



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
07/30/2013

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	GAVIN INSURANCE AGENCY 2001 WEST 2ND AVENUE INDIANOLA IA 50125	CONTACT NAME:	PENNY FISHER	
		PHONE (A/C, No, Ext):	515-961-3377	FAX (A/C, No): 515-961-3194
		E-MAIL ADDRESS:	PFISHER@GAVININSURANCE.COM	
		INSURER(S) AFFORDING COVERAGE		NAIC #
		INSURER A : NATIONWIDE MUTUAL INS. CO.		23787
INSURED	MYTHERAPYCOMPANY.COM,INC. PATHWAYS TO SPEECH P.O. BOX 537 NEDERLAND CO 80466	INSURER B : ALLIED INSURANCE GROUP		
		INSURER C : RISK PLACEMENT SERVICES		
		INSURER D :		
		INSURER E :		
		INSURER F :		

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR   WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY	Y Y	ACPGLO7153281714	03/01/2013	03/01/2014	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY					DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR					MED EXP (Any one person) \$ 5,000
						PERSONAL & ADV INJURY \$ 1,000,000
						GENERAL AGGREGATE \$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					PRODUCTS - COM/POP AGG \$ 2,000,000
A	AUTOMOBILE LIABILITY	Y Y	ACPGLO7153281714	03/01/2013	03/01/2014	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input type="checkbox"/> ANY AUTO					BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS					BODILY INJURY (Per accident) \$
	<input checked="" type="checkbox"/> HIRED AUTOS					PROPERTY DAMAGE (Per accident) \$
	<input checked="" type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS					\$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR	Y Y	ACPCAA7133281714	03/01/2013	03/01/2014	EACH OCCURRENCE \$ 2,000,000
	<input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE					AGGREGATE \$ 2,000,000
	DED   RETENTION \$					\$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	N/A				WC STATU-TORY LIMITS   OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in Nh)					E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - EA EMPLOYEE \$
						E.L. DISEASE - POLICY LIMIT \$
C	PROFESSIONAL LIABILITY	Y N	SM-880856	07/01/2013	07/01/2014	\$1,000,000- \$3,000,000
	PER OCCURRENCE/AGGREGATE ABUSE & MOLESTATION					\$100,000- \$300,000
C	PER OCCURRENCE/AGGREGATE	Y N	SM-880856	07/01/2013	07/01/2014	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

CERTIFICATEHOLDER IS INCLUDED AS ADDITIONAL INSURED. UMBRELLA POLIC IS FOLLOW FORM OVER THE GENERAL LIABILITY, AUTOMOTIBLE LIABILITY, & WORKERS COMPENSATION.

CERTIFICATE HOLDER	MT. DIABLO UNIFIED SCHOOL DISTRICT 1936 CARLOTTA DRIVE CONCORD CA 94519	CANCELLATION
		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
		AUTHORIZED REPRESENTATIVE

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AGENCY CUSTOMER ID: 104101

LOC #: \_\_\_\_\_



### ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

AGENCY GAVIN INSURANCE AGENCY		NAMED INSURED MYTHERAPYCOMPANY.COM,INC.	
POLICY NUMBER			
CARRIER	NAIC CODE	EFFECTIVE DATE:	

**ADDITIONAL REMARKS**

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,  
FORM NUMBER: ACORD25 FORM TITLE: Certificate of Liability Insurance

CERTIFICATEHOLDER IS INCLUDED AS ADDITIONAL INSURED.





# CERTIFICATE OF LIABILITY INSURANCE

GVV  
R054DATE (MM/DD/YYYY)  
07-18-2013

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> RICHARDS-SEELEY & SCHAEFER INC/PHS 343549 P: (866) 467-8730 F: (877) 905-0457 PO BOX 33015 SAN ANTONIO TX 78265	<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): (866) 467-8730 FAX (A/C, No): (877) 905-0457 E-MAIL ADDRESS:	
	<b>INSURER(S) AFFORDING COVERAGE</b>	
<b>INSURED</b> MYTHERAPYCOMPANY COM INC PO BOX 537 NEDERLAND CO 80466	<b>INSURER A:</b> Twin City Fire Ins Co	
	<b>INSURER B:</b>	
	<b>INSURER C:</b>	
	<b>INSURER D:</b>	
	<b>INSURER E:</b>	
	<b>INSURER F:</b>	

**COVERAGES**

CERTIFICATE NUMBER:

REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	<b>GENERAL LIABILITY</b>						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$
	<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	<input type="checkbox"/>	<input type="checkbox"/>				
	<b>AUTOMOBILE LIABILITY</b>						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	<input type="checkbox"/>	<input type="checkbox"/>				
	<b>UMBRELLA LIAB</b> <b>EXCESS LIAB</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE DED \$ RETENTION \$	<input type="checkbox"/>	<input type="checkbox"/>				EACH OCCURRENCE \$ AGGREGATE \$
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			34 WEC BR4309	05/01/2013	11/01/2013	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Those usual to the Insured's Operations.

