

**Certificate of Insurance**
OCCURRENCE PROFESSIONAL LIABILITY POLICY FORM

Print Date: 9/11/2025

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	BRANCH	PREFIX	POLICY NUMBER	POLICY PERIOD
018098	970	HPG	0127265783	From: 09/01/25 to 09/01/26 at 12:01 AM Standard Time
Named Insured and Address:			Program Administered by:	
Participating Schools of the State of Washington Wash State Dept Enterprise Svs 1500 Jefferson St Se Ms 41466 Olympia, WA 98504-0001			Healthcare Providers Service Organization 1100 Virginia Drive, Suite 250 Fort Washington, PA 19034 1-800-986-4627 www.hpso.com	
Medical Specialty:			Code:	Insurance Provided by:
School Blanket - Healthcare Provider Students			80998	American Casualty Company of Reading, Pennsylvania 151 N. Franklin Street Chicago, IL 60606

Professional Liability	\$ 1,000,000	each claim	\$ 3,000,000	aggregate
-------------------------------	---------------------	-------------------	---------------------	------------------

Your professional liability limits shown above include the following:

* Personal Injury Liability

Coverage Extensions

Grievance Proceedings	\$ 1,000	per proceeding	\$ 10,000	aggregate
Defendant Expense Benefit			\$ 10,000	aggregate
Deposition Representation	\$ 1,000	per deposition	\$ 5,000	aggregate
Assault	\$ 1,000	per incident	\$ 25,000	aggregate
Medical Payments	\$ 2,000	per person	\$ 100,000	aggregate
First Aid	\$ 500	per incident	\$ 25,000	aggregate
Damage to Property of Others	\$ 250	per incident	\$ 10,000	aggregate
Enterprise Privacy Protection- Claims Made	\$ 25,000	per incident	\$ 25,000	aggregate
Retroactive Date: 9/01/2023 (Defense inside limits)				

Total \$191,414.00

Base Premium \$191,414.00

Policy Forms and Endorsements (Please see attached list of policy forms and endorsements)**Doug Worman, Chief Executive Officer****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

CNA93692 (11-2018)