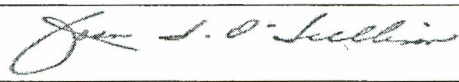


MEMORANDUM OF INSURANCE				Date Issued 07/23/2009	
Producer Marsh ConsumerConnexions a service of Seabury & Smith, Inc. 12421 Meredith Drive Urbandale, IA 50398 1-800-503-9230			This memorandum is issued as a matter of information only and confers no rights upon the holder. This memorandum does not amend, 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 Chicago Insurance Company		
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	AHL-2951572	10/06/2009	10/06/2010	Per Incident/ Occurrence	\$2,000,000
				Annual Aggregate	\$5,000,000
PROOF OF INSURANCE					
Memorandum Holder:			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		
					

MEDICAL PROFESSIONAL LIABILITY OCCURRENCE INSURANCE POLICY

Region	Producer	Issued	Prior Certificate Number	Purchasing Group Policy Number
23	0001614	07/23/2009	AHL-2951572	ASH-2000000

Offered through ASHA Purchasing Group Association

SECTION I

DECLARATIONS

Item	CERTIFICATE NUMBER: AHL-2951572			
1. Named Insured:	MARIE B WYMAN			
2. Mailing Address:	3 BLACKHAWK CLUB COURT DANVILLE, CA 94506			
3. Policy Period:	From: 10/06/2009	To: 10/06/2010		
	12:01 A.M. Standard Time At Location of Designated Premises			
4. Business or Profession:	Affiliation: American Speech-Language-Hearing Assn.			
	Speech Language Pathologist Self-Employed			
5. The Named Insured is a(n):	<input type="checkbox"/> Partnership	<input type="checkbox"/> Corporation	<input checked="" type="checkbox"/> Individual	
	<input type="checkbox"/> Sole Proprietor (with employees)		<input type="checkbox"/> 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):

PLJ-2037 (05/98), PLE-2087 (04/00), PON-2003 (01/04) (Ed. 03/09), PLE-2151 (10/98),

SECTION II

Item	COVERAGE	Premium
A.	Professional Liability <input checked="" type="checkbox"/>	\$159.00
B.	General Liability <input type="checkbox"/>	
	Endorsements <input type="checkbox"/>	

TOTAL PREMIUM: \$159.00

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 or Broker

Marsh Affinity Group Services
a service of Seabury & Smith
12421 Meredith Drive
Urbandale, IA 50398
1-800-503-9230