**CERTIFICATE HOLDER**

MOUNT DIABLO UNIFIED SCHOOL DIST  
 1936 CARLOTTA DR  
 CONCORD, CA 94519

**CANCELLATION**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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AMCO INSURANCE COMPANY  
1100 LOCUST ST DEPT 1100 DES MOINES, IA 50391-2000

**CHANGE OF DECLARATIONS ENDORSEMENT - PLEASE READ CAREFULLY**

POLICY NUMBER	ACP CAA 7153281714	COMMERCIAL UMBRELLA LIABILITY
NAMED INSURED:	MY THERAPY CO LLC NPA PATHWAYS TO SPEECH	
MAILING ADDRESS:	PO BOX 537 NEDERLAND CO 804660537	
AGENT NAME:	GAVIN INSURANCE AGENCY	
AGENT ADDRESS:	2100 W 2ND AVE INDIANOLA IA 50125 74 14 01097 0000	
POLICY PERIOD: FROM	03/01/13 TO 03/01/14	12:01 A.M. Standard Time
EFFECTIVE DATE OF CHANGE:	07/25/13	12:01 A.M. Standard Time

PREMIUM

\*\*\*\*\* GENERAL CHANGES \*\*\*\*\*  
CHANGED GENERAL INFORMATION

\*\*\*\*\* ENDORSEMENT CHANGES \*\*\*\*\*  
CHANGED ENDORSEMENT INFORMATION  
UMB0001 (0309)

THIS IS NOT A BILL - SEE YOUR BILLING STATEMENT

DECLARATIONS  
AMENDMENT

COMMERCIAL UMBRELLA LIABILITY  
INSURANCE POLICY  
AMCO INSURANCE COMPANY  
1100 LOCUST ST DEPT 1100  
DES MOINES IA 503912000

Policy Number: ACP CAA 7153281714

ITEM 1

Named Insured: MY THERAPY CO LLC NPA  
PATHWAYS TO SPEECH

ITEM 2

Address: PO BOX 537  
NEDERLAND CO 804660537

Agent: GAVIN INSURANCE AGENCY

Address: INDIANOLA IA 50125 74 14 01097 0000

ITEM 3

Policy Period : From 12:01 A.M., 03/01/13 to 12:01 A.M., 03/01/14

ITEM 4

Schedule of Underlying Insurance: See Endorsement No. UMB 00 01

ITEM 5

Retained Limit Aggregate: NONE

ITEM 6

Limits of Insurance: a) \$2,000,000 Each Occurrence  
b) \$2,000,000 Products - Completed Operations Aggregate  
c) \$2,000,000 Other Aggregate

ITEM 7

Coverage  A - Excess Follow Form Liability Insurance  
 B - Umbrella Liability Insurance

ITEM 8

Premium : Amount  
\$900.00

ITEM 9

Endorsements:	UMB0001	0309	UMB0002	0710	UMB1400	1298	UMB0052	0108	13614	1185
	UMB0016	0310	UMB0039	1298	UMB0092	0910				

Renewal or Replacement No. ACP CAA 7143281714

COMM AMT: \$135.00

Countersigned By \_\_\_\_\_

Authorized Representative

AMCO INSURANCE COMPANY

COMMERCIAL UMBRELLA LIABILITY  
FORMS AND ENDORSEMENTS SUMMARY

Number: ACP CAA 7153281714

Period:  
From 03/01/13 To 03/01/14

FORM/ENDORSEMENT	DATE	TITLE
UMB0001	0309	SCHEDULE OF UNDERLYING INSURANCE
UMB0002	0710	COMMERCIAL UMBRELLA LIABILITY POLICY
UMB0016	0310	EXCL-DESIGNATED OPERATIONS COV BY A CONSOLIDATED (WRAP-UP) I
UMB0039	1298	SUBSIDENCE OF LAND EXCLUSION - COVERAGE B
UMB0052	0108	CAP ON LOSSES FROM CERTIFIED ACTS OF TERRORISM
UMB0092	0910	DEFINITION OF INSURED ENDORSEMENT - COVERAGE A
UMB1400	1298	IOWA CHANGES - CANCELLATION AND NONRENEWAL
13614	1185	SPECIAL CONTINUATION PROVISION

Policy Number: **ACP CAA 7153281714**  
 Policy Period: **03/01/13** to **03/01/14**

**ITEM 4.**

Schedule Of Underlying Insurance (as identified by the entry of a company name, policy number, policy period and limits):

<b>X Commercial General Liability or Businessowners Liability</b>	<b>Limits (\$)</b>	
<b>NATIONWIDE MUTUAL INS CO</b>	<b>2000000</b>	General Aggregate
Policy Number: <b>ACP GLO 7153281714</b>	<b>2000000</b>	Products-Completed Operations Aggregate
Policy Period: <b>03/01/13</b> to <b>03/01/14</b>	<b>1000000</b>	Personal and Advertising Injury
	<b>1000000</b>	Each Occurrence

<b>Commercial Auto Liability</b>	<b>Limits (\$)</b>	
		Each Accident
Policy Number:		
Policy Period:	to	

<b>X Employer's Liability or Stop Gap Liability</b>	<b>Limits (\$)</b>	
<b>THE HARTFORD</b>	<b>1000000</b>	Bodily Injury by Accident - Each Accident
Policy Number: <b>34 WEC BR4309</b>	<b>1000000</b>	Bodily Injury by Disease – Each Employee
Policy Period: <b>05/01/13</b> to <b>11/01/13</b>	<b>1000000</b>	Bodily Injury by Disease – Policy Limit

	<b>Limits (\$)</b>	
Policy Number:		
Policy Period:	to	

	<b>Limits (\$)</b>	
Policy Number:		
Policy Period:	to	

	<b>Limits (\$)</b>	
Policy Number:		
Policy Period:	to	

	<b>Limits (\$)</b>	
Policy Number:		
Policy Period:	to	

**IMPORTANT NOTICE: RESTRICTIONS, LIMITATIONS AND EXCLUSIONS TO THE ABOVE SCHEDULED UNDERLYING INSURANCE (OR ANY REPLACEMENTS THEREOF) WILL ACT AS RESTRICTIONS, LIMITATIONS AND EXCLUSIONS TO COVERAGE A OF THIS POLICY.**