

HISCOX PRO[®] Allied Healthcare Professional Liability Coverage Part (Claims-Made and Reported)

I. What is covered	We will pay up to the coverage part limit for damages and claim expenses in excess of the retention for covered claims against you alleging a negligent act, error, or omission in your professional services performed on or after the retroactive date, including but not limited to:		
	1.	breach of any duty of care;	
	2.	bodily injury; or	
	3.	personal and advertising injury,	
	prov acco	rided the claim is first made against you during the policy period and is reported to us in ordance with Section V. Your obligations.	
II. Coverage enhancements	We	will also make the following payments:	
Defense of licensing proceedings	A.	We will pay up to the limit stated in the Declarations for the reasonable and necessary fees, costs, and expenses incurred with our prior consent in the investigation, defense, or appeal of any state, federal, or other licensing board inquiry or proceeding concerning your eligibility or license to engage in your professional services , provided you first receive notice of such inquiry or proceeding during the policy period , it relates to your professional services performed on or after the retroactive date , and it is reported to us in accordance with Section V. Your obligations.	
		No retention will apply to amounts we pay under this subsection A, and such amounts will be in addition to, and not part of, the coverage part limit .	
Subpoena assistance	В.	We will pay up to the limit stated in the Declarations for the reasonable and necessary fees, costs, and expenses incurred with our prior consent to respond to a subpoena arising from the performance of your professional services, provided you first receive notice of such subpoena during the policy period, it relates to your professional services performed on or after the retroactive date, and it is reported to us in accordance with Section V. Your obligations.	
_		No retention will apply to amounts we pay under this subsection B, and such amounts will be in addition to, and not part of, the coverage part limit .	
HIPAA violations sublimit	C.	We will pay damages and claim expenses up to the limit stated in the Declarations for any claim against you alleging a violation of the Health Insurance Portability and Accountability Act (HIPAA) or the Health Information Technology for Economic and Clinical Health Act (HITECH), including any resulting civil fines or penalties, provided the claim is first made against you during the policy period , it relates to your professional services performed on or after the retroactive date , and it is reported to us in accordance with Section V. Your obligations.	
\mathbf{G}		You must pay the retention stated in the Declarations in connection with any payment we make under this subsection C, and any payments we make will be a part of, and not in addition to, the coverage part limit .	
Sexual abuse/misconduct sublimit	D.	We will pay damages and claim expenses up to the limit stated in the Declarations for any claim against you alleging sexual misconduct, sexual abuse, physical abuse, or child abuse, provided the claim is first made against you during the policy period , it arises from your professional services performed on or after the retroactive date , and it is reported to us in accordance with Section V. Your obligations.	
		You must pay the retention stated in the Declarations in connection with any payment we make under this subsection D, and any payments we make will be a part of, and not in addition to, the coverage part limit .	
Supplemental payments	E.	We will pay reasonable expenses, including loss of wages and a \$250 travel per diem, incurred by you if we require you to attend depositions, arbitration proceedings, or trials in	



COX PRO[™] Allied Healthcare Professional Liability Coverage Part (Claims-Made and Reported)

connection with the defense of a covered **claim**, but **we** will not pay more than an aggregate of \$10,000 per **claim** for such expenses, regardless of the number of **insureds**.

No **retention** will apply to amounts **we** pay under this subsection E, and such amounts will be in addition to, and not part of, the **coverage part limit**.

III. Who is an insured	For purposes of this Coverage Part, you , your , or insured means a named insured , employee , independent contractor , student , or medical director , as defined below, but does not include any physician, surgeon, or dentist performing medical services in their capacity as a physician, surgeon, or dentist.
Named insured	means the individual, corporation, partnership, limited liability company, limited partnership, or other entity identified in Item 1 of the Declarations.
Employee	means any past, present, or future:
	1. person employed by the named insured as a permanent, part-time, seasonal, leased, or temporary employee, or any volunteer; or
	2. partner, director, officer, or board member (or equivalent position) of the named insured ,
	but only while in the course of their performance of professional services on behalf of or at the direction of the named insured .
Independent contractor	means any person or entity contracted by the named insured to perform the same professional services as the named insured , but only while in the course of their performance of professional services on behalf of or at the direction of the named insured .
Student	means any past, present, or future student, but only for the scope of their duties while enrolled in a formal training program related to your professional services , and only while:
	1. in the course of their performance of professional services on behalf of or at the direction of the named insured ; or
	2. under the program curriculum of the named insured .
Medical director	means any past, present, or future medical director, whether employed or contracted by the named insured , but only while in the course of their non-clinical duties on behalf of or at the direction of the named insured , including establishing protocol, serving on the governing board of the named insured or similar professional board or committee, or any other medical task that does not involve diagnosis, medical or dental care, or any other patient or client specific medical direction.
IV. Defense and settlement of claims	
Defense	We have the right and duty to defend any covered claim , even if such claim is groundless, false, or fraudulent.
	We have the right to select and appoint counsel to defend you against a covered claim. You may request in writing that we appoint defense counsel of your own choice, but whether to grant or deny such a request will be at our sole discretion.
Settlement	We have the right to solicit and negotiate settlement of any claim but will not enter into a settlement without your consent, which you agree not to withhold unreasonably. If you withhold consent to a settlement recommended by us and acceptable to the party who made the claim , the most we will pay for that claim is the sum of:
	1. the amount of our recommended settlement;
	2. claim expenses incurred up to the date of our recommendation;



