

BRANCH	B/A	PRODUCER NUMBER	CLIENT NUMBER	DATE OF ISSUE	PRIOR CERTIFICATE NUMBER
23	A	0001614 * 300	574835	12/23/2008	AHC-1301574

## SPECIFIED MEDICAL PROFESSIONAL LIABILITY OCCURRENCE INSURANCE POLICY

OFFERED THROUGH ALLIED HEALTH PURCHASING GROUP ASSOCIATION

PURCHASING GROUP POLICY NUMBER: 44-2010129

Item	DECLARATIONS	CERTIFICATE NUMBER AHC-1301574										
1.	<b><i>Named Insured</i></b> The Students Of Alabama A & M University Communicative Sciences & Disorders											
2.	<b>MAILING ADDRESS</b> CCN 104/4900 Meridian Street PO Box 357 Normal AL 35762											
3.	Policy Period 12:01 A.M. Standard Time At From: 12/08/2008 To: 12/08/2009 Location of Designated Premises											
4.	<p>The insurance afforded is only with respect to such of the following types of insurance as indicated by specific premium charge or charges:</p> <table style="width: 100%; border: none;"> <thead> <tr> <th style="text-align: left;"><u>COVERAGE</u></th><th style="text-align: left;"><u>PREMIUM</u></th></tr> </thead> <tbody> <tr> <td>A. Professional Liability [X]</td><td>\$544.00</td></tr> <tr> <td>B. General Liability [ ]</td><td>NO OPTION</td></tr> <tr> <td>C. Endorsements [ ]</td><td></td></tr> <tr> <td colspan="2" style="text-align: right; padding-top: 20px;">TOTAL: <u>\$544.00</u></td></tr> </tbody> </table>		<u>COVERAGE</u>	<u>PREMIUM</u>	A. Professional Liability [X]	\$544.00	B. General Liability [ ]	NO OPTION	C. Endorsements [ ]		TOTAL: <u>\$544.00</u>	
<u>COVERAGE</u>	<u>PREMIUM</u>											
A. Professional Liability [X]	\$544.00											
B. General Liability [ ]	NO OPTION											
C. Endorsements [ ]												
TOTAL: <u>\$544.00</u>												
5.	LIMITS OF LIABILITY											
	\$2,000,000 each Incident or Occurrence	\$4,000,000 in the Aggregate										
6.	Deductible (if applicable): each Incident or Occurrence											
7.	The Named Insured is: <input type="checkbox"/> Sole Proprietor (including Individual) <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Other: Affiliation: Student Malpractice Blanket Liability											
8.	Business or Occupation of the Named Insured: Student											
9.	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-2025 (01/95), PON-2003 (09/05), PLE-2081 (12/97), PLE-2156 (05/01),											
	<b>CHICAGO INSURANCE COMPANY</b> 33 W. MONROE STREET, CHICAGO, ILLINOIS 60603											
	REPRESENTATIVE: MARSH Affinity Group Services a service of SEABURY & SMITH 12421 Meredith Drive Urbandale, IA 50398 1-800-503-9230	BROKER:										