

80 This **Spectrum Policy** consists of the Declarations, Coverage Forms, Common Policy Conditions and any  
61 other Forms and Endorsements issued to be a part of the Policy. This insurance is provided by the stock  
BF insurance company of The Hartford Insurance Group shown below.  
SBA

**INSURER:** SENTINEL INSURANCE COMPANY, LIMITED  
ONE HARTFORD PLAZA, HARTFORD, CT 06155  
COMPANY CODE: A



**Policy Number:** 57 SBA BF6180 SC

**SPECTRUM POLICY DECLARATIONS**

**Named Insured and Mailing Address:** MARIE B. WYMAN  
(No., Street, Town, State, Zip Code)



**Policy Period:** From 08/21/14 To 08/21/15 1 YEAR  
12:01 a.m., Standard time at your mailing address shown above. **Exception:** 12 noon in New Hampshire.

**Name of Agent/Broker:** CORE INSURANCE AGENCY LLC  
**Code:** 101676

**Previous Policy Number:** 57 SBA BF6180

**Named Insured is:** INDIVIDUAL

**Audit Period:** NON-AUDITABLE

**Type of Property Coverage:** SPECIAL

**Insurance Provided:** In return for the payment of the premium and subject to all of the terms of this policy, we agree with you to provide insurance as stated in this policy.

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**TOTAL ANNUAL PREMIUM IS:** \$500 MP

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Countersigned by \_\_\_\_\_  
Authorized Representative Date

**SPECTRUM POLICY DECLARATIONS (Continued)**

**POLICY NUMBER: 57 SBA BF6180**

<b>BUSINESS LIABILITY</b>	<b>LIMITS OF INSURANCE</b>
<b>LIABILITY AND MEDICAL EXPENSES</b>	<b>\$2,000,000</b>
<b>MEDICAL EXPENSES - ANY ONE PERSON</b>	<b>\$ 10,000</b>
<b>PERSONAL AND ADVERTISING INJURY</b>	<b>\$2,000,000</b>
<b>DAMAGES TO PREMISES RENTED TO YOU ANY ONE PREMISES</b>	<b>\$1,000,000</b>
<b>AGGREGATE LIMITS</b>	
<b>PRODUCTS-COMPLETED OPERATIONS</b>	<b>\$4,000,000</b>
<b>GENERAL AGGREGATE</b>	<b>\$4,000,000</b>
 <b>BUSINESS LIABILITY OPTIONAL COVERAGES</b>	
<b>HIRED/NON-OWNED AUTO LIABILITY</b>	<b>\$2,000,000</b>
<b>CYBERFLEX COVERAGE FORM SS 40 26</b>	

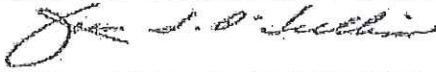
POLICY NUMBER: 57 SBA BF6180



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

ADDITIONAL INSURED - VENDOR

MT. DIABLO UNIFIED  
SCHOOL DISTRICT  
1936 CARLOTTA DRIVE  
CONCORD CA 94519

MEMORANDUM OF INSURANCE				Date Issued 08/07/2012	
<b>Producer</b> 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.			
<b>Insured</b>  Marie B Wyman		<b>Company Affording Coverage</b> 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, 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-680069001	10/06/2012	10/06/2013	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.					
<b>Memorandum Holder:</b>  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: 10/06/2012

Policy Number: AHY-680069001

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.

