

CERTIFICATE OF INSURANCE

EXECUTIVE RISK INDEMNITY INC.

C/O: American Professional Agency, Inc.
95 Broadway, Amityville, NY 11701

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:

AMY D. MONTAGUE, PH.D.

Additional Named Insureds:

Type of Work Covered: PROFESSIONAL PSYCHOLOGIST

Location of Operations: N/A

(If different than address listed above)

Claim History:

| Coverages | Policy Number | Effective Date | Expiration Date | Limits of Liability |
|----------------------------|---------------|----------------|-----------------|------------------------|
| PROFESSIONAL/ LIABILITY | 008-1741671 | 1/27/06 | 1/27/07 | 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 INSURED WITH RESPECT TO GIVING OR RECEIVING NOTICE OF CANCELLATION.

Comments:

This Certificate Issued to:

Name: AMY D. MONTAGUE, PH.D.

Address:


 Authorized Representative