



**HEALTHCARE PROVIDERS SERVICE
ORGANIZATION PURCHASING GROUP**
Certificate of Insurance



Print Date : 4/28/2026

PRODUCER	BRANCH	PREFIX	POLICY NUMBER	POLICY PERIOD
018098	970	HPG	0423337836	From: 05/01/26 to 05/01/27 at 12:01 AM Standard Time
Named Insured and Address:			Program Administered by:	Insurance Provided by:
The Counseling Source Inc & The Counseling Source Foundation 10921 Reed Hartman Hwy Ste 133 Cincinnati, OH 45242-2851			Healthcare Providers Service Organization 1100 Virginia Drive, Suite 250 Fort Washington, PA 19034-3278 1-888-288-3534 www.hpso.com	American Casualty Company of Reading, Pennsylvania 151 N. Franklin Street Chicago, IL 60606
Medical Specialty:				Code:
Psychologist/Psychotherapist Firm				80723

Excludes Cosmetic Procedures

Professional Liability ("PL"): Occurrence _____ Claims Made and Reported

Limits of Liability

\$1,000,000 each claim / \$3,000,000 aggregate

PL Limits of Liability above include the following:

*Healthcare Providers Services Liability *Placement Services Liability *Formal Review Board Activities Liability *Good Samaritan Services Liability

Abuse and Molestation Sublimits of Liability:

Damages (included within PL Limits of Liability shown above) \$25,000 aggregate
 Defense Costs (included within PL Limits of Liability shown above) \$100,000 aggregate

PL Supplementary Benefits

Licensure Defense Expenses Up to \$200 per hour / \$25,000 aggregate
 Licensure Proceeding Supplemental Costs \$500 each insured / \$500 aggregate
 Subpoena Assistance Costs \$10,000 each subpoena / \$10,000 aggregate
 Assault (includes workplace violence counseling) \$25,000 each assault incident / \$25,000 aggregate
 Patient First Aid Medical Expenses \$10,000 aggregate
 Services to Animals Property Damage \$10,000 aggregate
 Media Expense \$25,000 aggregate
 Cyber Liability and First Party Loss (Including Privacy) – Claims Made and Reported \$25,000 aggregate
 Defense Costs within limits \$25,000 aggregate
 Retroactive Date: 05/01/2020

Workplace Liability: Occurrence

Workplace Liability Aggregate Limit of Liability \$1,000,000 aggregate
 (included within PL Aggregate Limit of Liability, above)
 Bodily Injury and Property Damage \$1,000,000 each occurrence
 (included within Workplace Aggregate, above)
 Personal and Advertising Injury \$1,000,000 any one person or entity
 (included within Workplace Aggregate, above)
 Fire and Water Sublimit of Liability \$150,000 aggregate
 (included within Bodily Injury and Property Damage each occurrence Limit, above)

Workplace Liability Supplementary Benefit

Non-Patient Medical Expenses \$25,000 each person

PL and GL/WPL (as applicable) Supplementary Benefit:

Proceeding Expense Reimbursement \$1,000 each insured per day / \$25,000 each insured per proceeding

Total \$40,432.00

Base Premium \$40,432.00

Policy Forms and Endorsements (Please see attached list)

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:

Master Policy: 188711433

CNA101440 (07-23)

Page 1



HEALTHCARE PROVIDERS SERVICE
 ORGANIZATION PURCHASING GROUP
 Certificate of Insurance



Your professional liability insurance contains insuring agreements that may be written on an occurrence or a claims made and reported basis. With respect to any claims made and reported coverage such coverage applies only to claims first made against the insureds and reported to the Insurer during the policy period or any applicable extended reporting period in accordance with the provisions of this policy. Please discuss with your Program Administrator.

DEFENSE WITHIN LIMITS: WHERE DEFENSE WITHIN LIMITS IS INDICATED BELOW OR BY ENDORSEMENT, THE AMOUNT OF MONEY AVAILABLE TO PAY SETTLEMENTS OR JUDGMENTS AGAINST YOU UNDER SUCH SPECIFIED COVERAGE PART WILL BE REDUCED AND MAY BE EXHAUSTED BY DEFENSE EXPENSES, INCLUDING BUT NOT LIMITED TO FEES PAID TO ATTORNEYS TO DEFEND YOU.

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.

POLICY FORMS & ENDORSEMENTS

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

FORM #	FORM DESCRIPTION
CNA101429 (07-23)	General Terms and Conditions
CNA101432 (07-23)	Healthcare Providers Professional Liability Coverage Part (Occurrence)
CNA101436 (07-23)	Workplace Liability Coverage Part
CNA81753 (03-15)	Coverage & Cap on Losses from Certified Acts Terrorism
CNA81758OH (01-21)	Notice - Offer of Terrorism Coverage & Disclosure of Premium
CNA101455 (07-23)	Business Owner Coverage Extension Endorsement
CNA101604 (10-24)	Entity Endorsement(Incl Specified Proc,Serv & Excl)
CNA101577 (07-23)	Biometric Privacy Exclusion Endorsement
CNA101512OH (07-23)	Cancellation & Nonrenewal Amendatory Endorsement
CNA101441 (07-23)	Cosmetic Procedures Exclusion Endorsement
CNA101443 (07-23)	Media Event Expenses Supplementary Benefits Endorsement
CNA101479 (07-23)	Cyber Liability and First Party Loss (Including Privacy) Endorsement



A Trusted Partner for Your Peace of Mind

Box 543, 7540 Slate Ridge Blvd. • Reynoldsburg, OH 43068-0543
 Local: 614.866.7799 • Toll Free: 1.877.954.6787
 Fax: 614.759.4763 • www.reidelinsurance.com

Form #:CNA101440 (07-23)
 Master Policy #: 188711433

Named Insured:The Counseling Source Inc & The
 Policy #: 0423337836