

insurance

Insurance, Inc.

P.O. Box

ME

T: 207- F: 207-

January 8,

Mr.

P.O. Box

NH

RE: CONFIRMATION OF INSURANCE PLACEMENT

Dear Mr.

This is to confirm that we have ordered the captioned policy providing the following:

Policy Type:	Professional Liability
Policy No.:	To Be Determined
Policy Term:	01/11/10 - 01/11/11
Issuing Co:	Continental Casualty Company
Limits:	\$2,000,000 per claim/\$2,000,000 aggregate
Deductible:	\$15,000 per claim
Description:	Claim expenses outside the limit of liability

This confirmation provides written documentation of the insurance coverage we have arranged to put into effect on your behalf. Please review this information for accuracy to make certain we have followed your instructions. The coverage represented here is subject to the actual terms, conditions and restrictions in the policy language of the forms to be issued by the Company.

The Named Insured may cancel this confirmation by giving written notice to the Company. The Company may cancel coverage by providing notice to the Named Insured in accordance with its policy terms. This confirmation will terminate when replaced by a policy. The Insurance Company is developing earned premium as of the inception date of this coverage and the policy may be subject to a minimum earned premium.

The policy will be forwarded upon receipt from the company.

Sincerely,

Customer Service Agent

