| ACORD <sup>®</sup> CERT   | ΊF     | IC | ATE OF LIA    | BIL         | ITY IN   | SURA                       | NCE 11/08/  | (mm/dd/yyyy)<br>2012 |  |
|---|--------|----|---------------|-------------|--|----------------------------|---|----------------------|--|
| THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS<br>CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES<br>BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED<br>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   |        |    |               |             |  |                            |   |                      |  |
| 2100 WEST 2ND AVENUE  |        |    |               |             | PHONE<br>(A/C, No, Ext): 515-961-3377 FAX<br>(A/C, No): 515-961-3194   |                            |   |                      |  |
| INDIANOLA IA 50125  |        |    |               |             | E-MAIL<br>ADDRESS: GAVININSURANCE@MCHSI.COM  |                            |   |                      |  |
|   |        |    |               |             | INSURER(S) AFFORDING COVERAGE NAIC #   |                            |   |                      |  |
| INSURED MY THERAPY COMPANY LLC. NPA   |        |    |               |             | INSURER B : TAYLOR INSURANCE SERVICES  |                            |   |                      |  |
| PATHWAYS TO SPEECH  |        |    |               |             | INSURER C :  |                            |   |                      |  |
| P.O. BOX 537  |        |    |               |             | INSURER D :  |                            |   |                      |  |
| NEDERLAND CO 80   | )46    | 6  |               | INSURER E : |  |                            |   |                      |  |
|   | -      |    | 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. |        |    |               |             |  |                            |   |                      |  |
| LTR TYPE OF INSURANCE   | ADDL S |    | POLICY NUMBER |             | POLICY EFF<br>(MM/DD/YYYY)   | POLICY EXP<br>(MM/DD/YYYY) | LIMITS  |                      |  |
| GENERAL LIABILITY   |        |    |               |             |  |                            | EACH OCCURRENCE \$ DAMAGE TO RENTED                               | 1,000,000<br>100,000 |  |
|   |        |    |               |             |  |                            | PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$           | 5,000                |  |
|   | Y      | Ν  | ACPGL07133281 | 1714        | 03/01/2012   | 03/01/2013                 |   | 1,000,000            |  |
|   |        |    |               |             |  |                            | GENERAL AGGREGATE \$  | 2,000,000            |  |
| GEN'L AGGREGATE LIMIT APPLIES PER:  |        |    |               |             |  |                            | PRODUCTS - COMP/OP AGG \$   | 2,000,000            |  |
| AUTOMOBILE LIABILITY  |        |    |               |             |  |                            | COMBINED SINGLE LIMIT<br>(Ea accident) \$                         |                      |  |
|   |        |    |               |             |  |                            | BODILY INJURY (Per person) \$                                     |                      |  |
| ALL OWNED SCHEDULED<br>AUTOS AUTOS<br>NON-OWNED   |        |    |               |             |  |                            | BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ |                      |  |
| HIRED AUTOS AUTOS   |        |    |               |             |  |                            | (Per accident) \$   |                      |  |
| X UMBRELLA LIAB X OCCUR   |        |    |               |             |  |                            | EACH OCCURRENCE \$  |                      |  |
| A EXCESS LIAB CLAIMS-MADE   | Y      | Ν  | ACPCAA7133281 | 1714        | 03/01/2012   | 03/01/2013                 | AGGREGATE \$  | 2,000,000            |  |
| DED         RETENTION \$           WORKERS COMPENSATION   |        |    |               |             |  |                            | WC STATU- OTH-<br>TORY LIMITS ER                                  |                      |  |
| AND EMPLOYERS' LIABILITY<br>ANY PROPRIETOR/PARTNER/EXECUTIVE  | N/A    |    |               |             |  |                            | E.L. EACH ACCIDENT \$   |                      |  |
| OFFICER/MEMBER EXCLUDED?<br>(Mandatory in NH)<br>If yes, describe under   | N/A    |    |               |             |  |                            | E.L. DISEASE - EA EMPLOYEE \$                                     |                      |  |
| PROFESSIONAL LIABILITY  | ~      |    | 014 000050    |             |  |                            | E.L. DISEASE - POLICY LIMIT \$ \$ 1,000,000-\$2                   | 2 000 000            |  |
| B PER OCCURRENCE/AGGREGATE ABUSE & MOLESTATION  | Y      | Ν  | SM-880856     |             | 07/01/2012   | 07/01/2013                 |   |                      |  |
| B PER OCCURRENCE/AGGREGATE  | Y      | Ν  | SM-880856     |             | 07/01/2012   | 07/01/2013                 | \$100,000-  | \$300,000            |  |
| DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)<br>CERTIFICATEHOLDER IS INCLUDED AS ADDITIONAL INSURED.   |        |    |               |             |  |                            |   |                      |  |
|   |        |    |               |             | CANCELLATION   |                            |   |                      |  |
| MT. DIABLO UNIFIED SCHOOL DISTRICT<br>1936 CARLOTTA DRIVE   |        |    |               |             | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE<br>THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN<br>ACCORDANCE WITH THE POLICY PROVISIONS. |                            |   |                      |  |
| CONCORD CA 94519  |        |    |               |             |  |                            |   |                      |  |
|   |        |    |               |             | AUTHORIZED REPRESENTATIVE  |                            |   |                      |  |
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AGENCY CUSTOMER ID: 104101 LOC #:



## ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

| AGENCY<br>GAVIN INSURANCE AGENCY | NAMED INSURED<br>MY THERAPY COMPANY LLC. NPA |                 |  |
|----------------------------------|--|-----------------|--|
| 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 Old Format

CERTIFICATEHOLDER IS INCLUDED AS ADDITIONAL INSURED.