HISCOX PRO[®] Allied Healthcare Professional Liability Coverage Part (Claims-Made and Reported)

- 3. 50% of all claim expenses incurred after our recommendation; and
- 50% of all damages in excess of the settlement amount recommended by us. 4.

V. Your obligations		
Notifying us of claims and coverage enhancements	Cover	nust give written notice to us of any claim , or any other matter covered under Section II. age enhancements, as soon as possible, but in any event, no later than 60 days after the f the policy period .
	and m	ch notifications must be in writing and include a copy of the claim or other covered matter, nust be submitted to us via the designated email address or mailing address identified in to of the Declarations.
Notifying us of potential claims	You h you.	ave the option of notifying us of potential claims that may lead to a covered claim against
	perio claim	er to do so, you must give written notice to us as soon as possible and within the policy d , and the notice must, to the greatest extent possible, identify the details of the potential , including identifying the potential claimant(s), the likely basis for liability, the likely demand ief, and any additional information about the potential claim we may reasonably request.
	same had fi	enefit to you of notifying us of a potential claim is that if an actual claim arises from the circumstances as the properly notified potential claim , then we will treat that claim as if it rest been made against you on the date you properly notified us of it as a potential claim , f that claim is first made against you after the policy period has expired.
		tential claim notifications must be in writing and submitted to us via the designated email ss or mailing address identified in Item 6 of the Declarations.
Retention		bligation to pay damages and claim expenses under this Coverage Part is in excess of the tion , which you must pay in connection with each covered claim .
VI. Exclusions –		
VI. Exclusions – What is not covered		II have no obligation to pay any sums under this Coverage Part, including any damages or expenses , for any claim :
What is not covered Antitrust/deceptive trade	claim	
What is not covered	claim 1.	expenses, for any claim:
What is not covered Antitrust/deceptive trade	claim 1.	expenses, for any claim: based upon or arising out of any actual or alleged:
What is not covered Antitrust/deceptive trade	claim 1.	expenses, for any claim: based upon or arising out of any actual or alleged: a. false, deceptive, or unfair trade practices;
What is not covered Antitrust/deceptive trade	claim	 expenses, for any claim: based upon or arising out of any actual or alleged: a. false, deceptive, or unfair trade practices; b. unfair competition, impairment of competition, restraint of trade, or antitrust violations; c. violation of the Sherman Anti-Trust Act, the Clayton Act, the Robinson-Patman Act, all including as may be amended, or any similar federal, state, or local statutes, rules, or
What is not covered Antitrust/deceptive trade	claim 1.	 expenses, for any claim: based upon or arising out of any actual or alleged: a. false, deceptive, or unfair trade practices; b. unfair competition, impairment of competition, restraint of trade, or antitrust violations; c. violation of the Sherman Anti-Trust Act, the Clayton Act, the Robinson-Patman Act, all including as may be amended, or any similar federal, state, or local statutes, rules, or regulations in or outside the U.S.; or
What is not covered Antitrust/deceptive trade practices	claim 1. 2. 3.	 expenses, for any claim: based upon or arising out of any actual or alleged: a. false, deceptive, or unfair trade practices; b. unfair competition, impairment of competition, restraint of trade, or antitrust violations; c. violation of the Sherman Anti-Trust Act, the Clayton Act, the Robinson-Patman Act, all including as may be amended, or any similar federal, state, or local statutes, rules, or regulations in or outside the U.S.; or d. deceptive or misleading advertising. based upon or arising out of any actual or alleged physical injury, sickness, disease, death, humiliation, mental injury, mental anguish, emotional distress, suffering, or shock sustained by any employee, medical director, or independent contractor as defined in Section III.



