



HEALTHCARE PROVIDERS SERVICE
ORGANIZATION PURCHASING GROUP



Certificate of Insurance
OCCURRENCE POLICY FORM

Print Date: 4/09/2019

Producer Branch Prefix **Policy Number** **Policy Period**
018098 970 HPG 0127263449 from 07/01/19 to 07/01/20 at 12:01 AM Standard Time

Named Insured and Address:
University of Central Arkansas
201 Donaghey Ave
Conway, AR 72035-5001

Program Administered by:
Healthcare Providers Service Organization
1100 Virginia Drive, Suite 250
Fort Washington, PA 19034
1-800-986-4627
www.hpso.com

Medical Specialty: **Code:**
School Blanket - Healthcare Provider Students 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: \$18,345.00

Base Premium \$18,345.00

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

G-144918-A CNA79561 G-144931-A03 G-144922-A


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: