

GRANITE STATE INSURANCE CO.
THIS IS A CLAIMS MADE POLICY - PLEASE READ CAREFULLY

11/15/12 Social Worker Professional Liability Policy
*** RENEWAL ***

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: SWL-007323127
ITEM 1. (a) NAME AND ADDRESS OF INSURED:

DEBORA HUGHES MCMANUS
936 DEWING AVE
STE E1
LAFAYETTE, CA 94549

ACCOUNT NO: CA-MCMD400-0 0456011S
ITEM 1. (b) ADDITIONAL NAMED INSUREDS:

TYPE OF ORG: INDIVIDUAL

ITEM 2. ADDITIONAL INSUREDS:

DIANE MICHELSEN	MDUSD
936 DEWING AVE	1936 CARLOTTA DR
STE E1	WING D
LAFAYETTE, CA 94549	CONCORD, CA 94519

ITEM 3. POLICY PERIOD: FROM: 01/01/13 TO: 01/01/14
12:01A.M. STANDARD TIME AT THE ADDRESS OF THE INSURED AS STATED HEREIN:

ITEM 4. LIMITS OF LIABILITY:

(a) \$ 2,000,000	EACH WRONGFUL ACT OR SERIES OF CONTINUOUS, REPEATED OR INTERRELATED WRONGFUL ACTS OR OCCURRENCE
(b) \$ 4,000,000	AGGREGATE
(c) \$ 5,000	DEFENSE REIMBURSEMENT

ITEM 5. PREMIUM SCHEDULE:

CLASSIFICATION	NUMBER	RATE	ANNUAL PREMIUM
A.C.S.W.	1	225.00	225.00
DEFENSE LIMIT			.00
ADDITIONAL INSUREDS	1	45.00	45.00
LANDLORDS	1	45.00	45.00

ITEM 6. RETROACTIVE DATE: 01/01/06 TOTAL PREMIUM: 315.00

ITEM 7. EXTENDED REPORTING PERIOD
ADDITIONAL PREMIUM (If Exercised): \$ 315.00

ITEM 8. POLICY FORMS AND ENDORSEMENTS ATTACHED TO THIS POLICY:

65932 (7/96) 65933 (7/96) 52133 (3/94)
83191 (10/03) 78711³ (07/12)
APA23 (11/96) THIS IS NOT A BILL. PREMIUM HAS BEEN PAID


AUTHORIZED COMPANY REPRESENTATIVE