



**Liberty**  
International  
Underwriters  
Member of Liberty Mutual Group

# Healthcare Professional Liability

## LIBERTY INSURANCE UNDERWRITERS INC.

(A Stock Insurance Company, hereinafter the "Company")  
55 Water Street, 18<sup>th</sup> Floor  
New York, NY 10041

### DECLARATIONS - SPECIFIED MEDICAL PROFESSIONAL LIABILITY OCCURRENCE INSURANCE POLICY

Item	Policy Number: AHV-100948001	Renewal Of:
1.	<b>Named Insured</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 Location of Designated Premises	From: 12/08/2010 To: 12/08/2011
4.	The insurance afforded is only with respect to such of the following types of insurance as indicated by specific premium charge or charges:	
	<b>COVERAGE</b>	<b>PREMIUM</b>
	A. Professional Liability [X]	\$476.00
	B. General Liability [ ]	
	Terrorism Risk Insurance Act [X]	\$0.00
	C. Endorsements [ ]	
	<b>TOTAL:</b>	<u>\$476.00</u>
5.	<b>LIMITS OF LIABILITY</b>	
	\$2,000,000 each Incident or Occurrence	\$4,000,000 in the Aggregate
6.	Deductible (if applicable): \$0 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): HCPL-2156(11/09), OFAC (08/09), HCPL-2025 (11/09), HCPL-2038 (11/09), TRIA-E003-0210, TRIA-N004-0208	
	Representative Agent: Marsh U.S. Consumer a service of Seabury & Smith, Inc. P.O. Box 14576 Des Moines IA 50306-3576	

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