

**CERTIFICATE OF INSURANCE**

05/30/07

PRODUCER

**Affinity Insurance Services, Inc.**  
**300 S. Wacker Drive, Suite 700**  
**Chicago, IL 60606**

Participating Schools of the State of Montana  
 1625 11<sup>th</sup> Avenue  
 P.O. Box 200124  
 Helena, MT 59620

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

**COMPANIES AFFORDING COVERAGE**

COMPANY	<b>A American Casualty Company of Reading, PA</b>
COMPANY	<b>B</b>
COMPANY	<b>C</b>
COMPANY	<b>D</b>

**COVERAGES**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE 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.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
	<b>GENERAL LIABILITY</b> <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR <input type="checkbox"/> OWNER'S CONT. PROT.				GENERAL AGGREGATE	\$
					PRODUCTS-COMP/OP AGG.	\$
					PERSONAL & ADV. INJURY	\$
					EACH OCCURRENCE	\$
					FIRE DAMAGE (Any one fire)	\$
					MED EXP. (Any one person)	\$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT	\$
					BODILY INJURY (Per person)	\$
					BODILY INJURY (Per accident)	\$
					PROPERTY DAMAGE	\$
	<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT	\$
					OTHER THAN AUTO ONLY	
					EACH ACCIDENT	\$
					AGGREGATE	\$
	<b>EXCESS LIABILITY</b> <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM				EACH OCCURRENCE	\$
					AGGREGATE	\$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> THE PROPRIETOR/PARTNERS/ EXECUTIVE/OFFICERS ARE: <input type="checkbox"/> INCL <input type="checkbox"/> EXCL				STATUTORY LIMITS	
					EACH ACCIDENT	\$
					DISEASE - POLICY LIMIT	\$
					DISEASE - EACH EMPLOYEE	\$
A	<b>OTHER</b> Professional Liability	0127284589	07/01/07	07/01/08	\$ 1,000,000 each claim \$ 5,000,000 aggregate	

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS  
 Students, faculty/advisors and the school are covered under this policy.

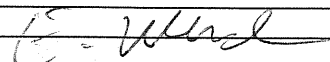
**CERTIFICATE HOLDER**

**CANCELLATION**

Evidence of Insurance

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL \_\_\_30\_\_\_ DAYS WRITTEN NOTICE TO THE CERTIFICATE 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



RECEIVED

JUN 18 2007

Willis

**Memo**

Risk Management &  
Tort Defense Division

**Willis of Seattle, Inc.**  
**505 Union Station**  
505 Fifth Avenue S Suite 200  
P.O. Box 34201 (Zip 98124)  
Seattle, WA 98104

**To** Mr. Brett Dahl  
State of Montana  
P.O. Box 200124  
Helena, MT 59620

**From** Teresa Howard-Braun  
Client Manager

**Direct Line** (206) 386-7434

**Date** June 13, 2007

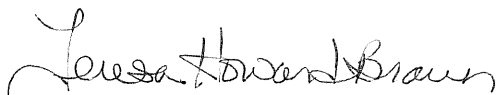
**Subject** Evidence of Insurance Certificate  
Student Professional Liability Renewal

Brett;

Per my email dated June 8, 2007, enclosed is the original certificate received from the carrier to evidence the renewal of your Student Professional Liability coverage effective 7/01/2007, for the Participating Schools of the State of Montana.

If you need anything further, please do not hesitate to contact us.

Regards,



Teresa Howard-Braun  
Client Manager

Enclosure

cc: Hans Christenson, ARM, Vice President, Willis of Seattle, Inc.  
Karin Barden, CPSR, Assistant Vice President, Willis of Seattle, Inc.