



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
07/30/2013

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	GAVIN INSURANCE AGENCY 2001 WEST 2ND AVENUE INDIANOLA IA 50125	CONTACT NAME:	PENNY FISHER	
		PHONE (A/C, No, Ext):	515-961-3377	FAX (A/C, No):
		E-MAIL ADDRESS:	PFISHER@GAVININSURANCE.COM	
INSURER(S) AFFORDING COVERAGE				NAIC #
		INSURER A:	NATIONWIDE MUTUAL INS. CO.	23787
		INSURER B:	ALLIED INSURANCE GROUP	
		INSURER C:	RISK PLACEMENT SERVICES	
		INSURER D:		
		INSURER E:		
		INSURER F:		
INSURED	MYTHERAPYCOMPANY.COM, INC. PATHWAYS TO SPEECH P.O. BOX 537 NEDERLAND CO 80466			

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	GENERAL LIABILITY			ACPGLO7153281714	03/01/2013	03/01/2014	EACH OCCURRENCE \$ 1,000,000	
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000	
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	Y	Y				MED EXP (Any one person) \$ 5,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:						PERSONAL & ADV INJURY \$ 1,000,000	
	<input checked="" type="checkbox"/> POLICY	<input type="checkbox"/> PRO-JECT	<input type="checkbox"/> LOC				GENERAL AGGREGATE \$ 2,000,000	
							PRODUCTS - COM/OP AGG \$ 2,000,000	
A	AUTOMOBILE LIABILITY			ACPGLO7153281714	03/01/2013	03/01/2014	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000	
	<input type="checkbox"/> ANY AUTO	<input type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per person) \$	
	<input checked="" type="checkbox"/> ALL OWNED AUTOS	<input checked="" type="checkbox"/> NON-OWNED AUTOS					BODILY INJURY (Per accident) \$	
	<input checked="" type="checkbox"/> HIRED AUTOS						PROPERTY DAMAGE (Per accident) \$	
B	<input checked="" type="checkbox"/> UMBRELLA LIAB	<input checked="" type="checkbox"/> OCCUR	Y	Y	ACPCAA7133281714	03/01/2013	03/01/2014	EACH OCCURRENCE \$ 2,000,000
	<input type="checkbox"/> EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE						AGGREGATE \$ 2,000,000
	<input type="checkbox"/> DED	<input type="checkbox"/> RETENTION \$						
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			N/A			WC STATUTORY LIMITS	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N					E.L. EACH ACCIDENT \$	
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$	
							E.L. DISEASE - POLICY LIMIT \$	
C	PROFESSIONAL LIABILITY	Y	N	SM-880856	07/01/2013	07/01/2014	\$1,000,000- \$3,000,000	
C	PER OCCURRENCE/AGGREGATE ABUSE & MOLESTATION	Y	N	SM-880856	07/01/2013	07/01/2014	\$100,000- \$300,000	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

CERTIFICATEHOLDER IS INCLUDED AS ADDITIONAL INSURED. UMBRELLA POLIC IS FOLLOW FORM OVER THE GENERAL LIABILITY, AUTOMOTIBLE LIABILITY, & WORKERS COMPENSATION.

CERTIFICATE HOLDER	CANCELLATION
MT. DIABLO UNIFIED SCHOOL DISTRICT 1936 CARLOTTA DRIVE CONCORD CA 94519	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE

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AGENCY CUSTOMER ID: 104101

LOC #: _____



ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

AGENCY GAVIN INSURANCE AGENCY		NAMED INSURED MYTHERAPYCOMPANY.COM,INC.	
POLICY NUMBER			
CARRIER	NAIC CODE	EFFECTIVE DATE:	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: ACORD25 FORM TITLE: Certificate of Liability Insurance

CERTIFICATEHOLDER IS INCLUDED AS ADDITIONAL INSURED.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
11/13/2013

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PRODUCER THE WRIGHT GROUP INC/PHS 343291 P: (866) 467-8730 F: (877) 905-0457 PO BOX 33015 SAN ANTONIO TX 78265	CONTACT NAME:	
	PHONE (A/C, No, Ext): (866) 467-8730	FAX (A/C, No): (877) 905-0457
	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	NAIC#
	INSURER A: Multiple Companies	
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

INSURED MYTHERAPYCOMPANY COM INC PO BOX 537 NEDERLAND CO 80466	INSURER B:
	INSURER C:
	INSURER D:
	INSURER E:
	INSURER F:

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

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INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	GENERAL LIABILITY						EACH OCCURRENCE	\$
	<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$
	<input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR						MED EXP (Any one person)	\$
	GEN'L AGGREGATE LIMIT APPLIES PER:						PERSONAL & ADV INJURY	\$
	<input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						GENERAL AGGREGATE	\$
	AUTOMOBILE LIABILITY						PRODUCTS - COMP/OP AGG	\$
	<input type="checkbox"/> ANY AUTO						COMBINED SINGLE LIMIT (Ea accident)	\$
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/>	<input type="checkbox"/>				BODILY INJURY (Per person)	\$
	<input type="checkbox"/> HIRED AUTOS	<input type="checkbox"/>	<input type="checkbox"/>				BODILY INJURY (Per accident)	\$
		<input type="checkbox"/>	<input type="checkbox"/>				PROPERTY DAMAGE (Per accident)	\$
	UMBRELLA LIAB							\$
	<input type="checkbox"/> EXCESS LIAB						EACH OCCURRENCE	\$
	<input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						AGGREGATE	\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							\$
A	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/>			34 WEC BT6367	11/01/2013	11/01/2014	X WC STATUTORY LIMITS	OTHERS
	If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				E.L. EACH ACCIDENT	\$1,000,000
							E.L. DISEASE - EA EMPLOYEE	\$1,000,000
							E.L. DISEASE - POLICY LIMIT	\$1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (MAX Line Length Is 79; Attach ACORD 101, Additional Remarks Schedule, If more space is required)
Those usual to the Insured's Operations.

RECEIVED
DEC 03 2013
FISCAL ANALYST
PUPIL SERVICES/SPECIAL EDUCATION

CERTIFICATE HOLDER MOUNT DIABLO UNIFIED SCHOOL DIST 1936 CARLOTTA DR CONCORD, CA 94519	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE <i>Jac Mailhot</i>
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AMCO INSURANCE COMPANY
1100 LOCUST ST DEPT 1100 DES MOINES, IA 50391-2000

CHANGE OF DECLARATIONS ENDORSEMENT - PLEASE READ CAREFULLY

POLICY NUMBER	ACP CAA 7153281714	COMMERCIAL UMBRELLA LIABILITY
NAMED INSURED:	MY THERAPY CO LLC NPA PATHWAYS TO SPEECH	
MAILING ADDRESS:	PO BOX 537 NEDERLAND CO 804660537	
AGENT NAME:	GAVIN INSURANCE AGENCY	
AGENT ADDRESS:	2100 W 2ND AVE INDIANOLA IA 50125 74 14 01097 0000	
POLICY PERIOD: FROM	03/01/13 TO 03/01/14	12:01 A.M. Standard Time
EFFECTIVE DATE OF CHANGE:	07/25/13	12:01 A.M. Standard Time

PREMIUM

***** GENERAL CHANGES *****
CHANGED GENERAL INFORMATION

***** ENDORSEMENT CHANGES *****
CHANGED ENDORSEMENT INFORMATION
UMB0001 (0309)

THIS IS NOT A BILL - SEE YOUR BILLING STATEMENT

DECLARATIONS
AMENDMENT

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

Policy Number: ACP CAA 7153281714

ITEM 1

Named Insured: MY THERAPY CO LLC NPA
PATHWAYS TO SPEECH

ITEM 2

Address: PO BOX 537
NEDERLAND CO 804660537

Agent: GAVIN INSURANCE AGENCY

Address: INDIANOLA IA 50125 74 14 01097 0000

ITEM 3

Policy Period : From 12:01 A.M., 03/01/13 to 12:01 A.M., 03/01/14

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	0710	UMB1400	1298	UMB0052	0108	13614	1185
	UMB0016	0310	UMB0039	1298	UMB0092	0910				

Renewal or Replacement No. ACP CAA 7143281714

COMM AMT: \$135.00

Countersigned By _____

Authorized Representative

AMCO INSURANCE COMPANY

COMMERCIAL UMBRELLA LIABILITY
FORMS AND ENDORSEMENTS SUMMARY

Number: ACP CAA 7153281714

Period:
From 03/01/13 To 03/01/14

FORM/ENDORSEMENT	DATE	TITLE
UMB0001	0309	SCHEDULE OF UNDERLYING INSURANCE
UMB0002	0710	COMMERCIAL UMBRELLA LIABILITY POLICY
UMB0016	0310	EXCL-DESIGNATED OPERATIONS COV BY A CONSOLIDATED (WRAP-UP) I
UMB0039	1298	SUBSIDENCE OF LAND EXCLUSION - COVERAGE B
UMB0052	0108	CAP ON LOSSES FROM CERTIFIED ACTS OF TERRORISM
UMB0092	0910	DEFINITION OF INSURED ENDORSEMENT - COVERAGE A
UMB1400	1298	IOWA CHANGES - CANCELLATION AND NONRENEWAL
13614	1185	SPECIAL CONTINUATION PROVISION

Policy Number: **ACP CAA 7153281714**
 Policy Period: **03/01/13** to **03/01/14**

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	Limits (\$)	
Businessowners Liability	2000000	General Aggregate
NATIONWIDE MUTUAL INS CO	2000000	Products-Completed Operations Aggregate
Policy Number: ACP GLO 7153281714	1000000	Personal and Advertising Injury
Policy Period: 03/01/13 to 03/01/14	1000000	Each Occurrence

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

X Employer's Liability or	Limits (\$)	
Stop Gap Liability		
THE HARTFORD	1000000	Bodily Injury by Accident - Each Accident
Policy Number: 34 WEC BR4309	1000000	Bodily Injury by Disease – Each Employee
Policy Period: 05/01/13 to 11/01/13	1000000	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	

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.