HISCOX PRO Allied Healthcare Professional Liability Coverage Part (Claims-Made and Reported)

		except any warranty or guarantee to perform your professional services consistent with applicable industry standards or with reasonable skill or care. This exclusion will not apply to any liability you would have in the absence of the warranties or guarantees.
Criminal proceedings	5.	brought in the form of a criminal proceeding, including but not limited to a criminal investigation, grand jury proceeding, or criminal action.
Employment related liability	6.	based upon or arising out of any actual or alleged:
		 a. obligation under any workers' compensation, unemployment compensation, employers' liability, fair labor standards, labor relations, wage and hour, or disability benefit law, including any similar provisions of any federal, state, or local statutory or common law;
		b. liability or breach of any duty or obligation owed by you as an employer or prospective employer; or
		c. harassment, wrongful termination, retaliation, or discrimination, including but not limited to adverse or disparate impact, committed by you as an employer or prospective employer.
Excluded costs and	7.	to the extent it seeks or includes:
damages		 fines, penalties, taxes, or sanctions against you, except we will pay fines and penalties if they are part of a covered claim under Section II. Coverage enhancements, Subsection C. HIPAA violations sublimit;
		b. overhead costs, general business expenses, salaries, or wages incurred by you ;
		c. the return, reduction, or restitution of fees, commissions, profits, or charges for goods provided or services rendered;
		d. liquidated or multiple damages;
		 restitution, disgorgement of profits, any advantage to which you were not legally entitled, or unjust enrichment; or
		f. the cost of complying with injunctive relief.
Excluded statutory violations	8.	based upon or arising out of any actual or alleged violation of the following laws:
·		a. the Securities Act of 1933;
		b. the Securities Exchange Act of 1934;
		c. any state blue sky or securities laws;
		d. the Racketeer Influenced and Corrupt Organizations Act, 18 U.S.C. § 1961 et seq.; or
		e. the Employee Retirement Income Security Act of 1974,
		all including as may be amended, or any similar provisions of any foreign, federal, state, or local statutory or common law and any rules or regulations promulgated under such laws.
Failure to maintain insurance or bonds	9.	based upon or arising out of any actual or alleged failure to procure or maintain adequate insurance or bonds.
Improper billing	10.	based upon or arising out of any actual or alleged inaccurate, improper, or fraudulent billings or invoices, including but not limited to a qui tam action or any action under the False Claims Act, as may be amended, or any similar provisions of any foreign, federal, state, or local statutory or common law.
Insured vs. insured	11.	brought by or on behalf of one insured or affiliate against another insured or affiliate ; however, this exclusion will not apply to a claim made by an insured or affiliate in their capacity as a client of another insured or affiliate .
Intellectual property	12.	based upon or arising out of any actual or alleged infringement, use, or disclosure of any intellectual property, including but not limited to copyright, trademark, trade dress, patent, service mark, service name, title, or slogan, or any publicity rights violations, cyber



HISCOX PRO^{**} Allied Healthcare Professional Liability Coverage Part (Claims-Made and Reported)

		squatting violations, moral rights violations, any act of passing-off, or any misappropriation of trade secret.
Intentional acts	13.	based upon or arising out of any actual or alleged fraud, dishonesty, criminal conduct, or any knowingly wrongful, malicious, or intentional acts or omissions, except that:
		a. we will pay claim expenses until there is a final adjudication establishing such conduct; and
		b. this exclusion will not apply to otherwise covered intentional acts or omissions resulting in personal and advertising injury .
		This exclusion will apply to the named insured only if the conduct was committed or allegedly committed by any:
		a. partner, director, officer, or member of the board (or equivalent position) of the named insured ; or
		b. employee of the named insured if any partner, director, officer, member of the board (or equivalent position) of the named insured knew or had reason to know of such conduct by the employee.
		This exclusion will apply separately to each insured and will not apply to any insured who did not commit, participate in, acquiesce to, or ratify such conduct committed by another insured .
Manufacture of goods/ products	14.	based upon or arising out of any goods or products manufactured, sold, handled, or distributed by you .
Misappropriation of funds	15.	based upon or arising out of the actual or alleged theft, misappropriation, commingling, or conversion of any funds, monies, assets, or property.
Mold	16.	based upon or arising out of any actual, alleged, or threatened existence, growth, release, escape of, exposure to, inhalation of, or contact with mold, spores, or fungi.
Pollution/environmental	17.	based upon or arising out of any actual, alleged, or threatened discharge, dispersal, release, or escape of pollutants , including any direction or request to test for, monitor, clean up, remove, contain, treat, detoxify, or neutralize pollutants .
Prior acts/notice/knowledge	18.	based upon or arising out of any actual or alleged breach of duty or negligent act, error, or omission that:
		a. was committed prior to the retroactive date;
6		b. was the subject of any notice given under any other policy of which this policy is a renewal or replacement;
		c. was the subject of, or is related to, any prior or pending litigation, claim, written demand, arbitration, administrative or regulatory proceeding or investigation, or licensing proceeding that was filed or commenced against you and of which you had notice prior to the policy period ; or
		d. you had knowledge of prior to the policy period , and there was a reasonable basis to believe that the act, error, or omission could result in a claim .
		However, if this policy is a renewal or replacement of a previous policy we issued that provided materially identical coverage, and is part of an unbroken chain of successive policies issued by us , the policy period referred to in paragraphs c and d, above, will be the policy period of the first such policy we issued.
Privacy	19.	based upon or arising out of any actual or alleged:
		a. unauthorized acquisition, access, use, or disclosure of, improper collection or retention of, or failure to protect any non-public personally identifiable information or confidential

