



EVANSTON INSURANCE COMPANY

Policy No. SM-880856
 Prev. No. SM-873430
 Prod. No. DC202

DECLARATIONS - PROFESSIONAL LIABILITY INSURANCE POLICY FOR SPECIFIED MEDICAL PROFESSIONS

Claims Made Coverage: The coverage afforded by this policy is limited to liability for only those Claims that are first made against the Insured during the Policy Period or the Extended Reporting Period, if exercised, and reported in writing to the Company pursuant to the terms herein.

Notice: This is a duty to defend policy. Additionally, this policy contains provisions that reduce the limits of liability stated in the policy by the costs of legal defense and permit legal defense costs to be applied against the deductible, unless the policy is amended by endorsement. Please read the policy carefully.

1. **NAMED INSURED:** MY THERAPY COMPANY, INC.; PATHWAYS TO SPEECH
2. **BUSINESS ADDRESS:**
 800 S. 2nd
 FAIRFIELD, IA 52556
3. **POLICY PERIOD:** From July 1, 2011 to July 1, 2012
 12:01 A.M. Standard Time at address of Insured stated above.
4. **PROFESSIONAL SERVICES:** LIMITED TO PROVIDING OCCUPATIONAL THERAPISTS AND SPEECH THERAPISTS TO SCHOOLS IN CALIFORNIA
5. **LIMITS OF LIABILITY:**

Each Claim:	\$ 1,000,000
Policy Aggregate:	\$ 3,000,000
6. **DEDUCTIBLE:**

Each Claim:	\$ 2,500
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7. **RETROACTIVE DATE:** July 1, 2009
8. **RATE:** Flat

PREMIUM BASE: Flat
9. **PREMIUM FOR POLICY PERIOD:**

Minimum	\$ 3,400.00
Deposit	\$ 3,400.00
10. **PREMIUM FOR EXTENDED REPORTING PERIOD:** 150% for 12 months; 175% for 24 months; or 200% for 36 months
11. The Insured is not a proprietor, superintendent, executive officer, director, partner, trustee or employee of any hospital, sanitarium, clinic with bed-and-board facilities, laboratory, or any business enterprise not named in Item 1. hereinabove, except as follows:

 None

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12. ENDORSEMENTS ATTACHED AT POLICY INCEPTION:

- 1. EIC 4115-01 25% Minimum Earned Premium Endorsement
- 2. EIC 4419-02 Additional Insured Endorsement
- 3. ZZ-46019 Mailing Address Endorsement

13. NOTICES:

Notices required to be provided to the Company under this policy shall be addressed to:

CLAIM NOTICES:

Claims Service Center
 MARKEL SERVICE, INCORPORATED
 Ten Parkway North
 Deerfield, Illinois 60015

Fax: (847) 572-6338
 E-mail: newclaims@markelcorp.com
 Phone: (847) 572-6000

ALL OTHER NOTICES:

MARKEL MIDWEST
 Ten Parkway North
 Deerfield, IL 60015

Fax: (866) 730-2526
 Phone: (847) 572-6000



 Authorized Representative