
**OCCURRENCE-BASED ALLIED HEALTH PROFESSIONALS PROFESSIONAL AND
BUSINESS LIABILITY POLICY**

NOTICE: THIS POLICY PROVIDES OCCURRENCE-BASED COVERAGE. A LOWER LIMIT OF LIABILITY APPLIES TO JUDGMENTS OR SETTLEMENTS WHEN THERE ARE ALLEGATIONS OF SEXUAL MISCONDUCT (SEE SECTION V.(C), "MAXIMUM LIMIT OF LIABILITY - SEXUAL MISCONDUCT" IN THE POLICY). PLEASE REVIEW THIS POLICY CAREFULLY AND DISCUSS THIS COVERAGE WITH YOUR LEGAL OR INSURANCE ADVISOR.

In consideration of the payment of the premium and in reliance upon the application submitted in connection with the underwriting of this Policy, which shall be deemed to be attached to, incorporated into, and made a part of this Policy, the **Insurer** and the first **Named Insured**, on behalf of all **Insureds**, agree as follows:

I. INSURING AGREEMENTS

A. Allied Health Professionals Professional Liability

The **Insurer** will pay on behalf of the **Insured**, subject to the applicable Limit of Liability, the **Damages** arising from a **Claim** made against the **Insured** for a **Professional Incident, Good Samaritan Wrongful Act, or Personal or Advertising Injury** and reported to the **Insurer** in accordance with the terms of this Policy. The **Professional Incident, Good Samaritan Wrongful Act, or Personal or Advertising Injury** must take place during the **Policy Period**.

With respect to any **Claim** for which coverage is provided, in whole or in part, under Insuring Agreement A., the **Insurer** has the right and duty to defend such **Claim**, at the **Insurer's** expense and using counsel selected by the **Insurer**, even if any of the allegations in the **Claim** is groundless, false or fraudulent.

B. General Business Liability

(1) The **Insurer** will pay on behalf of the **Insured**, subject to the applicable Limit of Liability, the **Damages** arising from a **Claim** made against the **Insured** for **Bodily Injury** suffered by a **Business Invitee** or **Property Damage**, where such **Bodily Injury** or **Property Damage** was caused by an **Occurrence**, and reported to the **Insurer** in accordance with the terms of this Policy. The **Occurrence** must take place on the **Business Premises** and during the **Policy Period**.

(2) The **Insurer** will pay on behalf of the **Insured**, subject to the applicable Limit of Liability, the **Damages** arising from a **Claim** made against the **Insured** for **Fire Damage** caused by an **Occurrence**, and reported to the **Insurer** in accordance with the terms of this Policy. The **Occurrence** must take place on the **Business Premises** and during the **Policy Period**.

With respect to any **Claim** for which coverage is provided, in whole or in part, under Insuring Agreement B., the **Insurer** has the right and duty to defend such **Claim**, at the **Insurer's** expense and using counsel selected by the **Insurer**, even if any of the allegations in the **Claim** is groundless, false or fraudulent.

C. Information Privacy Liability

- (1) The **Insurer** will pay on behalf of the **Insured**, subject to the applicable Limit of Liability, the **Defense Expenses** and **Damages** arising from a **Claim** made by a **Regulator** against the **Insured** for any **Privacy Wrongful Act**, and reported to the **Insurer** in accordance with the terms of this Policy. The **Privacy Wrongful Act** must take place during the **Policy Period**.
- (2) The **Insurer** will pay on behalf of the **Insured**, subject to the applicable Limit of Liability, the costs incurred by the **Insured** in notifying the **Insured's Patients or Clients** of a **Privacy Wrongful Act** as mandated by any U.S. federal or state privacy protection statutes or regulations, but only if such **Privacy Wrongful Act** is reported to the **Insurer** in accordance with the terms of this Policy. The **Privacy Wrongful Act** must take place during the **Policy Period**.

Coverage under this Insuring Agreement C.(2) applies regardless of whether or not a **Claim** for a **Privacy Wrongful Act** is made against an **Insured** under Insuring Agreement C.1.

II. ADDITIONAL COVERAGES

A. Defense Expenses for Claims

The **Insurer** will pay on behalf of the **Insured** the **Defense Expenses** incurred by the **Insured** arising from any **Claim** covered under Insuring Agreements A. or B.

B. Insured's Costs For Claims

The **Insurer** will pay on behalf of the **Insured** the reasonable costs, other than loss of earnings, incurred by the **Insured**, at the **Insurer's** request, in connection with defending any **Claim** covered under this Policy.

The **Insurer** will also pay the **Insured** up to \$1,000 per day for loss of earnings if the **Insured** is unable to render **Professional Services** since the **Insured** is assisting, at the **Insurer's** request, in the defense of a **Claim** covered under this Policy. The most the **Insurer** will pay for loss of earnings under this policy is \$35,000.

C. Legal Bonds for Claims

The **Insurer** will pay the premiums for appeal bonds, or bonds to release property used to secure a legal obligation, if required with respect to a **Claim** covered under this Policy. However, the **Insurer** will only pay such premiums to the extent that the face or principal amount of the bond is within the applicable Limits of Liability of this Policy. The **Insurer** shall have no obligation to appeal any decision or to obtain these bonds.

D. Defense Expenses for Proceedings

The **Insurer** will pay on behalf of the **Insured**, subject to the applicable Limit of Liability, **Defense Expenses** only, which arise from a **Proceeding** first brought during the **Policy Period** and reported to the **Insurer** in accordance with the terms of this Policy.

E. Deposition or Subpoena Proceedings Coverage

The **Insurer** will pay on behalf of the **Insured**, subject to the applicable limit of liability, attorneys' fees and expenses charged by an attorney of the **Insurer's** choice to represent and prepare the **Insured** for a **Deposition or Subpoena Proceeding** of which the **Insured** first received written notice during the **Policy Period**. The **Insured** must promptly notify the **Insurer** upon such receipt and provide the **Insurer** with all relevant documentation.

F. Medical Payments

The **Insurer** will pay on behalf of the **Insured**, subject to the applicable Limit of Liability, the **Medical Payments** arising from any **Bodily Injury** suffered by a **Business Invitee**, where such **Bodily Injury** was caused by an **Occurrence** and is reported to the **Insurer** in accordance with the terms of this Policy. The **Occurrence** must take place on the **Business Premises** and during the **Policy Period**. The injured **Business Invitee** must submit to examination, as often as required by the **Insurer**, by physicians of the **Insurer's** choice and at the **Insurer's** expense. The treatment or other services eligible for **Medical Payments** must be rendered within one (1) year of the **Occurrence**, and the **Medical Payments** expenses must be reported to the **Insurer** within ninety (90) days from the date such treatment or service was rendered.

G. Emergency Aid Expenses

The **Insurer** will reimburse the **Insured**, subject to the applicable Limit of Liability, for costs and expenses for medical supplies, and for one (1) hour of the **Insured's** lost earning at an hourly rate of \$100.00 per hour or the **Insured's** average hourly rate charged for **Professional Services**, whichever is less. The **Insured** must voluntarily incur such costs and expenses by rendering emergency treatment or services at the scene of an accident, medical crisis or disaster, provided that such treatment or services takes place during the **Policy Period** and that the **Insured** as soon as practicable reports any costs or expenses to the **Insurer**.

H. Assault or Battery

The **Insurer** will reimburse the **Insured** for medical expenses that the **Insured** incurs as a result of **Bodily Injury** to the **Insured** caused by an **Assault or Battery**, or **Property Damage** to the **Insured's** Personal Property if caused by an **Assault or Battery**. The **Assault or Battery** must be committed by a **Patient or Client** of the **Insured**, or by the **Patient's or Client's** immediate family member, during the **Insured's** rendering of **Professional Services**.

Provided always that:

- (1) such **Assault or Battery** takes place during the **Policy Period**;
- (2) the treatment or other services eligible for reimbursement as medical expenses are rendered within one (1) year of the **Assault or Battery**, and the medical expenses are reported to the **Insurer** within ninety (90) days from the date such treatment or service was rendered; and
- (3) the **Insured** submits to examination, as often as reasonably required by the **Insurer**, by physicians of the **Insurer's** choice and at the **Insurer's** expense.

Coverage under this **Assault or Battery** Additional Coverage is excess over any other valid and collectible insurance, including workers' compensation or health insurance.

I. Damage To Property of Patients or Clients

The **Insurer** will reimburse the **Insured**, subject to the applicable Limit of Liability for **Property Damage** that occurs during the **Policy Period** and that is caused by the **Insured** to the tangible property of a **Patient or Client**, provided that such **Property Damage** was not caused intentionally, and takes place while the **Insured** is providing **Professional Services** to the **Patient or Client**.

The **Insured** must provide us with a sworn statement of the value of such **Property Damage** within sixty (60) days, and exhibit the damaged property to the **Insurer** if in the **Insured's** possession and control.

III. DEFINITIONS

- A. Advertisement** means a notice that is broadcast or published to the general public or specific market segments about **Professional Services** for the purpose of attracting **Patients or Clients**. For the purposes of this definition:
 - (1) notices that are published include material placed on the Internet or on similar electronic means of communication; and
 - (2) regarding websites, only that part of a website that is about the **Insured's** goods, products or services for the purposes of attracting **Patients or Clients** is considered an advertisement.
- B. Assault or Battery** means the willful infliction of physical harm on the **Insured**, by a **Patient or Client** or their immediate family member, or any attempt thereof.
- C. Bodily Injury** means bodily harm, sickness or disease, including any resulting death, and mental anguish or emotional distress resulting therefrom.

- D. Business Invitee** means any natural person, including a **Patient or Client**, solely in their capacity as one who is invited by the **Insured** to enter into and remain on the **Business Premises** for a purpose directly or indirectly connected with the rendering of **Professional Services**. A **Business Invitee** shall not include any person who enters the **Business Premises** without the **Insured's** knowledge or permission, or any person who is an **Insured**.
- E. Business Premises** means any location owned, leased or rented by the **Insured** where **Professional Services** are rendered, and the ways and means immediately adjacent thereto, and may include the **Insured's** residence if **Professional Services** are regularly rendered at such residence.
- F. Claim** means any:
- (1) written demand for monetary relief made against an **Insured**;
 - (2) judicial proceeding which is commenced against an **Insured** by service of a civil complaint, notice of charges or similar pleading;
 - (3) arbitration proceeding commenced against an **Insured** by service of a demand for arbitration; or
 - (4) administrative proceeding or formal investigation commenced by a **Regulator**, but solely as respects Insuring Agreement C.

Multiple demands, proceedings or investigations arising out of the same **Professional Incident, Privacy Wrongful Act or Occurrence** shall be deemed a single **Claim**.

A **Claim** shall not include any criminal proceeding or indictment, or any investigation related thereto.

- G. Damages** means:
- (1) settlements or judgments;
 - (2) pre-judgment or post-judgment interest; and
 - (3) costs or fees awarded in favor of the claimant.

Damages do not include:

- (a) amounts for which the **Insured** is not legally liable;
- (b) amounts which are without legal recourse to the **Insured**;
- (c) taxes;
- (d) the return, restitution, refund or disgorgement of fees, profits or amounts charged, held or retained by the **Insured** in connection with the rendering of **Professional Services**;

- (e) fines or penalties, except:
 - (i) as provided for in Section V.D. ; or
 - (ii) **HIPAA** fines and penalties, but solely under Insuring Agreement C.(1); or
- (f) amounts deemed uninsurable under applicable law.

H. Defense Expenses means reasonable and necessary fees, costs, charges or expenses resulting from the investigation, defense, or appeal of a **Claim** or expenses resulting from the investigation or defense of a **Proceeding**.

Defense Expenses do not include:

- (a) amounts incurred prior to the date a **Claim** is first made, or a **Proceeding** is first brought, and reported to the **Insurer**;
- (b) compensation or benefits of any natural person **Insured** or any overhead expenses of any **Insured** organization;
- (c) fines or penalties; or
- (d) any costs, fees or expenses to comply with a determination or decision made by a regulatory body, licensing board, agency or other organization in a **Proceeding**.

I. Deposition or Subpoena Proceeding means a civil proceeding in which the **Insured** is not a party but has been ordered to offer deposition testimony regarding **Professional Services** or has received a subpoena for record production. All orders and subpoenas for deposition testimony or record production arising from the same civil proceeding shall be deemed to be part of the same **Deposition or Subpoena Proceeding**.

J. Employee means:

- (1) a W-2 wage earning employee of the **Named Insured** designated in Item 1 of the Declarations, but only if acting in his or her capacity as such at the time the **Professional Incident** or **Occurrence** took place;
- (2) a volunteer or supervised student under the direction and control of the **Named Insured**; and
- (3) a **Locum Tenens** engaged to provide **Professional Services** on the **Insureds** behalf, but only while acting within the scope of his or her duties as such at the time the **Professional Incident** or **Occurrence** took place.

K. Fire Damage means **Property Damage** to the tangible property of a third party other than the **Insured**, caused by a fire to premises the **Insured** rents or leases from others or to premises temporarily occupied by the **Insured** with the permission of the owner, solely for the purpose of rendering **Professional Services**.

Such premises shall not include the **Insured's** residence. **Fire Damage** includes any water damage caused by such fire. The fire must not be caused intentionally by the **Insured**.

With respect to **Fire Damage, Property Damage** shall not include damage to any personal property owned by the **Insured**, or any other personal property of any person that is within the **Insured's** care, custody or control.

L. Good Samaritan Wrongful Act means any act, error or omission in the rendering or failure to render emergency treatment or services by the **Insured**, without remuneration, at the scene of an accident, medical crisis or disaster.

M. HIPAA means the Health Insurance Portability and Accountability Act of 1996 (Public Law 104-191), as amended, and any regulations promulgated thereunder.

N. Insured Profession means the profession set forth in Item 5. of the Declarations.

O. Insured(s) means:

(1) the individual, partnership, or corporation designated as the **Named Insured** in Item 1. of the Declarations;

(2) any employee, partner, executive officer, director or stockholder of the **Named Insured** designated in Item 1 of the Declarations, but only while acting in his or her capacity as an employee, partner, executive officer, director or stockholder of the **Named Insured**;

(3) any individual, partnership or corporation designated in Item 2 of the Declarations, but only as to matters for which a **Named Insured** may be liable;

(4) the lawful spouse or domestic partner (whether such status is derived by reason of statutory law, common law or otherwise) of a **Named Insured** arising solely out of his or her status as the spouse or domestic partner of a **Named Insured**; provided, however, that coverage shall not be afforded for any actual or alleged **Professional Incident, Privacy Wrongful Act** or **Occurrence** by or on the part of the spouse or domestic partner, unless such person is a **Named Insured**; and

(5) the estates, heirs or legal representatives of any incompetent, insolvent, bankrupt or deceased person who was an **Insured** at the time the **Professional Incident, Privacy Wrongful Act** or **Occurrence** upon which such **Claim** is based were committed; provided, however, that coverage shall not be afforded for any actual or alleged **Professional Incident, Privacy Wrongful Act** or **Occurrence** by or on the part of any such estates, heirs or legal representatives.

P. Insurer means the Insurer specified in the Declarations.

Q. Locum Tenens means a qualified individual who is temporarily serving as a substitute for the **Insured** while the **Insured** is temporarily absent from

professional practice. Coverage for a **Locum Tenens** shall only extend for up to sixty (60) days during any one **Policy Period**.

Any **Locum Tenens** for which coverage is provided under this **Policy** shall share in the Limits of Liability available to the **Insured**.

R. Medical Payments means reasonable payments for:

- (1) first aid administered at the time of an accident;
- (2) necessary medical, surgical, x-ray and dental services, including prosthetic devices; and
- (3) necessary ambulance, hospital, professional medical and nursing and funeral services,

provided that such treatment and services are rendered within one year of the **Occurrence** that caused the **Bodily Injury**.

S. Named Insured means the natural person(s) or organization(s) named in Item 1 of the Declarations.

T. Occurrence means:

- (1) as respects **Bodily Injury** or **Property Damage**, an accident, including continuous or repeated exposure to substantially the same general harmful conditions. All such exposure to substantially the same general harmful conditions will be deemed to arise out of the same **Occurrence**; or
- (2) as respects **Personal Injury** or **Advertising Injury**, an offense arising out of the **Insured's** business that causes **Personal Injury** or **Advertising Injury**. All **Damages** that arise from the same, related or repeated injurious material or act will be deemed to arise out of the same **Occurrence**, regardless of the frequency or repetition thereof, the number and kind of media used and the number of claimants.

Occurrence does not include the rendering of **Professional Services** or a **Privacy Wrongful Act**.

U. Patient or Client means a person to whom the **Insured** is providing **Professional Services**.

V. Personal or Advertising Injury means injury, including consequential **Bodily Injury**, suffered by a person other than a **Patient or Client** of the **Insured**, arising out of one or more allegations of the following offenses:

- (1) false arrest, detention or imprisonment;
- (2) malicious prosecution;

- (3) the wrongful eviction from, wrongful entry into, or invasion of the right of private occupancy of a room, dwelling or premises that a person occupies, committed by or on behalf of its owner, landlord or lessor;
- (4) oral or written publication, in any manner, of material that slanders or libels a person or organization or disparages a person's or organization's goods, products or services;
- (5) oral or written publication, in any manner, of material that violates a person's right of privacy;
- (6) the use of another's advertising idea in any **Advertisement**; or
- (7) infringing upon another's copyright, trade dress or slogan in any **Advertisement**.

W. Personally Identifiable Information means:

- (1) information from which an individual may be uniquely and reliably identified, including, but not limited to an individual's name, address, telephone number, email address, in combination with their social security number, account relationships, account numbers, passwords, PIN numbers, credit card numbers or biometric information; or
- (2) personal information as defined in any U.S. federal or state privacy protection law governing the control and use of an individual's personal and confidential information, including any regulations promulgated thereunder, or any similar or related laws or regulations of any foreign jurisdiction, including but not limited to:
 - (a) "nonpublic personal information" as defined by Title V of the Gramm-Leach-Bliley Act of 1999, as amended, and any regulations promulgated thereto;
 - (b) "protected health information" as defined by **HIPAA**.

