

DARWIN NATIONAL ASSURANCE COMPANY
 3/15/13 - A Psychologists' Professional Liability Policy
 THIS IS A CLAIMS MADE POLICY - PLEASE READ CAREFULLY

*** ENDORSEMENT ADDITIONAL PREMIUM ***

NOTICE: A LOWER LIMIT OF LIABILITY APPLIES TO JUDGMENTS OR SETTLEMENTS WHEN THERE ARE ALLEGATIONS OF SEXUAL MISCONDUCT (SEE THE SPECIAL PROVISION "SEXUAL MISCONDUCT" IN THE POLICY).

DECLARATIONS

POLICY NO: 5011-3606 END NO 01
 ITEM 1. (a) NAME AND ADDRESS OF INSURED:

ACCOUNT NO: CA-AMEC100-0 0207744C
 ITEM 1. (b) ADDITIONAL NAMED INSUREDS:

CLARE AMES-KLEIN, PH.D.
 895 MORAGA RD
 STE 10
 LAFAYETTE, CA 94549

TYPE OF ORG: INDIVIDUAL

ITEM 2. ADDITIONAL INSUREDS:

MT. DIABLO UNIFIED SCHOOL DISTRICT 1936 CARLOTTA DR CONCORD, CA 94519	VACAVILLE UNIFIED SCHOOL DISTRICT 401 NUT TREE ROAD VACAVILLE, CA 95687	ACALANES UNION HIGH SCHOOL DISTRICT 1963 TICA VALLEY BLVD D1 WALNUT CREEK, CA 94595
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ITEM 3. POLICY PERIOD: FROM: 04/01/13 TO: 04/01/14
 12:01A.M. STANDARD TIME AT THE ADDRESS OF THE INSURED AS STATED HEREIN:

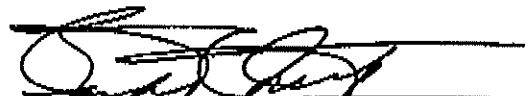
ITEM 4. ENDORSEMENT EFFECTIVE 04/01/13
 LIMITS OF LIABILITY: (a) \$ 1,000,000 EACH WRONGFUL ACT OR SERIES OF CONTINUOUS, REPEATED OR INTERRELATED WRONGFUL ACTS OR OCCURRENCE
 (b) \$ 50,000 COSTS RELATED TO ANY SINGLE PROCEEDING
 (c) \$ 3,000,000 AGGREGATE, FOR ALL CLAIMS AND ALL PROCEEDINGS

ITEM 5. PREMIUM SCHEDULE:

CLASSIFICATION	NUMBER	RATE	ANNUAL PREMIUM	
ENDORSEMENT - A P			50.00	
NEW ANNUAL PREMIUM				
1ST PSYCHOLOGIST	1	1191.00	953.00	CRED
DEFENSE LIMIT			95.00	
ADDITIONAL INSUREDS	3		100.00	
ITEM 6. RETROACTIVE DATE: 04/01/92			*NEW TOTAL PREMIUM:	1,053.00

ITEM 7. EXTENDED REPORTING PERIOD
 ADDITIONAL PREMIUM (if exercised): \$ 1,843.00 SCHEDULED RATING CREDIT INCLUDED

ITEM 8. POLICY FORMS AND ENDORSEMENTS ATTACHED TO THIS POLICY
 PRGE2000 (3/2006) PRGe1069 (1/2006)



THIS IS NOT A BILL. PREMIUM HAS BEEN PAID.
 PRGE2005 (3/2006)

AUTHORIZED COMPANY REPRESENTATIVE
 American Professional Agency * 95 Broadway, Amityville, NY 11701

Account Number: CA AMEC 1000

Date: 3/11/13 Initials: KB

CERTIFICATE OF INSURANCE

DARWIN NATIONAL ASSURANCE COMPANY
 C/O: American Professional Agency, Inc.
 95 Broadway, Amityville, NY 11701
 800-421-6694

This is to certify that the insurance policies specified below have been issued by the company indicated above to the insured named herein and that, subject to their provisions and conditions, such policies afford the coverages indicated insofar as such coverages apply to the occupation or business of the named insured(s) as stated.

THIS CERTIFICATE OF INSURANCE NEITHER AFFIRMATIVELY NOR NEGATIVELY AMENDS, EXTENDS OR ALTERS THE COVERAGE(S) AFFORDED BY THE POLICY(IES) LISTED ON THIS CERTIFICATE.

Name and Address of Insured:

CLARE AMES-KLEIN, PH.D.
 895 MORAGA RD
 STE 10
 LAFAYETTE CA 94549

Additional Named Insureds:

Type of Work Covered: PROFESSIONAL PSYCHOLOGIST

Location of Operations: N/A
 (if different than address listed above)

Claim History:

Retroactive date is 04/01/1992

Coverages	Policy Number	Effective Date	Expiration Date	Limits of Liability
PROFESSIONAL/ LIABILITY	5011-3606	4/01/13	4/01/14	1,000,000 3,000,000

NOTICE OF CANCELLATION WILL ONLY BE GIVEN TO THE FIRST NAMED INSURED ON THIS POLICY AND HE OR SHE SHALL ACT ON BEHALF OF ALL INSURED(S) WITH RESPECT TO GIVING OR RECEIVING NOTICE OF CANCELLATION.

Comments:

This Certificate Issued to:

Name: CLARE AMES-KLEIN, PH.D.
 895 MORAGA RD
 Address: STE 10
 LAFAYETTE CA 94549



Authorized Representative

APA 00049 00 (05/2012)