



HEALTHCARE PROVIDERS SERVICE
ORGANIZATION PURCHASING GROUP



Certificate of Insurance
OCCURRENCE PROFESSIONAL LIABILITY POLICY FORM

Print Date: 5/18/2023

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.

PRODUCER 018098	BRANCH 970	PREFIX HPG	POLICY NUMBER 0127263449	POLICY PERIOD From: 07/01/23 to 07/01/24 at 12:01 AM Standard Time
Named Insured and Address: University of Central Arkansas 201 Donaghey Ave Conway, AR 72035-5001			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 Provided by: American Casualty Company of Reading, Pennsylvania 151 N. Franklin Street Chicago, IL 60606

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 \$ 16,566.00

Base Premium \$16,566.00

Policy Forms and Endorsements (Please see attached list of policy forms and endorsements)

Chairman of the Board

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:

Master Policy: 188711433

CNA93692 (11-2018)

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-A03 (01-03)	Cancellation & Non-Renewal Endorsement
CNA98115AR (03-20)	Arkansas Policyholder Notice
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: The FIGA Assessment shown on the Certificate of Insurance is the FL Insurance Guaranty Association - 2022 Regular Assessment.

Form #: CNA93692 (11-2018)

Master Policy #: 188711433

Named Insured: University of Central Arkansas

Policy #: 0127263449



Compensation and Other Disclosure Information

Healthcare Providers Service Organization (HPSO) a registered trade name of Affinity Insurance Services, Inc., exclusively offers the HPSO Program as an agent of CNA and provides services that may include the following: program marketing, underwriting, policy management, billing, risk management and client services on its behalf.

Affinity Insurance Services Inc. is an insurance producer licensed in your state. Insurance producers are authorized by their license to confer with insurance purchasers about the benefits, terms and conditions of insurance contracts; to offer advice concerning the substantive benefits of particular insurance contracts; to sell insurance; and to obtain insurance for purchasers. The role of the producer in any particular transaction involves one or more of these activities. Compensation will be paid to the producer, based on the insurance contract the producer sells. Depending on the insurer(s) and insurance contract(s) the purchaser selects, compensation will be paid by the insurer(s) selling the insurance contract or by another third party. Such compensation may vary depending on a number of factors, including the insurance contract(s) and the insurer(s) the purchaser selects. In addition, Affinity may charge a fee for administrative services. Your signature on your application, quote form, check, and/or other authorization for payment of your premium, will be deemed to signify your consent to and acceptance of the terms and conditions including the compensation, as disclosed above, that is to be received by Aon. The insurance purchaser may obtain information about compensation expected to be received by the producer based in whole or in part on the sale of insurance to the purchaser, and compensation expected to be received based in whole or in part on any alternative quotes presented to the purchaser by the producer, by contacting member services at 1-800-986-4627.

In addition, premiums paid by Clients to Affinity for remittance to insurers, Client refunds and claim payments paid to Affinity by insurance companies for remittance to Clients are deposited into fiduciary accounts in accordance with applicable insurance laws until they are due to be paid to the insurance company or Client. Subject to such laws and the applicable insurance company's consent, where required, Affinity will retain the interest or investment income earned while such funds are on deposit in such accounts.

In placing, renewing, consulting on or servicing your insurance coverages Affinity and its affiliates may participate in contingent commission arrangements with insurance companies that provide for additional contingent compensation, if, for example, certain underwriting, profitability, volume or retention goals are achieved. Such goals are typically based on the total amount of certain insurance coverages placed by Aon with the insurance company or the overall performance of the policies placed with that insurance company, not on an individual policy basis. As a result, Aon may be considered to have an incentive to place your insurance coverages with a particular insurance company.

Our liability to you, in total, for the duration of our business relationship for any and all damages, costs, and expenses (including but not limited to attorneys' fees), whether based on contract, tort (including negligence), or otherwise, in connection with or related to our services (including a failure to provide a service) that we provide in total shall be limited to the lesser of \$6,000,000 or the singular annual limit of the policy of insurance procured by us on your behalf from which your damages arise.