X. Policy Period means the period commencing on the inception date shown in Item 3 of the Declarations. This period ends on the earlier of either the expiration date shown in Item 3 of the Declarations or the effective date of cancellation of this Policy.

Y. Pollutant means any solid, liquid, gaseous or thermal irritant or contaminant, including smoke, vapor, soot, fumes, acids, alkalis, chemicals and waste, lead, silica or asbestos in any form whatsoever, and any nuclear material or by-product material, nuclear reaction, hazardous material, radioactive contamination or any radiation of any kind.

Z. Privacy Wrongful Act means any actual or alleged act, error, or omission committed by any **Insured**, solely in connection with the rendering of **Professional Services**, which results in:

- (1) the misappropriation or disclosure of **Personally Identifiable Information**.
- (2) a breach or violation of U.S. federal or state law or regulations associated with the control and use of **Personally Identifiable Information**;

Privacy Wrongful Act shall not include any breach or violation of any U.S. federal or state law if such breach or violation is not the result of the actual or potential unauthorized disclosure of, or access to **Personally Identifiable Information**.

All such acts, errors or omissions, as referenced in this definition, that are actually or allegedly caused, committed, or attempted by or claimed against one or more **Insureds** arising out of the same or relating to the same or series of related facts, circumstances, situations, transactions or events shall be deemed to be the same **Privacy Wrongful Act**. **Privacy Wrongful Act** does not include an **Occurrence** or **Professional Incident**.

AA. Proceeding means any hearing, investigation or disciplinary action before any regulatory body, licensing board, agency or other organization responsible for monitoring, licensing or regulating the **Insured's** conduct as respects the rendering of **Professional Services**, but only if such hearing, investigation or action is a direct result of a **Professional Incident**, and such **Professional Incident** took place during the **Policy Period**. A **Proceeding** shall not include any criminal proceeding or indictment, or any investigation related thereto. Any hearing, investigation or disciplinary action arising from the same **Professional Incident** shall be deemed to be a single **Proceeding** regardless of the number of **Patients or Clients** involved.

BB. Professional Incident means any actual or alleged negligent act, error, or omission, solely in the performance of, or actual or alleged failure to perform, **Professional Services**.

All such acts, errors or omissions, as referenced in this definition, that are actually or allegedly caused, committed, or attempted by or claimed against one or more **Insureds** arising out of the same or relating to the same or series of related facts, circumstances, situations, transactions or events shall be deemed to be the same **Professional Incident**. A **Professional Incident** does not include an **Occurrence** or a **Privacy Wrongful Act**.

CC. Professional Services means all allied health related services performed by the **Insured**, or by any person or organization for whom the **Named Insured** is legally responsible, in the usual and customary conduct of the **Insured's** profession.

DD. Property Damage means physical injury to or destruction of tangible property, including loss of use of it, or loss of use of tangible property which has not been physically injured or destroyed.

EE. Regulator means any federal, state or local governmental authority, including but not limited to any regulatory body, licensing board, agency or other organization responsible for monitoring, overseeing or licensing the rendering of **Professional Services**.

FF. Sexual Misconduct means any type of actual, alleged, attempted, or proposed physical touching or caressing, or suggestion thereof by the **Insured** or any person for whom the **Insured** may be legally responsible, with or to any of the **Insured's** past or present **Employees** or **Patients or Clients**, or with or to any relative or any person who regularly resides with any such **Patient or Client**, or with or to any person with whom such **Patient or Client** or relative has an affectionate personal relationship, which could be considered sexual in nature and/or inappropriate to any **Professional Services** being rendered.

IV. EXCLUSIONS

A. This Policy shall not cover any **Defense Expenses** or **Damages** in connection with any **Claim** or **Proceeding**:

- (1) alleging, arising out of, based upon or attributable to an **Insured's** dishonest, fraudulent, intentional, criminal, or malicious act, error, or omission, or that of any person for whose acts the **Insured** is legally responsible.

In determining the applicability of Exclusion A.(1), the facts pertaining to, the knowledge possessed by, or any **Professional Incident, Occurrence** or **Privacy Wrongful Act** committed by, any **Insured** shall not be imputed to any other **Insured**;

- (2) alleging, arising out of, based upon or attributable to any actual or alleged discrimination, defamation, humiliation, harassment, retaliation, wrongful discharge or demotion, termination or any other employment-related or employment practice claim, including but not limited to any wage-hour claim, or claim of discrimination or harassment by any party who is not an employee of the **Insured**;
- (3) **Discrimination** on any basis whatsoever against any person not employed by the **Insured**, except that this Exclusion shall not apply to a **Claim** for **Discrimination** in the rendering of **Professional Services** brought by a **Patient or Client** of the **Insured**;
- (4) any act, error or omission of a managerial or administrative nature; provided, however, that this Exclusion shall not apply to **Professional Services Wrongful Acts** that arise from peer review;
- (5) alleging, arising out of, based upon or attributable to the **Insured's** ownership or operation of a hospital or other similar facility, or any other facility which provides bed and board or in-patient care, or a laboratory;
- (6) alleging, arising out of, based upon or attributable to the **Insured's** writing of any prescription or providing any sample of a medication, substance or product which requires a prescription, unless otherwise covered in an endorsement attached to this Policy;

- (7) Involving disputes about the **Insured's** fees, including, but not limited to, collecting fees from **Patients** or **Clients** or other third parties and billing investigations by or on behalf of government entities or commercial payors;
- (8) brought by, or on behalf of, any **Insured**, or for injury or damage sustained by any spouse or person who regularly resides in the home of any **Insured**;
- (9) for **Bodily Injury** or **Property Damage** arising out of the ownership, maintenance, use, operation or entrustment to others of any automobile, watercraft, aircraft or motor vehicle, or the loading or unloading thereof;
- (10) for **Bodily Injury** or damage to the **Insured's** employee or any independent contractor or employee of any independent contractor working for such **Insured**, arising out of the course of his or her work for such **Insured**, or to the spouse or relative of such employee or independent contractor as a consequence of injury or damage to the employee or independent contractor;
- (11) alleging, arising out of, based upon or attributable to any obligation pursuant to any workers' compensation, disability benefits, unemployment compensation, unemployment insurance, retirement benefits, social security benefits or similar law;
- (12) arising out of any intentional act of plagiarism, infringement or violation of any copyright, patent, trademark or service mark or the misappropriation of intellectual property, ideas or trade secrets;
- (13) alleging, arising out of, based upon or attributable to **Property Damage** to property the **Insured** owns, rents, occupies, borrows or uses, or is in the **Insured's** care, or to premises the **Insured** has sold, given away, or abandoned; provided, however, that this Exclusion shall not apply to a **Claim** under Insuring Agreement B.(3) or Additional Coverage H;
- (14) alleging, arising out of, based upon or attributable to any business relationship between the **Insured** and any past or present **Patient or Client**;
- (15) alleging, arising out of, based upon or attributable to any **Professional Incident** committed with the knowledge that it was a **Professional Incident**, or which, before the effective date of this Policy, the **Insured** was aware of and could reasonably have foreseen might result in a **Claim** or a **Proceeding**;
- (16) alleging, arising out of, based upon or attributable to any **Professional Service**:
 - (a) that is not allowable since the **Insured's** professional license, qualification, certification, bond or registration to render such **Professional Services** in accordance with applicable law is

suspended, revoked, terminated, surrendered or is not in effect;
or

- (b) which the **Insured** misrepresented his or her qualifications, certifications, licensing, education or background;
- (17) alleging, arising out of, based upon or attributable to any **Professional Incident** committed while the **Insured** was under the influence of a drug or intoxicant;
- (18) caused directly or indirectly by war or any act of war, invasion, act of foreign enemy, hostilities (whether or not war is declared), strike, riot or civil commotion, civil war, rebellion, revolution, insurrection, military or usurped power or terrorism;
- (19) the design, manufacture, testing, promotion or sale of any product, medication, device or equipment or protocols, provided that this Exclusion shall not apply to a negligent act, error or omission by the **Insured** in the distribution or furnishing of supplies to a **Patient or Client** in connection with **Professional Services** provided by the **Insured**;
- (20) alleging, arising out of, based upon or attributable to, or in any way related to fungi, including mold or mildew, any mycotoxins, toxins, allergens, spores, scents, vapors, gases or by-products released by fungi, regardless of whether such fungi is:
 - (a) airborne;
 - (b) contained in a product; or
 - (c) contained in or a part of any building, structure, building material or any component of any part of any of the foregoing;
- (21) alleging, arising out of, based upon or attributable to the actual, alleged or threatened discharge, dispersal, release or escape of **Pollutants**; or any liability or obligation to test, monitor, clean up, remove, contain, treat, detoxify or neutralize **Pollutants**, whether or not any of the foregoing are to be performed by or on behalf of the **Insured**;
- (22) alleging, arising out of, based upon or attributable to any procedure, treatment, course of treatment, or diagnosis that is outside the scope of the **Insured's** profession or specialty;
- (23) the actual or alleged liability under any express contract or agreement, unless such liability would have attached in the absence of such contract or agreement. For purposes of this Exclusion, an "express contract or agreement" is an actual agreement by contracting parties, the terms of which are openly stated in distinct or explicit language, either orally or in writing, at the time of its making;

- (24) actual or alleged involvement in any federal or state anti-trust law violation or any agreement or conspiracy to restrain trade;
- (25) any act, error or omission of an individual in their capacity as a healthcare student who is not subject to the **Insured's** supervision; however, this Exclusion shall not apply if the Named Insured is a healthcare student;
- (26) solely with respect to the coverage under Insuring Agreement I.B., **Bodily Injury** to a **Patient** or **Client**, or **Property Damage** to the tangible property of a **Patient** or **Client**, which occurs while you are providing **Professional Services** to such **Patient** or **Client**;
- (27) alleging, arising out of, based upon or attributable to:
 - (a) any actual or alleged Medicare/Medicaid fraud or abuse or any other actual or alleged fraud against the government; or
 - (b) any improper or excessive billing for the cost of the **Insured's** goods or services or any other type of billing or fee dispute.

B. This Policy shall not cover any **Defense Expenses** or **Damages** in connection with any **Claim** or **Proceeding** or any notification costs from a **Privacy Wrongful Act** based upon, arising out of, directly or indirectly resulting from or in any way involving any of the following:

- (1) unsolicited electronic dissemination of faxes, emails, text messages or similar communications to any prospective or actual **Patient** or **Business Invitee** of the **Insured** or to any other third party, including but not limited to any violation of the Telephone Consumer Protection Act, any federal or state anti-spam statute, or any other federal or state statute, law or regulation relating to a person's or entity's right of seclusion;
- (2) failure, interruption or reduction in supply of utility service or infrastructure including without limitation electrical, gas, water, telephone, Internet, cable, satellite or telecommunications;
- (3) any wireless network that is not protected by either Wi-Fi Protected Access ("WPA") or any other security protocol that provides equal or greater protections than WPA;
- (4) the use of a laptop computer, portable computer or other portable electronic device that does not employ whole disc encryption;
- (5) back-up tapes, optical media or any other form of portable back-up media which are not encrypted;
- (6) expiration or withdrawal of technical support by a software vendor;
- (7) any **Claim** asserted by on or behalf of any individual or entity covered under this Policy against another individual or entity covered under this Policy, or for injury or damage sustained by any spouse or person who regularly resides in the home of any individual covered under this Policy;

however, this exclusion shall not apply to a **Claim** brought by an individual covered under this Policy if brought solely in their capacity as a **Patient** or **Client** for **Professional Incidents**; or

- (8) any formal or informal investigation, action, administrative proceeding or **Claim** brought by a **Regulator**, other than the coverage available under Insuring Agreement I.C. or Additional Coverage II.D. of this Policy.

V. LIMITS OF LIABILITY

A. Maximum Limits of Liability - Insuring Agreements:

- (1) The Limits of Liability for the Insuring Agreements as set forth in this Section V.A. are part of, and not in addition to, the applicable Aggregate Limit of Liability shown in Item 4(c) or 4(d) of the Declarations.
- (2) As respects Insuring Agreement A., the amount set forth in Item 4(a) of the Declarations (“Per Claim - Insuring Agreement A”) is the most the **Insurer** will be liable to pay for **Damages** for any **Claim** under this Insuring Agreement. **Defense Expenses** are not part of, and are in addition to, the amount shown in Item 4(a) of the Declarations.
- (3) As respects Insuring Agreements B.(1) and B.(2), the amount set forth in Item 4(b) of the Declarations (“Per Claim - Insuring Agreements B.(1) and B.(2)”) is the most the **Insurer** will be liable to pay for **Damages** for any **Claim** under these Insuring Agreements. **Defense Expenses** are not part of, and are in addition to, the amount shown in Item 4(b) of the Declarations.
- (4) As respects Insuring Agreement B.(2), \$150,000 is the most the **Insurer** will be liable to pay for **Damages** for all **Claims** for **Fire Damage** under this Insuring Agreement, regardless of the number of such **Claims**. This coverage is only available if the General Business Liability Coverage option is included and paid for.
- (5) As respects Insuring Agreement C., \$25,000 is the most the **Insurer** will be liable to pay for: (a) **Damages** and **Defense Expenses** for all **Claims** under this Insuring Agreement, regardless of the number of such **Claims**; and (b) all notification costs arising from a **Privacy Wrongful Act** under paragraph (2) of this Insuring Agreement, regardless of the number of such **Privacy Wrongful Acts**. Such **Defense Expenses** are part of, and not in addition to, the Aggregate Limit of Liability set forth in Item 4(c) of the Declarations.
- (6) In the event that a **Claim** is made against the **Insureds** for which coverage may be provided under both Insuring Agreement A. and Insuring Agreement B. of this Policy, coverage shall only be provided under one Insuring Agreement and such **Claim** shall be subject to only one “per Claim” Limit of Liability.

B. Aggregate Limit of Liability:

The amounts set forth in Items 4(c) and 4(d) of the Declarations (“Aggregate”) is the maximum total amount the **Insurer** will be liable to pay for:

- (1) **Damages** for all **Claims** under Insuring Agreements A. and B.; and
- (2) **Damages and Defense Expenses** for all **Claims** and notification costs under Insuring Agreement C.,

regardless of the number of **Claims** under all Insuring Agreements, including **Claims** involving, or at any time involving, any allegation of **Sexual Misconduct**.

C. Maximum Limit of Liability - Sexual Misconduct:

\$25,000 is the most the **Insurer** will be liable to pay for all **Claims** against the **Insured** involving any **Sexual Misconduct** by the **Insured** or by any person for whom the **Insured** may be legally responsible. If any **Sexual Misconduct** is alleged at any stage during a **Claim**, all allegations in that **Claim** which arise out of the same or related professional treatment or relationship will be subject to that \$25,000 maximum. If the **Insurer** has paid this \$25,000 maximum, it will no longer have any duty to defend any **Claim** involving any **Sexual Misconduct**. This \$25,000 maximum is part of, and not in addition to, the Limits of Liability shown in Items 4(a) and 4(c) of the Declarations.

D. Maximum Limit of Liability - Punitive Damages:

\$25,000 is the most the **Insurer** will be liable to pay for punitive or exemplary damages, or the multiple portion of any multiplied damages award arising from a **Claim**, regardless of the number of such **Claims**. The **Insurer** will be liable for such damages only to the extent such damages are insurable under the applicable law. This \$25,000 maximum is part of, and not in addition to, the Limits of Liability shown in Items 4(a) and 4(c) of the Declarations.

E. Maximum Limits of Liability - Additional Coverages:

- (1) The Limits of Liability applicable to Section II., Additional Coverages, are in addition to, and not part of, the Limits of Liability applicable to Section I., Insuring Agreements.
- (2) As respects Additional Coverage D., \$25,000 is the most the **Insurer** will be liable to pay for **Defense Expenses** incurred with respect to all **Proceedings** first brought during the **Policy Period** and reported to the **Insurer** in accordance with the terms of this **Policy**.
- (3) As respects Additional Coverage E., the most the **Insurer** will pay is \$25,000 for covered attorneys’ fees and expenses for all **Deposition or Subpoena Proceedings** of which the **Insured** first received notice during the **Policy Period** and reported to the **Insurer** in accordance with the terms of this **Policy**.

- (4) As respects Additional Coverage F., the most the **Insurer** will pay is \$25,000 per occurrence. \$100,000 is the most the **Insurer** will be liable to pay for **Medical Payments** caused by an **Occurrence**, regardless of the number of such **Occurrences**.
- (5) \$10,000 is the most the **Insurer** will reimburse the **Insured** for the costs and expenses for medical supplies under Additional Coverage G., including one (1) hour of the **Insured's** lost earning at \$100.00 per hour or the **Insured's** average hourly rate charged for **Professional Services**, whichever is less.
- (6) \$25,000 is the most the **Insurer** will reimburse the **Insured** for medical expenses as a result of **Bodily Injury** or **Property Damage** caused by an **Assault or Battery** under Additional Coverage H.
- (7) \$10,000 is the most the **Insurer** will reimburse the **Insured** for Property Damage to Patients under Additional Coverage I.

F. Effect of Paying Limits of Liability:

- (1) If the **Insurer** fully pays the **Sexual Misconduct** Limit of Liability set forth in paragraph C. of this Section V., it will have no duty to pay any additional amount(s) in connection with any **Claim** involving, or at any time involved, any allegation of **Sexual Misconduct**.
- (2) If the **Insurer** fully pays the **Fire Damage** Limit of Liability set forth in paragraph A.(4) of this Section V., it will have no duty to pay any additional amount(s) in connection with any **Claim** involving **Fire Damage**.
- (3) If the **Insurer** fully pays the **Privacy Wrongful Act** Limit of Liability set forth in paragraph A.(5) of this Section V., it will have no duty to pay any additional amount(s) in connection with any **Claim** involving, or any notification costs arising from, a **Privacy Wrongful Act**.
- (4) If the **Insurer** fully pays the Limit of Liability applicable to a particular **Claim** under Insuring Agreements A., B. or C., it will have no duty to pay any additional amount(s) under Additional Coverages A., B. or C. in the event such Additional Coverages would otherwise apply to such **Claim**.
- (5) If the **Insurer** fully pays the Aggregate Limit of Liability set forth in Item 4(c) of the Declarations, it will have no duty to: (i) pay any additional amount(s) in connection with any **Claim**, whether or not the Limit of Liability applicable to such **Claim** has been exhausted; (ii) defend any **Claim**; (iii) pay any additional amount(s) under Insuring Agreement C.(2); or (iv) pay any additional amount(s) under Section II. Additional Coverages.

