



HEALTHCARE PROVIDERS SERVICE ORGANIZATION PURCHASING GROUP



Certificate of Insurance

OCCURRENCE POLICY FORM

Print Date: 10/04/2019

Producer Branch Prefix Policy Number Policy Period
018098 970 HPG 0127285354 from 11/11/19 to 11/11/20 at 12:01 AM Standard Time

Named Insured and Address:

Florida A & M University Risk Management 1700 Lee Hall Dr Ste 304 Tallahassee, FL 32307-0001

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 151 N. Franklin Street Chicago, IL 60606

Professional Liability \$1,000,000 each claim \$ 5,000,000 aggregate

Your professional liability limits shown above include the following:

- * Personal Injury Liability

Coverage Extensions

Table with 5 columns: Coverage Extension, Amount, Unit, Amount, Aggregate. Rows include Grievance Proceedings, Defendant Expense Benefit, Deposition Representation, Assault, Medical Payments, First Aid, and Damage to Property of Others.

Total: \$10,474.00

Base Premium

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

G-144918-A CNA79561 G-144931-A09 G-144922-A

Handwritten signature of Chairman of the Board

Chairman of the Board

Handwritten signature of Secretary

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: