

## HEALTHCARE PROVIDERS SERVICE ORGANIZATION PURCHASING GROUP



# Certificate of Insurance occurrence professional liability policy form

Print Date: 11/06/2025

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.

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PRODUCER	BRANCH	PREFIX	POLICY NUME	BER	POLICY PERIOD				
018098	970	HPG	083466610	3	From: 09/15/25 to 09/15/26 at 12:01 AM Standard Time				
Named Insured and Address:					Program Administered by:				
Horry-Georgetown Technical College 2050 E Highway 501 Conway, SC 29526-9521					Nurses Service Organization 1100 Virginia Drive, Suite 250 Fort Washington, PA 19034 1-800-986-4627 www.nso.com				
Medical Specialty: Code:					Insurance Provided by:				
School Blan	ket - Health	care Provi	der Students 80	0998	American Casualty Company of Reading, Pennsylvania 151 N. Franklin Street Chicago II 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** 

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Grievance Proceedings	\$ 1,000	per proceeding	\$ 10,000	aggregate	
Defendant Expense Benefit		-	\$ 10,000	aggregate	
Deposition Representation	<b>^\$ 1,000</b>	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 incide <b>n</b> t	\$ 10,000	aggregate	

Total \$ 8,103.70

Base Premium \$ 7645.00

Surcharge \$ 458.70

Local Tax \$0.00

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: 10/01/2025

Master Policy: 188711433

CNA93692 (02-2019)

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

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

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

FORM # FORM NAME

G-144918-A (01-03) School Blanket Occurrence Form

CNA79561 (09-14) Distribution or Recording of Material or Information in Violation of Law Exclusion Endorsement

G-144931-A39 (01-03) Cancellation & Non-Renewal Endorsement

CNA96097 (06-19) Amended Definition of Policy Period Endorsement

CNA97338SC (12-19) Policyholder Notice - South Carolina Medical Malpractice Association Surcharge

CNA105782 (04-23) Services to Animals G-144922-A (01-03) Certificate Holder (SB2)

### 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 Local Tax is the KY Local Government Premium Tax.

As required by 806 Ky. Admin Regs. 2:100, this Notice is to advise you that a surcharge has been applied to your insurance premium and is separately itemized on the Declarations page or billing

instrument attached to your policy, as required KRS. §136.392.

For WV residents: The surcharge shown on the Certificate of Insurance is the WV Premium Surcharge.

For FL residents:

For SC residents: The surcharge shown on the certificate of Insurance is the SC Medical Malpractice Association

(SCMMA) Surcharge.

Form #:CNA93692 (02-2019) Named Insured: Horry-Georgetown Technical College

Master Policy #: 188711433 Policy #: 0834666103