



EVANSTON INSURANCE COMPANY

Policy No. SM-887901
 Prev. No. SM-680856
 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 SOUTH 2ND
FAIRFIELD, IA 52558
- 3 POLICY PERIOD: From July 1, 2012 to July 1, 2013
12:01 A.M. Standard Time at address of Insured stated above
- 4 PROFESSIONAL SERVICES: Limited to Providing Occupational Therapist 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	\$ 4,888.00
Deposit	\$ 4,888.00
- 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

Policy Number ACP CAA 7123281714
 Policy Period 07/30/10 to 03/01/11

ITEM 4.
 Schedule Of Underlying Insurance (as identified by the entry of a company name, policy number, policy period and limits)

X Commercial General Liability or Businessowners Liability	Limits (\$): 2,000,000	General Aggregate
NATIONWIDE MUTUAL INS CO	2,000,000	Products-Completed Operations Aggregate
Policy Number ACP GLO 7123281714	1,000,000	Personal and Advertising Injury
Policy Period 03/01/10 to 03/01/11	1,000,000	Each Occurrence

Commercial Auto Liability	Limits (\$):	Each Accident
Policy Number		
Policy Period	to	

Employer's Liability or Stop Gap Liability	Limits (\$):	Bodily Injury by Accident - Each Accident
Policy Number		Bodily Injury by Disease - Each Employee
Policy Period	to	Bodily Injury by Disease - Policy Limit

	Limits (\$):	
Policy Number		
Policy Period	to	

	Limits (\$):	
Policy Number		
Policy Period	to	

	Limits (\$):	
Policy Number		
Policy Period	to	

	Limits (\$):	
Policy Number		
Policy Period	to	

	Limits (\$):	
Policy Number		
Policy Period	to	

IMPORTANT NOTICE: RESTRICTIONS, LIMITATIONS AND EXCLUSIONS TO THE ABOVE SCHEDULED UNDERLYING INSURANCE (OR ANY REPLACEMENTS THEREOF) WILL ACT AS RESTRICTIONS, LIMITATIONS AND EXCLUSIONS TO COVERAGE A OF THIS POLICY

DECLARATIONS
NEW ISSUE

COMMERCIAL UMBRELLA LIABILITY
INSURANCE POLICY
AMCO INSURANCE COMPANY
1100 LOCUST ST DEPT 1100
DES MOINES IA 503912000

Policy Number: ACP CAA 7123281714

ITEM 1
Named Insured: MY THERAPY CO LLC NPA
ITEM 2
Address

Agent: GAVIN INSURANCE AGENCY
Address: INDIANOLA IA 50125 74 14 01097 0000

ITEM 3
Policy Period: From 12 01 A.M., 07/20/10 to 12 01 A.M., 03/01/11

ITEM 4
Schedule of Underlying Insurance: See Endorsement No. UMB 00 01

ITEM 5
Retained Limit Aggregate: NONE

ITEM 6
Limits of Insurance: a) \$2,000,000 Each Occurrence
b) \$2,000,000 Products - Completed Operations Aggregate
c) \$2,000,000 Other Aggregate

ITEM 7
Coverage: A - Excess Follow Form Liability Insurance
 B - Umbrella Liability Insurance

ITEM 8
Premium Amount: \$900.00

ITEM 9
Endorsements: UMB0001 0309 UMB0002 0310 IN7528 0310 UMB1400 1298 UMB0052 0108
IN7359 0506 13614 1185

Renewal or Replacement No

Countersigned By

Authorized Representative

12. ENDORSEMENTS ATTACHED AT POLICY INCEPTION:

- 1. EIC 4654 Sexual Acts Liability Endorsement
- 2. EIC 4419-02 Additional Insured Endorsement
- 3. MESM 2034 04 11 DataBreach Coverage Parts Endorsement
- 4. ZZ-46019 Mailing Address Endorsement
- 5. EIC 4115-01 25% Minimum Earned Premium Endorsement
- 6. MLIL 5229 09 10 Longer Duration Extended Reporting Period Availability
- 7. MESM 3010 09 11 Addition of Exclusion Endorsement
- 8. MLIL 5410 02 12 Amendment of Definitions and Exclusions - Electronic Data and Distribution of Material in Violation of Statutes

13. NOTICES:

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

CLAIM NOTICES:

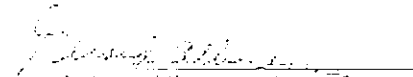
Claims Service Center
MARKEL SERVICE INCORPORATED
Ten Parkway North
Deerfield, Illinois 60015

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