

DARWIN NATIONAL ASSURANCE COMPANY

7/25/12 - A Mental Health Counselors' Professional Liability Policy  
 THIS IS A CLAIMS MADE POLICY - PLEASE READ CAREFULLY

\*\*\* RENEWAL \*\*\*

NOTICE: A LOWER LIMIT OF LIABILITY APPLIES TO JUDGMENTS OR SETTLEMENTS WHEN THERE ARE ALLEGATIONS OF SEXUAL MISCONDUCT (SEE THE SPECIAL PROVISION "SEXUAL MISCONDUCT" IN THE POLICY).

DECLARATIONS

POLICY NO: 5002-6995 ACCOUNT NO: CA-BURS496-0 0521432R  
 ITEM 1. (a) NAME AND ADDRESS OF INSURED: ITEM 1. (b) ADDITIONAL NAMED INSURED:

SHERRY BURKE  
 4969 BAY LEAF COURT  
 MARTINEZ, CA 94553

TYPE OF ORG: INDIVIDUAL

ITEM 2. ADDITIONAL INSURED:

MT DIABLO UNIFIED SCHOOL DISTRICT 1936 CARLOTTA DR CONCORD, CA 94519	FAIRFIELD SUIJUN UNIFIED SCHOOL DISTRICT 2490 HILBORN RD FAIRFIELD, CA 94534
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ITEM 3. POLICY PERIOD: FROM: 08/04/12 TO: 08/04/13  
 12:01A.M. STANDARD TIME AT THE ADDRESS OF THE INSURED AS STATED HEREIN:

ITEM 4. LIMITS OF LIABILITY: (a) \$ 2,000,000 EACH WRONGFUL ACT OR SERIES OF CONTINUOUS, REPEATED OR INTERRELATED WRONGFUL ACTS OR OCCURRENCE  
 (b) \$ 5,000 COSTS RELATED TO ANY SINGLE PROCEEDING  
 (c) \$ 4,000,000 AGGREGATE, FOR ALL CLAIMS AND ALL PROCEEDINGS

ITEM 5. PREMIUM SCHEDULE:

CLASSIFICATION	NUMBER	RATE	ANNUAL PREMIUM
SELF-EMPLOYED SCHOOL PSYCHOLOGIST PART TIME PROFESSIONAL	1	248.00	248.00
ADDITIONAL INSURED	1	30.00	30.00
ADDITIONAL INSURED AFTER FIRST DEFENSE LIMIT	1	15.00	15.00
			.00
TOTAL PREMIUM:			293.00

ITEM 6. RETROACTIVE DATE: 08/04/10  
 ITEM 7. EXTENDED REPORTING PERIOD  
 ADDITIONAL PREMIUM (if exercised): \$ 513.00

ITEM 8. POLICY FORMS AND ENDORSEMENTS ATTACHED TO THIS POLICY

PRGE3000 (3/2006) PRGe1069 (1/2006) PRGe-1132  
 PRGe1123 (3/2006) PRGe1130 (3/2006)