This liability limitation applies to you, our client, and extends to our client's parent(s), affiliates, subsidiaries, and their respective directors, officers, employees and agents (each a "Client Group Member" of the "Client Group") wherever located that seek to assert claims against ARS, and its parent(s), affiliates, subsidiaries and their respective directors, officers, employees and agents (each an "Aon Group Member" of the "Aon Group"). Nothing in this liability limitation section implies that any Aon Group Member owes or accepts any duty or responsibility to any Client Group Member.

If you or any of your Group Members asserts any claims or makes any demands against us or any Aon Group Member for a total amount in excess of this liability limitation, then you agree to indemnify ARS for any and all liabilities, costs, damages and expenses, including attorneys' fees, incurred by ARS or any Aon Group Member that exceeds this liability limitation.

Aon Corporation, our ultimate parent company, and its affiliates have from time to time sponsored and invested in insurance and reinsurance companies. While we generally undertake such activities with a view to creating an orderly flow of capacity for our clients, we also seek an appropriate return on our investment. These investments, for which Aon is generally at-risk for potential price loss, typically are small and range from fixed-income to common stock transactions. In such case, the gains or losses we make through your investments could potentially be linked, in part, to the results of treaties or policies transacted with you. Please visit the Aon website at http://www.aon.com/market_relationships for a current listing of insurance and reinsurance carriers in which Aon Corporate and its affiliates hold any ownership interest.

FATCA Notice: Please go to www.aon.com/FATCA to obtain the appropriate W-9.

SCHOOL POLICY FOR HEALTHCARE PROVIDER STUDENTS

Agreement to Provide Notice of Cancellation

In consideration of the premium paid, it is agreed that if the policy to which this endorsement is attached is cancelled before the expiration date, we will endeavor to mail notice to the person or entity named below. However, failure to mail such notice shall impose no obligation or liability of any kind upon the company, its agents or representatives.

Person or Entity Name and Address:

The BridgeWay
21 Bridgeway Road
North Little Rock, AR 72213

This endorsement is a part of the policy and takes effect on the effective date of the 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
01	0127263449	University of Central Arkansas	7/01/2023



STUDENT BLANKET PROFESSIONAL LIABILITY INSURANCE

5/18/2023

First Notice

University of Central Arkansas
Jeremy Davis
201 Donaghey Ave
Conway, AR 72035-5001

POLICY NUMBER: 0127263449
POLICY TERM: 7/01/2023 to 7/01/2024

It's time to renew your Professional Liability Insurance coverage with \$2,000,000 per occurrence/\$5,000,000 annual aggregate limits of liability. The annual amount due for this year is \$16,586.00
Total amount due includes a \$20.00 HPSO Membership Fee.
Please send your payment promptly. Just detach the bill below and return it , along with your payment, in the envelope provided

The enclosed Certificate of Insurance outlines your benefits. Please keep it in a safe place.

You may direct all questions about your coverage or account status to our special customer service line: 1-800-986-4627.

To activate your coverage, follow these steps,

- 1. Make check payable to Healthcare Providers Service Organization, for your premium payment. Be sure to include your policy number on your check. To make a payment by credit card, please complete the form below.
2. Detach bill.
3. Mail in envelope provided.

SBRNL1

DETACH HERE

STUDENT BLANKET PROFESSIONAL LIABILITY HERE IS YOUR BILL

University of Central Arkansas
201 Donaghey Ave
Conway, AR 72035-5001

Table with 2 columns: Label (DUE DATE, AMOUNT ENCLOSED) and Value (7/01/2023, empty)

Policy Number: 0127263449
Policy Term: 7/01/2023 to 7/01/2024
Balance Due: \$16,586.00
Payment Options:

I hereby authorize Healthcare Providers Service Organization (HPSO) to charge as a "purchase" my insurance premium, for one year, to my American Express, Discover, MasterCard or Visa account number as shown. I understand and agree that premiums will not be paid through my American Express, Discover, MasterCard or Visa account if I am in default under the terms of my account or if my account has been canceled.

- Check or Money Order made payable to HPSO
Credit Card: AMEX Discover MasterCard Visa

Account Number, Expiration Date, Signature, Date

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