



Liberty
International
Underwriters

Healthcare Professional Liability

LIBERTY INSURANCE UNDERWRITERS INC.

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

55 Water Street, 18th Floor
New York, NY 10041

DECLARATIONS

Policy Number: AHY-267725001

Renewal Of:

SECTION I

Item

1. **Named Insured:** Augmentative Communication & Technology Services
2. **Mailing Address:** 350 Santa Ana Avenue, San Francisco, CA 94127-1953
3. **Policy Period:** From: 03/01/2011 To: 03/01/2012
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), TRIA-E003-0210, TRIA-N004-0208

SECTION II

Item	COVERAGE	Premium
A.	Professional Liability <input checked="" type="checkbox"/>	\$159.00
B.	General Liability <input checked="" type="checkbox"/> Terrorism Risk Insurance Act <input checked="" type="checkbox"/>	\$111.00 \$0.00
C.	Endorsements <input checked="" type="checkbox"/>	\$332.00
TOTAL:		\$602.00

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



HCPL-2037D (11/09)



Liberty International Underwriters

Healthcare Professional Liability

LIBERTY INSURANCE UNDERWRITERS INC.

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

ENDORSEMENT NO. []

Effective Date: 03/01/2011

Policy Number: AHY-267725001

Issued To: Augmentative Communication & Technology Services

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:

Fremont Union High School District	589 West Fremont Avenue Sunnyvale CA 94087
NAME	ADDRESS
Mt. Diablo Unified School District (PL Coverage Only)	1936 Carlotta Drive Concord CA 94519
NAME	ADDRESS
NAME	ADDRESS
NAME	ADDRESS

ALL OTHER TERMS AND CONDITIONS OF THE POLICY REMAIN UNCHANGED.

1 1

Client # 755481

MEMORANDUM OF INSURANCE Date Issued 02/11/2011

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.

Insured
 Augmentative Communication & Technology Services
 350 Santa Ana Avenue
 San Francisco CA 94127-1953

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, 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-267725001	03/01/2011	03/01/2012	Per Incident/ Occurrence	\$2,000,000
				Annual Aggregate	\$5,000,000
General Liability	AHY-267725001	03/01/2011	03/01/2012	Per Incident/ Occurrence	\$2,000,000
				Annual Aggregate	\$5,000,000

Coverage includes General Liability occurrences at 350 Santa Ana Avenue San Francisco, CA 94127-1953 but only as respects to claims arising out of the sole negligence of the Persons Insured under the provisions of this policy.

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

Joan O'Sullivan