



HEALTHCARE PROVIDERS SERVICE  
ORGANIZATION PURCHASING GROUP



Certificate of Insurance

OCCURRENCE POLICY FORM

Print Date: 8/23/2018

**Producer** 018098    **Branch** 970    **Prefix** HPG    **Policy Number** 0127288853    **Policy Period** from 09/01/18 to 09/01/19 at 12:01 AM Standard Time

**Named Insured and Address:**

Zane State College  
1555 Newark Rd  
Zanesville, OH 43701-2626

**Program Administered by:**

Nurses Service Organization  
1100 Virginia Drive, Suite 250  
Fort Washington, PA 19034  
1-800-986-4627  
www.nso.com

**Medical Specialty:**

School Blanket - Healthcare Provider Students

**Code:**

80998

**Insurance is provided by:**

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

**Professional Liability** \$2,000,000 each claim \$ 5,000,000 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 |

**Total: \$ 3,105.00**

Base Premium \$3,105.00



A Trusted Partner for Your Peace of Mind



Box 543, 7540 Slate Ridge Blvd. • Reynoldsburg, OH 43068-0543  
Local: 614.866.7799 • Toll Free: 1.877.954.6787  
Fax: 614.759.4763 • www.reidelinsurance.com

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

G-144918-A    CNA79561    G-144931-A34

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:

## POLICY FORMS & ENDORSEMENTS

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

### **COMMON POLICY FORMS & ENDORSEMENTS**

| <u>FORM #</u> | <u>DESCRIPTION</u>   |
|---------------|--|
| G-144918-A    | School Blanket Occurrence Form   |
| CNA79561      | Distribution or Recording of Material or Information in Violation of Law Exclusion Endorsement |
| G-144931-A34  | Cancellation & Non-Renewal Endorsement   |

**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 KY LGPT is the KY Local Government Premium Tax which includes charges at a municipality and/or county level.
- 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 - 2012 Regular Assessment.

Form#: G-141241-B (03/2010)  
Master Policy#: 188711433

Named Insured: Zane State College  
Policy#: 0127288853