



**Liberty**  
International  
Underwriters  
Member of Liberty Mutual Group

**Healthcare Professional Liability**

**LIBERTY INSURANCE UNDERWRITERS INC.**

(A Stock Insurance Company, hereinafter the "Company")  
55 Water Street, 18<sup>th</sup> Floor  
New York, NY 10041

**DECLARATIONS**

Policy Number: AHY-389087001 Renewal Of:

**SECTION I**

- Item
1. Named Insured: Marie B Wyman
  2. Mailing Address: 3 Blackhawk Club Court,  
Danville, CA 94506
  3. Policy Period: From: 10/06/2011 To: 10/06/2012  
12:01 A.M. Standard Time At Location of Designated Premises
  4. Business or Profession: Speech Language Pathologist Affiliation: American Speech-Language-Hearing Assn.
  5. The Named Insured is a(n):  Partnership  Corporation  Individual  
 Sole Proprietor (with employees)  Other:

This policy is made and accepted subject to the printed conditions of this policy together with the provisions, stipulations and agreements contained in the following form(s) or endorsement(s): HCPL-2037 (11/09), HCPL-2038 (11/09), HCPL-2151A (11/09), HCPL-8003 (11/09), HCPL-2037-9000 CA (11/09) OFAC (08/09),

**SECTION II**

Item	COVERAGE	Premium
A.	Professional Liability [X]	\$159.00
B.	General Liability [ ] Terrorism Risk Insurance Act [ ]	\$0.00
C.	Endorsements [X]	\$166.00
<b>TOTAL:</b>		<b>\$325.00</b>

**LIMITS OF LIABILITY**

\$2,000,000 Each Incident and Each Occurrence \$5,000,000 Aggregate

**SECTION III**

**SUPPLEMENTARY PAYMENTS**

- A. First Party Assault
- B. Licensing Board Reimbursement
- C. Wage Loss and Expense
- D. Deposition Expense
- E. First Aid Reimbursement

Representative Agent: Marsh U.S. Consumer  
a service of Seabury & Smith, Inc.  
P.O. Box 14576  
Des Moines, IA 50306-3576  
1-800-503-9230



**MEMORANDUM OF INSURANCE** Date Issued 09/02/2011

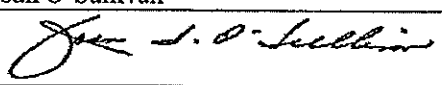
<p><b>Producer</b></p> <p>Marsh U.S. Consumer                  a service of Seabury &amp; Smith, Inc.                  P.O. Box 14576                  Des Moines, IA 50306-3576                  1-800-503-9230</p>	<p>This memorandum is issued as a matter of information only and confers no rights upon the holder. This memorandum does not amend, extend or alter the coverages afforded by the Certificate listed below.</p>
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<p><b>Insured</b></p> <p>Marie B Wyman                  3 Blackhawk Club Court                  Danville CA 94506</p>	<p><b>Company Affording Coverage</b>                  Liberty Insurance Underwriters Inc</p>
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This is to certify that the Certificate listed below has been issued to the insured named above for the policy period indicated, not withstanding any requirement, term or condition of any contract or other document with respect to which this memorandum may be issued or may pertain, the insurance afforded by the Certificate described herein is subject to all the terms, exclusions and conditions of such Certificate. The limits shown may have been reduced by paid claims.

Type of Insurance	Certificate Number	Effective Date	Expiration Date	Limits	
				Per Incident/ Occurrence	
Professional Liability SpeechLangH SE Speech Language Pathologist	AHY-389087001	10/06/2011	10/06/2012	Per Incident/ Occurrence	\$2,000,000
				Annual Aggregate	\$5,000,000

**PROOF OF INSURANCE**

<p>Memorandum Holder:                   PROOF OF COVERAGE ONLY</p>	<p>Should the above describe Certificate be cancelled before the expiration date thereof, the issuing company will endeavor to mail 30 days written notice to the Memorandum Holder named to the left, but failure to mail such notice shall impose no obligation or liability of any kind upon the company, its agents or representatives.</p>
	<p>Authorized Representative                  Joan O'Sullivan</p>
	

Client # 882608

**MEMORANDUM OF INSURANCE**

Date Issued 09/02/2011

**Producer**

Marsh U.S. Consumer  
 a service of Seabury & Smith, Inc.  
 P.O. Box 14576  
 Des Moines, IA 50306-3576  
 1-800-503-9230

This memorandum is issued as a matter of information only and confers no rights upon the holder. This memorandum does not amend, extend or alter the coverages afforded by the Certificate listed below.

**Company Affording Coverage**

Liberty Insurance Underwriters Inc

**Insured**

Marie B Wyman  
 3 Blackhawk Club Court  
 Danville CA 94506

This is to certify that the Certificate listed below has been issued to the insured named above for the policy period indicated, not withstanding any requirement, term or condition of any contract or other document with respect to which this memorandum may be issued or may pertain, the insurance afforded by the Certificate described herein is subject to all the terms, exclusions and conditions of such Certificate. The limits shown may have been reduced by paid claims.

Type of Insurance	Certificate Number	Effective Date	Expiration Date	Limits	
Professional Liability  SpeechLangH SE Speech Language Pathologist	AHY-389087001	10/06/2011	10/06/2012	Per Incident/ Occurrence	\$2,000,000
				Annual Aggregate	\$5,000,000

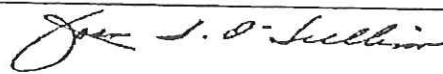
Memorandum Holder is added as an Additional Insured but only as respects to claims arising out of the sole negligence of the named insured subject to the terms and provisions of the policy.

**Memorandum Holder:**

Mount Diablo Unified School District  
 1936 Carlotta Drive  
 Concord CA 94519

Should the above describe Certificate be cancelled before the expiration date thereof, the issuing company will endeavor to mail 30 days written notice to the Memorandum Holder named to the left, but failure to mail such notice shall impose no obligation or liability of any kind upon the company, its agents or representatives.

Authorized Representative  
 Joan O'Sullivan



# Healthcare Professional Liability



**Liberty**  
International  
Underwriters  
Member of Liberty Mutual Group

## LIBERTY INSURANCE UNDERWRITERS INC.

(A Stock Insurance Company, hereinafter the "Company")

ENDORSEMENT NO. [ ]

Effective Date: 10/06/2011

Policy Number: AHY-389087001

Issued To: Marie B Wyman

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

### ADDITIONAL INSURED ENDORSEMENT

This endorsement applies to:

- \_\_\_\_\_ Professional Liability Coverage Part Only       \$ \_\_\_\_\_ Additional Premium
- \_\_\_\_\_ General Liability Coverage Part Only       \$ \_\_\_\_\_ Additional Premium
- \_\_\_\_\_ Professional Liability and General Liability Coverage Parts       \$ \_\_\_\_\_ Additional Premium

In consideration of the premium charged, the "Designated Entity" or "Designated Entities" shown below shall be included as additional **Insured(s)**, but only as respects claims arising out of the sole negligence of the individual or entity specified in the PERSONS INSURED Section of the policy.

Additional Definition:

"Designated Entity" or "Designated Entities" as used in this endorsement shall mean:

Mount Diablo Unified School District

1936 Carlotta Drive  
Concord CA 94519

NAME

ADDRESS

NAME

ADDRESS

NAME

ADDRESS

NAME

ADDRESS

ALL OTHER TERMS AND CONDITIONS OF THE POLICY REMAIN UNCHANGED.

