

PURCHASED SERVICES AGREEMENT

**School Psychologist – Fruitland School District #373
2015-2016 (K-12)**

Article (1) AGREEMENT:

This agreement is made and entered this 25th day of August, 2015, between **FRUITLAND SCHOOL DISTRICT NO. 373** (Purchasing Agent), and **JULIE SOLBERG** (Contractor), a Certified School Psychologist, qualified to work in the State of Idaho for the 2015-2016 school year. WHEREAS, Fruitland School District is in need of assessment and consultation services to facilitate processes for students with or suspected to have disabilities as mandated under State and Federal Special Education laws of Section 504 of ADA; needs may also include consultation with parents and staff regarding students with behavioral, social-emotional, and academic concerns. WHEREAS, the Contractor is specially trained and possesses the necessary education, skills and is credentialed in Pupil Personnel Services with endorsements in School Psychology in Idaho.

Article (2) TERMS:

This agreement shall commence on the 25th day of August, 2015 and shall continue to the end of the 2015-2016 school year. Either party to this agreement may at any time, terminate this agreement, upon ninety (90) days' written notice to the other party of such termination. At the end of such ninety (90) day notice period, this agreement shall forthwith terminate for all purposes, as if such date were the date set forth herein as the termination date of this agreement, provided that any obligations arising prior to the termination of this agreement shall be governed by the terms hereinafter set forth, until satisfied.

The Contractor has no obligation to work any particular days, or any particular number of hours.

Article (3) INDEPENDENT CONTRACTOR:

Fruitland School District engages the Contractor as an independent contractor to perform the services set forth herein, and the Contractor hereby accepts such engagement. This Agreement shall not render the Contractor an employee, partner, agent of, or joint venturer with Fruitland School District for any purpose. It is the parties' intention that, so far as shall be in conformity with the law, the Consultant shall be an independent contractor and not an employee of the School District. In conformity therewith, the Consultant shall retain sole and absolute discretion in the manner and means of providing consulting services to the School District. This agreement shall not be construed as a partnership and the School District shall not be liable for any obligation incurred by the Consultant. However, Consultant shall comply with all policies, rules and regulations of the School District in connection with the provision of

the Consultant's services. All services rendered by the Consultant shall be rendered in a competent, efficient and satisfactory manner and in strict accordance with the currently approved methods and practices in the Consultant's professional specialty.

Article (4) DUTIES:

Duties may include, but are not limited to: review of academic records; assessment; assessment scoring; behavioral consultation; student observation; report writing; interviewing; parent, teacher, and/or service provider consultation; and attendance at team meetings as requested. Contractor agrees to render his/her services under this agreement in a professional manner and in compliance with all state and federal laws including the ethical principles or his/her respective professional affiliations.

Article (5) SCHOOL DISTRICT SERVICES:

The parties agree that the School District is to provide, at a minimum, to the best of its ability:

- A. Adequate space and testing equipment as determined by the administrator of the School District.
- B. Any other items mutually agreed upon by the parties.

Article (6) COMPENSATION:

Consultant will be compensated by the School District for school psychology services rendered according to the invoices submitted to the School District. Each invoice will need to be submitted by the first Friday of each month to the Special Services Office. Each invoice will include the following, from the Consultant:

- A. The name and address of the Consultant.
- B. The total number of hours for which Consultant claims compensation listed according to the date, total time expended on each date.
- C. Consultant shall be compensated at the rate of \$75.00 per hour based upon invoices submitted by the Consultant for the applicable billing period, until or unless amended by both parties. Consultant's time will commence from the time the Consultant leaves his/her residence to travel to the School District and terminate upon return. The Consultant shall be paid on the 2nd Tuesday of each month with checks to Consultant being issued on such date, and delivered to Consultant within two (2) days thereafter. Such payment shall be for the month preceding the month of payment, for which school psychologist services were billed.
- D. Consultant will be reimbursed for all mileage incurred in providing the services at a flat rate of \$80 per trip to Fruitland School District.

Article (7) RECORDS:

The Contractor acknowledges that during the engagement he/she will have access to and become acquainted with various student information and records. The Contractor agrees that he/she will not disclose any of the aforesaid,

directly or indirectly. All reports, files and records relating to the business of Fruitland School District, whether prepared by the Contractor otherwise coming into his/her possession, shall remain the exclusive property of Fruitland School District. Forms, documents, or other inventions created by the Contractor prior to or while under contract with Fruitland School District outside of reports completed for business of Fruitland School District are the property of the Contractor.

Article (8) CONSULTANT'S QUALIFICATIONS:

Consultant will submit a copy of his/her current State of Idaho certification and endorsement within thirty (30) days of this agreement.

Article (9) INSURANCE:

Consultant shall carry his/her own liability insurance. District will carry the Workman's Compensation insurance for the Consultant.

Article (10) ATTORNEY'S FEES:

In the event of the commencement of suit to enforce any of the terms and conditions of this agreement, the prevailing party in such litigation shall be entitled to recover such sum as a court of competent jurisdiction may fix as reasonable attorney's fees.

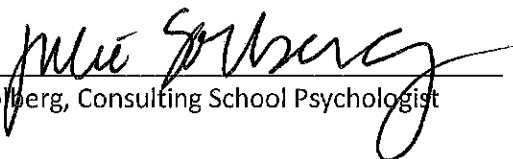
Article (11) NOTICE:

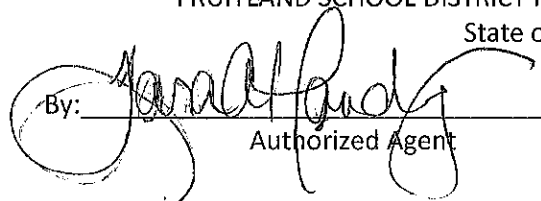
Any notice required to be provided to any party to this agreement shall be in writing and shall be considered effective as of the date of deposit with the United States Post Office, by certified or registered mail, postage prepaid, return receipt requested, and addressed to the party.

The Fruitland School District maintains the right to contract or hire other service providers to meet needs of the Fruitland School District.

IN WITNESS WHEREOF, the parties have caused these presents to be duly executed on the date and year first above written.

FRUITLAND SCHOOL DISTRICT NO. 373
State of Idaho

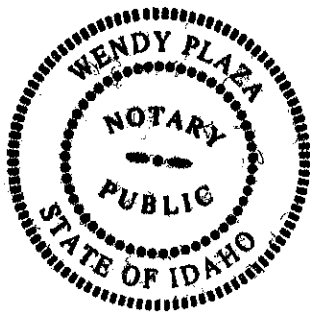
By: 
Julie Solberg, Consulting School Psychologist

By: 
Authorized Agent

STATE OF IDAHO)
County of Payette SS.

On this 2nd day of Sept, 2015, before me Wendy Plaza, a Notary for the said County and State, personally appeared Tara Handy, Authorized Agent of Fruitland School District #373, known or identified to me to be the person whose name is subscribed to the within instrument, and he/she acknowledged to me that he/she freely executed the same and that the statements therein contained are true.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal the day and year first above written.



Wendy Plaza
Notary Public for State of Idaho,
Residing at Payette ID, therein.
My commission expires on 9-18-2015.

Fruitland School District #373
401 Iowa Avenue
Fruitland, ID 83619

PURCHASED SERVICES AGREEMENT

School Psychologist – Fruitland School District #373
2015-2016 (Serving Students Aged 3-21)

Article (1) AGREEMENT:

This agreement is made and entered this 18th day of August, 2015, between Fruitland School District No. 373 (Purchasing Agent) and Catherine (Katie) Webber (Contractor), a Certified School Psychologist, qualified to work in the State of Idaho for the 2015-2016 school year. WHEREAS, Fruitland School District is in need of assessment and consultation services to facilitate processes for students with or suspected to have disabilities as mandated under State and Federal Special Education laws of Section 504 of ADA; needs may also include consultation with parents and staff regarding students with behavioral, social-emotional, and academic concerns. WHEREAS, the Contractor is specially trained and possesses the necessary education, skills and is credentialed in Pupil Personnel Services with endorsements in School Psychology in Idaho.

Article (2) TERMS:

This agreement shall commence on the 18th day of August, 2015 and shall continue to the end of the 2015-2016 school year. Either party to this agreement may at any time, terminate this agreement, upon ninety (90) days' written notice to the other party of such termination. At the end of such ninety (90) day notice period, this agreement shall forthwith terminate for all purposes, as if such date were the date set forth herein as the termination date of this agreement, provided that any obligations arising prior to the termination of this agreement shall be governed by the terms herinafter set forth, until satisfied.

The Contractor has no obligation to work any particular days, or any particular number of hours.

Article (3) INDEPENDENT CONTRACTOR:

Fruitland School District engages the Contractor as an independent contractor to perform the services set forth herein, and the Contractor hereby accepts such engagement. This Agreement shall not render the Contractor an employee, partner, agent of, or joint venturer with Fruitland School District for any purpose. It is the parties' intention that, so far as shall be in conformity with the law, the Consultant shall be an independent contractor and not an employee of the School District. In conformity therewith, the Consultant shall retain sole and absolute discretion in the manner and means of providing consulting services to the School District. This

agreement shall not be construed as a partnership and the School District shall not be liable for any obligation incurred by the Consultant. However, Consultant shall comply with all policies, rules and regulations of the School District in connection with the provision of the Consultant's services. All services rendered by the Consultant shall be rendered in a competent, efficient and satisfactory manner and in strict accordance with the currently approved methods and practices in the Consultant's professional specialty.

Article (4) DUTIES:

Duties may include, but are not limited to: review of academic records; assessment; assessment scoring; behavioral consultation; student observation; report writing; interviewing; parent, teacher, and/or service provider consultation; and attendance at team meetings as requested. Contractor agrees to render his/her services under this agreement in a professional manner and in compliance with all state and federal laws including the ethical principles of his/her respective professional affiliations.

Article (5) SCHOOL DISTRICT SERVICES:

The parties agree that the School District is to provide, at a minimum, to the best of its ability:

- A. Adequate space and testing equipment as determined by the administrator of the School District.
- B. Any other items mutually agreed upon by the parties.

Article (6) COMPENSATION:

Consultant will be compensated by the School District for school psychology services rendered according to the invoices submitted to the School District. Each invoice will need to be submitted by the 5th of each month to the District Office. Each invoice will include the following, from the Consultant:

- A. The name and address of the Consultant.
- B. The total number of hours for which Consultant claims compensation listed according to the date, total time expended on each date.
- C. Consultant shall be compensated at the rate of \$75.00 per hour based upon invoices submitted by the Consultant for the applicable billing period, until or unless amended by both parties. Consultant's time will commence from the time the Consultant leaves his/her residence to travel to the School District and terminate upon return. The Consultant will be paid on the 2nd Tuesday of each month with checks to Consultant being issued on such date, and delivered to the Consultant within two (2) days thereafter. Such payment shall be for the month preceding the month of payment, for which school psychologist services were billed.

D. Consultant will be reimbursed for all mileage incurred in providing the services at a flat rate of \$60.00 per trip to Fruitland School District.

Article (7) RECORDS:

The Contractor acknowledges that during the engagement he/she will have access to and become acquainted with various student information and records. The Contractor agrees that he/she will not disclose any of the aforesaid, directly or indirectly. All reports, files and records relating to the business of Fruitland School District, whether prepared by the Contractor otherwise coming into his/her possession, shall remain the exclusive property of the Fruitland School District. Forms, documents, or other inventions created by the Contractor prior to or while under contract with Fruitland School District outside of reports completed for business of Fruitland School District are the property of the Contractor.

Article (8) CONSULTANT'S QUALIFICATIONS:

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Consultant shall carry his/her own liability insurance. District will carry the Workman's Compensation Insurance for the Consultant.

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In the event of the commencement of suit to enforce any of the terms and conditions of this agreement, the prevailing party in such litigation shall be entitled to recover such sum as a court of competent jurisdiction may fix as reasonable attorney's fees.

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The Fruitland School District maintains the right to contract or hire other service providers to meet the needs of the Fruitland School District.

IN WITNESS WHEREOF, the parties have caused these presents to be duly executed on the date and year first written above.

By: Catherine Webber
Catherine (Katie) Webber
Consulting School Psychologist

By: Wendy Plaza
Authorized Agent
Fruitland School District No. 373
State of Idaho

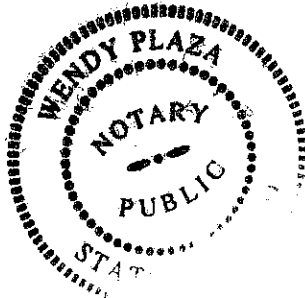
STATE OF IDAHO)

SS.

County of Payette)

On this 18 day of Aug, 2015, before me Wendy Plaza, a Notary for the said County and State, personally appeared Catherine Webber, Authorized Agent of Fruitland School District #373, known or identified to me to be the person whose name is subscribed to the within instrument, and he/she acknowledged to me that he/she freely executed the same and that the statements therein contained are true.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal the day and year first above written.



Wendy Plaza
Notary Public for the State of Idaho,
Residing at Payette ID
Therein.
My commission expires on 9/18/15.

PURCHASED SERVICES AGREEMENT
School Psychologist – Fruitland School District #373
2015-2016 (K-12)

Article (1) AGREEMENT:

This agreement is made and entered this 13th day of August, 2015, between **FRUITLAND SCHOOL DISTRICT NO. 373** (Purchasing Agent), and **Marcy Gould** (Contractor), a Certified School Psychologist, qualified to work in the State of Idaho for the 2015-2016 school year. WHEREAS, Fruitland School District is in need of assessment and consultation services to facilitate processes for students with or suspected to have disabilities as mandated under State and Federal Special Education laws of Section 504 of ADA; needs may also include consultation with parents and staff regarding students with behavioral, social-emotional, and academic concerns. WHEREAS, the Contractor is specially trained and possesses the necessary education, skills and is credentialed in Pupil Personnel Services with endorsements in School Psychology in Idaho.

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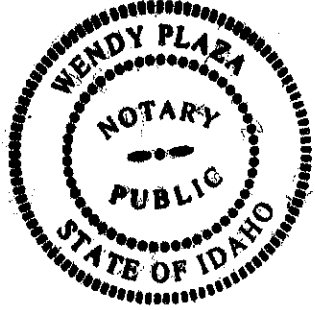
IN WITNESS WHEREOF, the parties have caused these presents to be duly executed on the date and year first above written.

FRUITLAND SCHOOL DISTRICT NO. 373
State of Idaho

By: *Marcy Gould*
Marcy Gould, Ed. Spec.
School Psychologist
315 McGuffin Lane
Boise, ID 83712

By: *James Gould*
Authorized Agent

Wendy Plaza
Notary Public for State of Idaho,
Residing at Payette, ID, therein.
My commission expires on
9-18-2015



CONTRACT FOR SPEECH/LANGUAGE SERVICES:

The Fruitland School District #373, through the Special Education Department, "School", hereby contracts with Kriste Barnes Perrin, DBA as SPA Communications, "Provider", to provide speech and language services on behalf of the Fruitland School District for the 2015-2016 School Year.

School has students requiring speech and language services as part of its overall special education programs.

Provider desires to contract with the School to offer such services to assigned schools.

THE PARTIES THEREFORE AGREE TO THE FOLLOWING TERMS:

1. Provider shall bill the School by the 5th of each month for services provided the previous month.
2. School shall pay such bill on or before the 20th of the same month.
3. Provider shall provide a copy of malpractice insurance to the school and is responsible for her own Social Security and Income Tax withholdings, as she is not an employee of the School.
4. Provider shall render the following services:
 - a. Perform speech and language evaluations, as required by IDEA, to include observations if necessary.
 - b. Develop and implement Individual Education Programs for students who qualify for speech and/or language services, according to the Idaho Manual for Special Education, which may include direct individual or group therapy, consulting and/or monitoring of progress.
 - c. Confer with appropriate personnel about student services/needs.
 - d. Make recommendations regarding service delivery and the student's needs to the IEP team for team consensus.
 - e. Provider will attend meetings, such as IEP meetings and conferences, given adequate notice, as she is able.
 - f. Prepare and maintain appropriate professional records and reports for all students under Provider's care, which may include developing IEPs, progress reports, notes and data on students, and Medicaid billing requirements.
 - g. Provide consultation/training/supervision to staff regarding speech and language needs and programs of the students.
 - h. Case manager of all Speech Impairment and Language Impairment students.
5. PROVIDER WILL COMPLY WITH ALL Federal, State and Local regulations concerning IDEA and maintenance of confidentiality.
6. School will provide access to required assessment and screening materials, district forms, duplicating services, a computer and computer software programs.
7. School shall pay Provider \$75.00 dollars per hour for each hour services are provided up to 21 hours per week.

THIS AGREEMENT SHALL BE INTERPRETED UNDER AND ACCORDING TO THE LAW AS OF THE STATE OF IDAHO.

I accept the terms set forth in this agreement and effective immediately upon execution of this agreement.

Signature - School

Signature - Provider

Date

Date

8/3/15

7/23/15

Healthcare Professional Liability

LIBERTY INSURANCE UNDERWRITERS INC.

(A Stock Insurance Company, hereinafter the Company)
35 Water Street, 18th Floor
New York, NY 10041

DECLARATIONS

Policy Number: AHY-593797004

Renewal Of: AHY-593797003

SECTION I

Item

1. Named Insured: Kriste A Barnes-Perrin
2. Mailing Address: 23 East 1st Street North,
Middleton, ID 83644
3. Policy Period: From: 05/01/2015 To: 05/01/2016
12:01 A. M. Standard Time At Location of Designated Premises
4. Business or Profession: Speech Language Pathologist
Affiliation: 3153- American Speech-Language-Hearing Assoc.
5. The Named Insured is a(n):
 Partnership Corporation Individual LLC
 Sole Proprietor (with employees) Professional Association Other

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 endorsements(s): HCPL-2037I (01/14), HCPL-2038 (11/09), HCPL-8101A (04/14) HCPL-8020 (Ed. 04/14), HCPL-2037-8000-ID (11/09) OPAC (08/09) TRIA-8003-0210, TRIA-N004-0208 HCPL-8003 (01/14).

SECTION II

Item	COVERAGE	Premium
A.	Professional Liability <input checked="" type="checkbox"/>	\$122.00
B.	General Liability <input checked="" type="checkbox"/> Terrorism Risk Insurance Act <input checked="" type="checkbox"/>	\$95.00 \$0.00
C.	Endorsements <input type="checkbox"/>	
D.	Risk Purchasing Group Fee <input type="checkbox"/>	\$0.00
TOTAL:		\$217.00

LIMITS OF LIABILITY

\$1,000,000 Each Incident and Each Occurrence \$5,000,000 Aggregate

SECTION III

SUPPLEMENTARY PAYMENTS

- A. First Party Assault
- B. Licensing Board Reimbursement
- C. Wage Loss and Expense
- D. Deposition Expense
- E. First Aid Reimbursement

Representative Agent: Mercer Consumer, a service of
Mercer Health & Benefits Administration LLC
P.O. Box 14576
Des Moines, IA 50306-3576

1 1

HCPL-2037D (11/09)

Client # 455232

Producer

Mercer Consumer, a service of
Mercer Health & Benefits Administration LLC
P.O. Box 14576
Des Moines, IA 50306-3576
1-800-503-9230

This memorandum is issued as a matter of information only and confers no rights upon the holder. This memorandum does not amend, extend or alter the coverages afforded by the Certificate listed below.

Company Affording Coverage
Liberty Insurance Underwriters Inc

Insured

Kriste A Barnes-Perrin
23 East 1st Street North
Middleton ID 83644

This is to certify that the Certificate listed below has been issued to the insured named above for the policy period indicated, not withstanding any requirement, term or condition of any contract or other document with respect to which this memorandum may be issued or may pertain, the insurance afforded by the Certificate described herein is subject to all the terms, exclusions and conditions of such Certificate. The limits shown may have been reduced by paid claims.

Type of Insurance	Certificate Number	Effective Date	Expiration Date	Limits	
Professional Liability SpeechLangH SE Speech Language Pathologist	AHY-593797004	05/01/2015	05/01/2016	Per Incident/ Occurrence	\$1,000,000
				Annual Aggregate	\$5,000,000

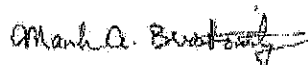
PROOF OF INSURANCE

Memorandum Holder:

PROOF OF COVERAGE ONLY

Should the above describe Certificate be cancelled before the expiration date thereof, the issuing company will endeavor to mail 30 days written notice to the Memorandum Holder named to the left, but failure to mail such notice shall impose no obligation or liability of any kind upon the company, its agents or representatives.

Authorized Representative
Mark Brostowitz



Mercer Consumer, a service of Mercer Health & Benefits Administration LLC, in CA d/b/a Mercer Health & Benefits Insurance Services LLC, CA Lic.# 0639709

Client # 455232

MEMORANDUM OF INSURANCE

Date Issued 04/30/2015

Mercer Consumer, a service of
 Mercer Health & Benefits Administration LLC
 P.O. Box 14576
 Des Moines IA 50308-3576
 1-800-503-9230

memorandum does not amend, extend or alter the coverages afforded by the Certificate listed below.

Company Affording Coverage
 Liberty Insurance Underwriters Inc

Insured

Kriste A Barnes-Perrin
 23 East 1st Street North
 Middleton ID 83644

This is to certify that the Certificate listed below has 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 memorandum may be issued or may pertain, the insurance afforded by the Certificate described herein is subject to all the terms, exclusions and conditions of such Certificate. The limits shown may have been reduced by paid claims.

Type of Insurance	Certificate Number	Effective Date	Expiration Date	Limits	
Professional Liability Speech/Lang/H SE Speech Language Pathologist	AHY-593797004	05/01/2015	05/01/2016	Per Incident/ Occurrence	\$1,000,000
				Annual Aggregate	\$5,000,000
General Liability	AHY-593797004	05/01/2015	05/01/2016	Per Incident/ Occurrence	\$1,000,000
				Annual Aggregate	\$5,000,000

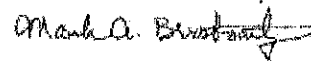
Coverage includes General Liability occurrences at ICACD 2273 E. Gala Street Suite 120 Meridian, ID 83642 but only as respects to claims arising out of the sole negligence of the Persons Insured under the provisions of this policy.

Memorandum Holder:

Should the above describe Certificate be cancelled before the expiration date thereof, the issuing company will endeavor to mail 30 days written notice to the Memorandum Holder named to the left, but failure to mail such notice shall impose no obligation or liability of any kind upon the company, its agents or representatives.

Authorized Representative

Mark Brostowitz



CONTRACTED SERVICE AGREEMENT
Physical Therapy Services
2015-2016

THIS AGREEMENT made and entered into as of the date indicated below, by and between the **MALHEUR EDUCATION SERVICE DISTRICT REGION 14**, the Service Provider, and **FRUITLAND SCHOOL DISTRICT**, the Contractor, with regard to the provisions of the agreed hourly rate for Physical Therapy services provide by Jean Oakes for the 2015-2016 school year. Specifically, the provisions are set forth as follows:

1. The Physical Therapy services will be coordinated by Malheur ESD Region 14, under the supervision of the Special Education Director for Malheur ESD. Malheur ESD will bill Fruitland School District hourly for Jean Oakes for the 2015-2016 school year.
2. This Contracted Service Agreement will continue for a one-year period – 2015-2016. Prior to the start of the 2015-2016 school year, Fruitland School District and Malheur ESD Special Education Director will evaluate the progress of this agreement and make a recommendation as to continuation for additional years.
3. Fruitland School District will provide to the Malheur ESD employee, assigned by this contract, the necessary space, telephone, and equipment to operate and maintain the classroom program.

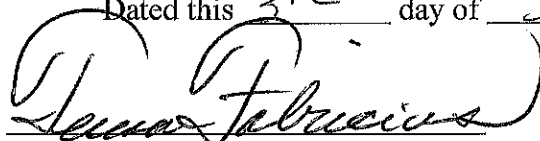
Financial Conditions:

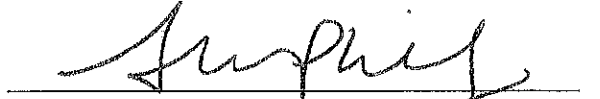
X The hourly rate of contracted services to be provided by Malheur Education Service District Region 14 is **\$77.00** for the 2015-2016 school year. Billing will occur every quarter for services directly billed to Malheur ESD by Jean Oakes and is due by the 15th of each month following the bill date.

