

# 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: 10/06/2010

Policy Number: AHY-173626001

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 Entry" 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 Entry" 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.

1 1



**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

#### Specified Medical Professional Liability Occurrence Insurance Policy

Policy Number: AHY-173626001

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: 10/06/2010 To: 10/06/2011  
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)

#### SECTION II

Item	COVERAGE	Premium
A.	Professional Liability [X]	\$159.00
B.	General Liability [ ]	
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 Consumer  
a service of Seabury & Smith, Inc.  
P.O. Box 14576  
Des Moines, IA 50306-3576  
1-800-503-9230

1 1

HCPL-2037D (11/09)

## MEMORANDUM OF INSURANCE

Date Issued 08/24/2010

**Producer**

Marsh 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.

**Insured**

Marie B Wyman  
3 Blackhawk Club Court  
Danville CA 94506

**Company Affording Coverage**

Liberty Insurance Underwriters Inc

This is to certify that the Certificate listed below has 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 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-173626001	10/06/2010	10/06/2011	Per Incident/ Occurrence	\$2,000,000
				Annual Aggregate	\$5,000,000
General Liability					

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

