



HEALTHCARE PROVIDERS SERVICE ORGANIZATION PURCHASING GROUP

Certificate of Insurance OCCURENCE POLICY FORM

Print Date: 8/30/2013



Healthcare Providers Service Organization

RECEIVED

AUG 30 2013

FISCAL ANALYST PUPIL SERVICES/SPECIAL EDUCATION

Producer Branch Prefix Policy Number 018098 970 HPG 0159917591

Policy Period from 03/08/13 to 03/08/14 at 12:01 AM Standard Time

Named Insured and Address: Kristen W Obrinsky

Program Administered by: Healthcare Providers Service Organization 159 E. County Line Road Hatboro, PA 19040-1218 1-800-982-9491 www.hpsso.com

Medical Specialty: Physical Therapist

Code: 80995

Insurance is provided by: American Casualty Company of Reading, Pennsylvania 333 S. Wabash Avenue, Chicago, IL 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

Table with 4 columns: Coverage Extension, Amount, Unit, Aggregate Limit. Includes License Protection, Defendant Expense Benefit, Deposition Representation, Assault, Medical Payments, First Aid, Damage to Property of Others, Information Privacy (HIPAA) Fines and Penalties.

General Liability

General Liability \$1,000,000 each claim / \$1,000,000 aggregate
Fire & Water Legal Liability Included in the GL limit shown above subject to \$250,000 aggregate sublimit
Personal Liability \$1,000,000 aggregate

Total: \$ 486.00

Base Premium \$486.00

Premium reflects Self Employed , Full Time

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

Table with 6 columns of policy form numbers: G-121500-D, G-121501-C1, G-145184-A, G-147292-A, GSL15563, GSL15564, etc.

Handwritten signature of Thomas F. Motamed

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: 8/29/2013

Endorsement Change Date:

**HEALTHCARE PROVIDERS  
PROFESSIONAL LIABILITY INSURANCE ENDORSEMENT**

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**Additional Insured – Person or Entity**

In consideration of the premium paid, and subject to the Professional Liability limit of liability shown on the **certificate of insurance**, it is agreed that the **PROFESSIONAL LIABILITY COVERAGE PART** is amended as follows:

The person or entity named below (the "Additional Insured") is an insured under this Coverage Part but only as respects its liability for **your medical incidents** and solely to the extent that:

1. a **professional liability claim** is made against you and the additional insured; and
2. in any ensuing litigation arising out of such **claim**, you and the additional insured remain as co-defendants.

In no event is there any coverage provided under this policy for a **medical incident** that is the direct liability of the additional insured.

**Additional Insured:** Mt. Diablo Unified School District

1936 Carlotta Drive

Concord CA 94519

**Additional Premium: \$**

This endorsement is a part of **your** policy and takes effect on the effective date of **your** policy, unless another effective date is shown below. All other provisions of the policy remain unchanged.

<i>Must Be Completed</i>		<i>Complete Only When This Endorsement Is Not Prepared with the Policy Or Is Not to be Effective with the Policy</i>	
ENDT. NO.	POLICY NO.	ISSUED TO	ENDORSEMENT EFFECTIVE DATE
1	159917591	Kristen W Obrinsky	3/08/2011

G-121486-B (07/2001)

dh 3/09/2011