G. Non-Accumulation of Limits

In the event a **Claim, Proceeding or Deposition or Subpoena Proceeding** arises from multiple **Professional Incidents, Privacy Wrongful Acts or Occurrences** that trigger coverage under multiple policies issued to the **Insured** by the **Insurer** or any affiliate thereof (the “**Insurer’s Policies**”), it is understood and agreed that only the policy that is in effect on the date of the first such **Professional Incident, Privacy Wrongful Act or Occurrence** shall apply to such **Claim, Proceeding or Deposition or Subpoena Proceeding**. The **Insurer’s** maximum liability arising from such **Claim, Proceeding or Deposition or Subpoena Proceeding** shall not exceed the applicable Limit of Liability stated in such policy. The **Insured** expressly understands and agrees that only one of the **Insurer’s Policies**, and the Limits of Liability thereof, shall apply to such **Claim, Proceeding or Deposition or Subpoena Proceeding**.

VI. NOTICE PROVISIONS

- A.** The **Insured** must give the **Insurer** or its authorized agent written notice of any:
- (1) **Claim** as soon as practicable but no later than 60 days after the **Claim** is first made ; or
 - (2) **Proceeding** as soon as practicable but no later than 60 days after the **Insured** is first notified of the **Proceeding**;
 - (3) **Deposition or Subpoena Proceeding** as soon as practicable but no later than 60 days after the **Insured** is first notified of the **Deposition or Subpoena Proceeding**.
- B.** The **Insured** must also, as soon as possible, record and notify the **Insurer** of the specifics of the **Claim, Proceeding or Deposition or Subpoena Proceeding** and the date the **Insured** first received notice of it.
- C.** The **Insured** must provide the **Insurer** or its authorized agent with a copy of all demands or legal papers the **Insured** receives as respects a **Claim** or **Proceeding**.
- D.** If, during the **Policy Period**, the **Insured** first becomes aware of a **Professional Incident, Occurrence or Privacy Wrongful Act** which the **Insured** believes may give rise to a **Claim**, in order for any resulting **Claim** to be covered, the **Insured** must give the **Insurer** or its authorized agent written notice as soon as practicable of such **Professional Incident, Occurrence or Privacy Wrongful Act**. Such notice must state when and where the **Professional Incident, Occurrence or Privacy Wrongful Act** took place, the names and addresses of any witnesses and/or injured people, and the nature and location of any injury or damage.
- E.** Solely as respects “notification costs” coverage under Insuring Agreement C.(2), the **Insured** must give the **Insurer** or its authorized agent written notice of the **Privacy Wrongful Act** as soon as practicable and obtain the **Insurer’s** prior written approval before incurring notification costs as respects such **Privacy Wrongful Act**.

- F. Solely as respects **Medical Payments** coverage under Additional Coverage E., the **Insured** must give the **Insurer** or its authorized agent written notice of the **Occurrence** as soon as practicable after it takes place. In addition, such **Medical Payments** must be reported to the **Insurer** within ninety (90) days from the date such medical treatment or service was rendered to the injured **Business Invitee**.

VII. DEFENSE OF CLAIMS AND PROCEEDINGS, AND SETTLEMENT

With respect to **Claims** under Insuring Agreements A. and B., the **Insurer** has the right and duty to defend, at the **Insurer's** expense and using counsel selected by the **Insurer**, any **Claim** against the **Insured** covered under such Insuring Agreements, even if the **Claim** is groundless, false or fraudulent. The **Insurer** also has the right to investigate any **Claim** and, with the **Insured's** written consent, to settle any **Claim** if the **Insurer** believes that settlement is proper.

With respect to **Claims** under Insuring Agreement C., the **Insured** has the right and duty to defend, subject to the Limits of Liability and using counsel selected by the **Insured** and approved in advance by the **Insurer**, any **Claim** against the **Insured** covered under such Insuring Agreement, even if the **Claim** is groundless, false or fraudulent.

With respect to **Proceedings** under Additional Coverage II.D., the **Insurer** has the right and duty to defend, subject to the Limits of Liability and using counsel selected by the **Insurer**, any **Proceeding** against the **Insured** covered under such Additional Coverage.

The **Insureds** agree to give the **Insurer** full cooperation and provide such information as the **Insurer** may reasonably require relating to the defense of any **Claim** or **Proceeding**, the settlement of any **Claim** and the prosecution of any counterclaim, cross-claim or third-party claim, including without limitation the assertion of any indemnification or contribution rights.

The **Insured** shall not admit or assume any liability, incur any **Defense Expenses**, offer to settle any matter, enter into any settlement agreement or stipulate to any judgment without the **Insurer's** prior written consent, such consent not to be unreasonably withheld. Any amounts incurred by the **Insured** or any settlements or judgments agreed to by the **Insured** without such consent shall not be covered by this Policy.

VIII. OTHER INSURANCE

The insurance provided by this Policy shall apply only as excess over any other valid and collectible insurance, self-insurance plan or self-funded vehicle whether such other insurance, plan or vehicle is stated to be primary, contributory, excess, contingent or otherwise, unless such other insurance, plan or vehicle is written specifically as excess insurance over the applicable Limits of Liability provided by this Policy. Except as respects the coverage provided under Insuring Agreement C., this Policy shall specifically be excess of any other valid and collectible insurance pursuant to which any other insurer has a duty to defend a **Claim** for which this Policy may be obligated to pay **Damages** or **Defense Expenses**. This Policy shall not be subject to the terms and conditions of any other insurance policy.