corporate information that is in your care, custody, or control; or



HISCOX PRO[®] Allied Healthcare Professional Liability Coverage Part (Claims-Made and Reported)

		b. violation of any privacy law or consumer data protection law protecting against the use, collection, or disclosure of any information about a person or any confidential corporate information.
		However, this exclusion will not apply to any claim covered under Section II. Coverage enhancements, Subsection C. HIPAA violations sublimit.
Third party discrimination	20.	based upon or arising out of any actual or alleged harassment of or unlawful discrimination against, including but not limited to adverse or disparate impact, a person or entity other than an insured or an employee of an insured .
Unsolicited telemarketing	21.	based upon or arising out of any actual or alleged violation of any federal, state, local, or foreign statutes, ordinances, or regulations relating to unsolicited telemarketing, solicitations, emails, faxes, text messages, or any other communications of any type or nature, including but not limited to the Telephone Consumer Protection Act, CAN-SPAM Act, or any "anti-spam" or "do-not-call" statutes, ordinances, or regulations.
VII. Definitions	Sect	ollowing definitions apply to this Coverage Part. Additional definitions are contained in on III. Who is an insured, and in the General Terms and Conditions, Section VI. Definitions cable to all Coverage Parts.
Affiliate		ns any person or entity related to any insured through common ownership, control, or agement.
Bodily injury		ns physical injury, sickness, disease, or death sustained by a person, and any resulting liation, mental injury, mental anguish, emotional distress, suffering, or shock.
Claim		ns any written assertion of liability or any written demand for financial compensation or non- etary relief.
Claim expenses	mea	ns the following sums incurred in excess of the retention and with our prior written consent:
	1.	all reasonable and necessary fees, costs, and expenses (including the fees of attorneys and experts) incurred in the investigation, defense, or appeal of a claim ; and
	2.	premiums on appeal bonds, attachment bonds, or similar bond, but we will have no obligation to apply for or furnish any such bonds.
Damages	mea	ns the following amounts incurred in excess of the retention:
	1.	a monetary judgment or monetary award that you are legally obligated to pay (including pre- or post-judgment interest and awards of claimant's attorney fees); or
	2.	a monetary settlement negotiated by us with your consent.
		ages includes punitive damages to the full extent they are insurable under the law of any cable jurisdiction that most favors coverage.
Personal and advertising injury		ns injury, other than bodily injury or property damage , arising out of one or more of the ving offenses:
	1.	false arrest, detention, or imprisonment;
	2.	malicious prosecution;
	3.	wrongful eviction from, wrongful entry into, or invasion of the right of private occupancy of premises;
	4.	slander, libel, or defamation, or disparagement of goods, products, or services, whether in connection with your professional services or your advertising of it; or
	5.	oral or written publication of material, whether in connection with your professional services or your advertising of it, that violates a person's right of privacy.



HISCOX PRO Allied Healthcare Professional Liability Coverage Part (Claims-Made and Reported)

Pollutants	means any solid, liquid, gaseous, biological, radiological, or thermal irritant or contaminant, including smoke, vapor, asbestos, silica, dust, nanoparticles, fibers, soot, fumes, acids, alkalis, chemicals, nuclear materials, germs, and waste. Waste includes, but is not limited to, materials to be recycled, reconditioned, or reclaimed.
Potential claim	means any acts, errors, or omissions of an insured or other circumstances reasonably likely to lead to a claim covered under this policy.
Professional services	means only those services identified as Covered Professional Services under the Allied Healthcare Professional Liability Coverage Part section of the Declarations.
Property damage	means physical loss of or physical damage to or destruction of any tangible property, including the resulting loss of use of that property.
Retention	means the amount stated as such under the Allied Healthcare Professional Liability Coverage Part section of the Declarations.
You, your, or insured	means a named insured , employee , independent contractor , student , or medical director , as defined in Section III. Who is an insured.