



ACE American Insurance Company

Psychologists' Professional Liability
Claims Made Insurance
Policy Declarations

PRODUCER NUMBER 273865

DATE OF ISSUE June 01, 2011

**PSYCHOLOGISTS' PROFESSIONAL LIABILITY
CLAIMS MADE INSURANCE POLICY**

THIS POLICY/CERTIFICATE IS ISSUED IN ASSOCIATION WITH THE PSYCHOLOGISTS PURCHASING GROUP ASSOCIATION

Item	POLICY/CERTIFICATE NUMBER: 78G22368205		
1.	Named Insured:	Pediatric Neuropsychology Group	
	Address:	2372 Ellsworth St Ste F	
	City, State & Zip Code:	Berkeley, CA 94704 1550	
2.	Policy Period:	From: 07/01/2011	To: 07/01/2012
	12:01 A.M. local time at the address shown in Item 1.		
3.	COVERAGE	LIMITS OF LIABILITY	PREMIUM
	Professional Liability	\$2,000,000 Each Incident	\$4,030.00
	Wrongful Employment Practices	\$4,000,000 Aggregate \$5,000 Aggregate	
	REIMBURSEMENTS		
	Licensing Board Defense	\$50,000 per Proceeding	\$45.00
	Other Governmental Regulatory Body Defense	\$10,000 per Proceeding	
	Deposition Expense	\$5,000 per Insured	
	Premises Medical Payment	\$2,500 per Person	
	Assault and/or Battery	\$75,000 Aggregate \$1,000 Aggregate	
	Loss of Earnings	\$500 per Day, per Insured	
		\$15,000 Aggregate Per Incident	
	Surcharge(s)		
	Total Premium		\$4,075.00
4.	Retroactive Date	07/01/2002	
5.	This policy is made and accepted subject to the printed conditions in this policy together with the provisions, stipulations and agreements contained in the following form(s) or endorsement(s). PF15215a, PF15217a, CC-1K11g (01/11), PF15245a, PF15235a, PF7U49a.		
6.	Notice of claim should be sent to: Trust Risk Management Services, Inc. 181 W Madison St Suite 2900, Chicago, IL 60602	All other correspondence should be sent to: Trust Risk Management Services, Inc. 1791 Paysphere Circle Chicago, IL 60674	
7.	REPRESENTATIVE:	Agent or broker:	Trust Risk Management Services, Inc. doing business in CA as TRMS Insurance Agency
		Office address:	1791 Paysphere Circle
		City, State, Zip	Chicago, IL 60674
		Website:	www.apait.org
		Phone:	1.877.637.9700

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

Named Insured Pediatric Neuropsychology Group			Endorsement Number
Policy Symbol CRL	Policy Number 78G22368205	Policy Period 07/01/2011 to 07/01/2012	Effective Date 07/01/2011
Issued By (Name of Insurance Company) ACE American Insurance Company			

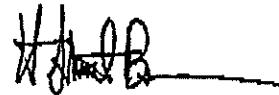
Additional Insured

It is agreed that in consideration of the premium charged, the individual(s) or entity(ies) designated below shall be an **Insured**, under Section III. PERSONS INSURED, but only with respect to such individual's or entity's liability arising solely out of an incident caused by the sole negligence of another **Insured**:

Additional Insured	Address
The Mt Diablo Unified School District	1936 Carlotta Drive Concord CA 94519

The premium for this endorsement is included in the premium shown on the Declarations unless a specific amount is shown here:	Additional Premium:	
	Return Premium:	

All other terms and conditions of this policy remain unchanged.



Authorized Agent



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Named Insured Pediatric Neuropsychology Group			Endorsement Number
Policy Symbol CRL	Policy Number 78G22368205	Policy Period 07/01/2011 to 07/01/2012	Effective Date 07/01/2011
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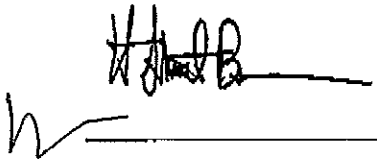
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 Authorized Agent