Two or more policies of Allied Health Professionals Professional and Business Liability Insurance may have been issued by the **Insurer** or an affiliate thereof to persons or organizations other than the **Insured**. These policies may also provide coverage for a **Claim**,

Proceeding or Deposition or Subpoena Proceeding involving the same or continuous, repeated, or related **Professional Incidents, Privacy Wrongful Acts** or **Occurrences** for which the **Insured** and persons or organizations covered in those other policies are jointly and severally liable. In such an event, and subject to the Limits of Liability set forth in the Declarations and Section V., the **Insurer** shall not be liable under this Policy for a greater proportion of the total loss from that **Claim, Proceeding or Deposition or Subpoena Proceeding** than this Policy's applicable Limits of Liability bear to the total applicable Limits of Liability under all such policies. In addition, the total amount payable under all such policies in connection with that **Claim, Proceeding or Deposition or Subpoena Proceeding** will not exceed the highest single applicable **Claim, Proceeding or Deposition or Subpoena Proceeding** Limit of Liability under any of such policies.

IX. REPRESENTATIONS

By accepting this Policy, the **Insured** agrees that the particulars and statements in the application submitted in connection with the underwriting of this Policy are true and that they are the **Insured's** agreements and representations.

The **Insured** acknowledges that this Policy is issued in reliance upon the truth of those particulars and statements, which are deemed to be incorporated into and constitute a part of this Policy and which are the basis for this Policy. The **Insurer** may void this Policy in any case of fraud, intentional concealment or misrepresentation of material facts on the application or subsequent renewals by the **Insured**

X. CANCELLATION

The first **Named Insured** may cancel this Policy by surrendering it to the **Insurer** or to any of its authorized agents, or by mailing the **Insurer** written notice stating when thereafter the cancellation will be effective. The **Insurer** may cancel this Policy by mailing to the first **Named Insured** at the address shown in Item 1(a) of the Declarations written notice stating when, not less than ninety (90) days thereafter, such cancellation will be effective. However, if the first **Named Insured** has not paid a premium when due, the **Insurer** may cancel this Policy by mailing to the first **Named Insured** at the address shown in Item 1 of the Declarations written notice stating when, not less than fifteen (15) days thereafter, such cancellation will be effective.

The mailing of the notice as stated above will be sufficient proof of notice. The time of surrender or the effective date of cancellation stated in the notice will become the end of the **Policy Period**. Delivery of written notice will be the equivalent of mailing.

If the first **Named Insured** cancels this Policy, the unearned premium will be computed in accordance with the customary short rate table and procedure. If the **Insurer** cancels, unearned premium will be computed pro-rata. Premium adjustment may be made either at the time cancellation is effected or as soon as practicable after cancellation becomes effective, but payment or tender of unearned premium is not a condition of cancellation.

If applicable insurance department regulations require different times, content or procedures with respect to cancellation, this Policy will be cancelled in accordance with such regulations as in effect at the time of such cancellation.

XI. AUTHORIZATION AND NOTICES

The **Insureds** agree that the first **Named Insured** named in Item 1) of the Declarations shall act on behalf of all **Insureds** with respect to all matters pertaining to this Policy including: (1) giving notice of any **Claim** or circumstance which may result in a **Claim**; (2) giving notice and information regarding any Additional Coverages under Section II.;(3) giving and receiving of all correspondence and information; (4) giving and receiving notice of cancellation; (5) consenting, or withholding consent, to the settlement of a **Claim** recommended by the **Insurer**; (6) payment of premiums; (7) receiving of any return premiums; and (8) receiving and accepting of any endorsements issued to form a part of this Policy.

XII. TERRITORY

This Policy applies to **Professional Incidents, Privacy Wrongful Acts or Occurrences** taking place anywhere in the world, to the extent permitted by law. However, any **Claim** or **Proceeding** arising from such **Professional Incidents, Privacy Wrongful Acts or Occurrences** must be made and brought in the United States of America, its territories and possessions, Puerto Rico or Canada.

XIII. ASSIGNMENT AND CHANGES TO THE POLICY

This Policy and any and all rights hereunder are not assignable without the prior written consent of the **Insurer**.

If an **Insured** dies or is declared legally incompetent, such **Insured's** rights and duties will be transferred to such **Insured's** legal representative while acting within the scope of his or her duties as such. Until such **Insured's** legal representative is appointed, anyone having temporary custody of such **Insured's** property will be covered under Insuring Agreement B.(1).

This Policy contains all the agreements between the **Insured** and the **Insurer** or its authorized agents concerning this insurance.

Notice to any agent or knowledge possessed by any agent or person acting on the **Insurer's** behalf, will not result in a waiver or change in any part of this Policy or prevent the **Insurer** from asserting any right under the terms and conditions of this Policy. The terms and conditions of this Policy may only be waived or changed by written endorsement signed by the **Insurer**.

XIV. BANKRUPTCY

The bankruptcy or insolvency of the **Insured** or the **Insured's** estate does not relieve the **Insurer** of its obligations under the Policy.

XV. SUBROGATION

In addition to any right of subrogation existing at law, in equity or otherwise, in the event of any payment by the **Insurer** under this Policy, the **Insurer** shall be subrogated to the extent of such payment to all of the **Insured(s)'** rights of recovery. The **Insured(s)** shall execute all papers required (including those documents necessary for the **Insurer** to bring

suit or other form of proceeding in their name) and do everything that may be necessary to pursue and secure such rights. The **Insurer** shall not exercise its subrogation rights against any natural person **Insured**, unless Exclusion A.(1) above applies to such **Insured**.

XVI. ACTION AGAINST INSURER

No action may be taken against the **Insurer** unless, as a condition precedent thereto, there shall have been full compliance with all material terms of this Policy and the amount of the **Insured's** obligation has been fully determined either by judgment against the **Insured** after actual trial, or by written agreement of the **Insured**, the claimant and the **Insurer**.

XVII. HEADINGS

The descriptions in the headings and any subheading of this Policy, including any titles given to any endorsement attached hereto, are inserted solely for convenience and do not constitute any part of this Policy's terms or conditions.

In Witness Whereof, the Insurer has caused this Policy to be executed by its authorized officers.



President



Secretary