

**INTERNATIONAL  
INSURANCE  
GROUP**

**CHICAGO INSURANCE COMPANY**

Executive Offices  
33 W. MONROE STREET  
CHICAGO, ILLINOIS 60603

Client # 755481

**MEDICAL PROFESSIONAL LIABILITY OCCURRENCE INSURANCE POLICY**

Region	Producer	Issued	Prior Certificate Number	Purchasing Group Policy Number
23	0001614	02/10/2010	AHL-2885596	ASH-2000000

Offered through ASHA Purchasing Group Association

**SECTION I**

**DECLARATIONS**

Item **CERTIFICATE NUMBER:** AHL-2885596

1. **Named Insured:** Augmentative Communication & Technology Services

2. **Mailing Address:** 350 Santa Ana Avenue  
San Francisco, CA 94127-1953

3. **Policy Period:** From: 03/01/2010 To: 03/01/2011  
12:01 A.M. Standard Time At Location of Designated Premises

4. **Business or Profession:** Affiliation: American Speech-Language-Hearing Assn.  
Speech Language Pathologist

5. **The Named Insured is a(n):**  Partnership  Corporation  Individual  
 Sole Proprietor (with employees)  Other: Organization

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), PLE-8003 (02/88),

**SECTION II**

Item	COVERAGE	Premium
A.	Professional Liability <input checked="" type="checkbox"/>	\$159.00
B.	General Liability <input checked="" type="checkbox"/>	\$111.00
	Endorsements <input checked="" type="checkbox"/>	\$166.00

**TOTAL PREMIUM:** \$436.00

**LIMITS OF LIABILITY**

\$2,000,000	Each Incident and Each Occurrence	\$5,000,000	Aggregate
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**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

PLP-2037 (05/98)  
PLP-2137 (PRNT)