Suite 250, Fort Washington, PA 19034
service@hpsocover.com
(800) 982-9491

Professional Liability for Katherine Zerit

Hello Katherine Zerit

I'm happy to present to you your insurance policy. The terms and coverage details are specified in the following pages, so please review them and maintain a copy for your records. If you have any questions about the language, your coverage or anything else, please let me know.

Type of policy	Start Date	Expiry Date	Type of Payment	Invoiced Amount
Professional Liability	2024-10-09	2025-10-09	Full Payment	
			Premium	\$94.00
			Taxes	\$0.00
			Purchasing Group Fee	\$8.00
			Initial Payment Proccessing fees	\$0.00
			Total Amount	\$102.00

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Healthcare Providers Service Organization is a registered trade name of Affinity Insurance Services, Inc., a licensed producer in all states (TX 13695); (AR 100106022); in CA & MN, AIS Affinity Insurance Agency, Inc. (CA 0795465); in OK, AIS Affinity Insurance Services, Inc.; in CA, Aon Affinity Insurance Services, Inc., (CA 0G94493), Aon Direct Insurance Administrators and Berkely Insurance Agency and in NY, AIS Affinity Insurance Agency.



HEALTHCARE PROVIDERS SERVICE
ORGANIZATION PURCHASING GROUP

Certificate of Insurance



Print Date : 10/09/2024

PRODUCER	BRANCH	PREFIX	POLICY NUMBER	POLICY PERIOD	
018098	970	HPG	0795914537	From: 10/09/24 at 03:58 PM ET to 10/09/25 at 12:01 AM Std Time	
Named Insured and Address: Katherine Zerit 311 S Lasalle St 16C Durham, NC 27705				Program Administered by: Healthcare Providers Service Organization 1100 Virginia Drive, Suite 250 Fort Washington, PA 19034-3278 1-800-982-9491 www.hpso.com	Insurance Provided by: American Casualty Company of Reading, Pennsylvania 151 N. Franklin Street Chicago, IL 60606
Medical Specialty: Speech Language Pathologist				Code: 80716	

Professional Liability ("PL"): X Occurrence _____ Claims Made and Reported

. Limits of Liability

\$1,000,000 each claim / \$3,000,000 aggregate

PL Limits of Liability above include the following:

*Healthcare Providers Services Liability *Placement Services Liability *Formal Review Board Activities Liability *Good Samaritan Services Liability

Abuse and Molestation Sublimits of Liability:

Damages (included within PL Limits of Liability shown above)

\$25,000 aggregate

Defense Costs (included within PL Limits of Liability shown above)

\$100,000 aggregate

PL Supplementary Benefits

Licensure Defense Expenses

Up to \$200 per hour / \$25,000 aggregate

Licensure Proceeding Supplemental Costs

\$500 each insured / \$500 aggregate

Subpoena Assistance Costs

\$10,000 each subpoena / \$10,000 aggregate

Assault (includes workplace violence counseling)

\$25,000 each assault incident / \$25,000 aggregate

Patient First Aid Medical Expenses

\$10,000 aggregate

Services to Animals Property Damage

\$10,000 aggregate

Media Expense

\$25,000 aggregate

Information Privacy (HIPAA) Fines & Penalties

\$25,000 aggregate

Workplace Liability: Occurrence

Workplace Liability Aggregate Limit of Liability

\$1,000,000 aggregate

(included within PL Aggregate Limit of Liability, above)

Bodily Injury and Property Damage

\$1,000,000 each occurrence

(included within Workplace Aggregate, above)

Personal and Advertising Injury

\$1,000,000 any one person or entity

(included within Workplace Aggregate, above)

Fire and Water Sublimit of Liability

\$150,000 aggregate

(included within Bodily Injury and Property Damage each occurrence Limit, above)

Residential Personal Liability

\$1,000,000 aggregate

(in addition to the Workplace Aggregate, above)

Workplace Liability Supplementary Benefit

Non-Patient Medical Expenses

\$25,000 each person

PL and GL/WPL (as applicable) Supplementary Benefit:

Proceeding Expense Reimbursement

\$1,000 each insured per day / \$25,000 each insured per proceeding

Total \$94.00

Base Premium \$94.00

Premium reflects Employed , Full Time

Policy Forms and Endorsements (Please see attached list)

Dino Robusto, Chairman of the Board

Stathy Darcy, 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

CNA101440 (07-23)



HEALTHCARE PROVIDERS SERVICE
ORGANIZATION PURCHASING GROUP

Certificate of Insurance



Your professional liability insurance contains insuring agreements that may be written on an occurrence or a claims made and reported basis. With respect to any claims made and reported coverage such coverage applies only to claims first made against the insureds and reported to the Insurer during the policy period or any applicable extended reporting period in accordance with the provisions of this policy. Please discuss with your Program Administrator.

DEFENSE WITHIN LIMITS: WHERE DEFENSE WITHIN LIMITS IS INDICATED BELOW OR BY ENDORSEMENT, THE AMOUNT OF MONEY AVAILABLE TO PAY SETTLEMENTS OR JUDGMENTS AGAINST YOU UNDER SUCH SPECIFIED COVERAGE PART WILL BE REDUCED AND MAY BE EXHAUSTED BY DEFENSE EXPENSES, INCLUDING BUT NOT LIMITED TO FEES PAID TO ATTORNEYS TO DEFEND YOU.

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.

POLICY FORMS & ENDORSEMENTS

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

FORM #	FORM DESCRIPTION
CNA101429 (07-23)	General Terms and Conditions
CNA101432 (07-23)	Healthcare Providers Professional Liability Coverage Part (Occurrence)
CNA101436 (07-23)	Workplace Liability Coverage Part
CNA81753 (03-15)	Coverage & Cap on Losses from Certified Acts Terrorism
CNA81758 (01-21)	Notice - Offer of Terrorism Coverage & Disclosure of Premium
CNA101458 (07-23)	HIPAA Proceedings Supplementary Benefits Endorsement
CNA101553 (07-23)	Table of Contents - General Terms and Conditions
CNA101557 (07-23)	Table of Contents- Coverage Part Occurrence Form
CNA101563 (07-23)	Table of Contents - Workplace
CNA101512NC (07-23)	Cancellation and Non Renewal Amendatory Endorsement - North Carolina
CNA101521NC (07-23)	Amendatory Endorsement (General Terms & Conditions) - NC
CNA101574 (07-23)	Purchasing Group Membership Fee
CNA101443 (07-23)	Media Event Expenses Supplementary Benefits Endorsement
CNA101450 (07-23)	Entity, Employees or Independent Contractor Exclusion Endorsement
CNA101463 (07-23)	Personal Liability Coverage Endorsement

Form #:CNA101440 (07-23)
Master Policy #: 188711433

Named Insured:Katherine Zerit
Policy #: 0795914537