



**HEALTHCARE PROVIDERS SERVICE  
ORGANIZATION PURCHASING GROUP**

**Certificate of Insurance**



**OCCURRENCE POLICY FORM**

PRODUCER	BRANCH	PREFIX	POLICY NUMBER	Policy Period:
018098	970	HPG	0433631856-8	From 10/15/11 to 10/15/12 at 12:01 AM Standard Time

**Named Insured**

Nina M White  
1852 31st St  
San Diego, CA 92102-1108

**Program Administered by:**

Healthcare Providers Service Organization  
159 E. County Line Road  
Hatboro, PA 19040-1218  
1-800-982-9491  
www.hpso.com

**Medical Specialty Code**

Nutritionist 80720

**Insurance is provided by:**

American Casualty Company of Reading, Pennsylvania  
333 South Wabash Avenue Chicago, Illinois 60604

**Professional Liability** \$1,000,000 each claim \$3,000,000 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**

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
<i>Includes Workplace Violence Counseling</i>		
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 & Penalties	\$ 25,000 per incident	\$ 25,000 aggregate

**Workplace Liability**

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

**Total: \$43.00**

Premium reflects recent graduate discount.

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

G-121500-D G-121501-C1 G-121503-C G-145184-A G-147292-A GSL3886 GSL3908 GSL13424  
GSL15563 GSL15564 GSL15565 GSL17101 G-123846-D04

**Chairman of the Board**

**Secretary**

Keep this Certificate of Insurance in a safe place. This Certificate of Insurance 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.

Form #: G-141241-B (3/2010)

Master Policy: 188711433

## POLICY FORMS & ENDORSEMENTS

The list below contains general descriptions of the policy forms and endorsements that may or may not apply to your professional liability insurance policy. State specific policy forms and endorsements are not included in the list below. Should you require descriptions or samples of these documents, please visit us online at [www.hpsso.com/policyforms](http://www.hpsso.com/policyforms). **Please refer to your Certificate of Insurance for the policy forms & endorsements specific to your state and your policy period.** All products and services may not be available in all states and may be subject to change without notice.

**Think Green** – expanded definitions and copies of these policy forms and endorsements are available online at [www.hpsso.com/policyforms](http://www.hpsso.com/policyforms).

### COMMON POLICY FORMS & ENDORSEMENTS

<u>FORM #</u>	<u>DESCRIPTION</u>
G-121500-D	Common Policy Conditions
G-121501-C	Occurrence Policy Form
G-121502-C	Claims Made 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
GSL3886	Coverage & Cap on Losses from Certified Acts of Terrorism
GSL3908	Notice – 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

### OPTIONAL ENDORSEMENTS

<u>FORM #</u>	<u>DESCRIPTION</u>
GSL5587	Consulting Services Liability Endorsement
GSL5548	Case Management Services
G-121504-C	General Liability Form

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

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 #: G-141241-B  
Master Policy #: 188711433

Named Insured: Nina M White  
Policy #: 0433631856-8