THIS AGREEMENT shall be in effect for the 2015-2016 school year, and is signed and executed in duplicate with the original signed and returned to Malheur Education Service District Region 14.

IN WITNESS THEREOF, the parties have duly executed this Service Contract as of the date indicated below.

Dated this 3rd day of June, 2015.


Teresa Fabricius, Superintendent
Fruitland School District


Stephen Phillips, Superintendent
Malheur Education Service District Region 14

CERTIFICATE OF INSURANCE

DARWIN NATIONAL ASSURANCE COMPANY

C/O: American Professional Agency, Inc.
 95 Broadway, Amityville, NY 11701
 800-421-6694

This is to certify that the insurance policies specified below have been issued by the company indicated above to the insured named herein and that, subject to their provisions and conditions, such policies afford the coverages indicated insofar as such coverages apply to the occupation or business of the Named insured(s) as stated.

THIS CERTIFICATE OF INSURANCE NEITHER AFFIRMATIVELY NOR NEGATIVELY AMENDS, EXTENDS OR ALTERS THE COVERAGE(S) AFFORDED BY THE POLICY(IES) LISTED ON THIS CERTIFICATE.

Name and Address of Insured:

JULIE LYNNE SOLBERG
 1006 ALDAPE COVE
 BOISE ID 83712

Additional Named Insureds:

Type of Work Covered: MENTAL HEALTH COUNSELOR

Location of Operations: N/A
 (If different than address listed above)

Claim History: None

Retroactive date is 10/01/2014

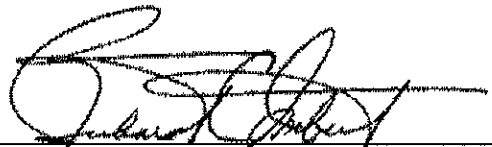
Coverages	Policy Number	Effective Date	Expiration Date	Limits of Liability
PROFESSIONAL/ LIABILITY	5003-8069	10/01/15	10/01/16	1,000,000 3,000,000

NOTICE OF CANCELLATION WILL ONLY BE GIVEN TO THE FIRST NAMED INSURED ON THIS POLICY AND HE OR SHE SHALL ACT ON BEHALF OF ALL INSUREDS WITH RESPECT TO GIVING OR RECEIVING NOTICE OF CANCELLATION.

Comments:

This Certificate Issued to:

Name: JULIE LYNNE SOLBERG
 1006 ALDAPE COVE
 Address: BOISE ID 83712


 Authorized Representative

CERTIFICATE OF INSURANCE

DARWIN NATIONAL ASSURANCE COMPANY

C/O: American Professional Agency, Inc.
95 Broadway, Amityville, NY 11701
800-421-6694

This is to certify that the insurance policies specified below have been issued by the company indicated above to the insured named herein and that, subject to their provisions and conditions, such policies afford the coverages indicated insofar as such coverages apply to the occupation or business of the Named insured(s) as stated.

THIS CERTIFICATE OF INSURANCE NEITHER AFFIRMATIVELY NOR NEGATIVELY AMENDS, EXTENDS OR ALTERS THE COVERAGE(S) AFFORDED BY THE POLICY(IES) LISTED ON THIS CERTIFICATE.

Name and Address of Insured:

CATHERINE WEBBER
3143 S SNOWFLAKE WAY
BOISE ID 83706

Additional Named Insureds:

Type of Work Covered: MENTAL HEALTH COUNSELOR

Location of Operations: N/A
(If different than address listed above)

Claim History: None

Retroactive date is 09/01/2015

Coverages	Policy Number	Effective Date	Expiration Date	Limits of Liability
PROFESSIONAL/ LIABILITY	5004-0886	9/01/15	9/01/16	1,000,000 3,000,000

NOTICE OF CANCELLATION WILL ONLY BE GIVEN TO THE FIRST NAMED INSURED ON THIS POLICY AND HE OR SHE SHALL ACT ON BEHALF OF ALL INSUREDS WITH RESPECT TO GIVING OR RECEIVING NOTICE OF CANCELLATION.

Comments:

This Certificate Issued to:

Name: CATHERINE WEBBER
3143 S SNOWFLAKE WAY
Address: BOISE ID 83706


Authorized Representative