

CERTIFICATE OF INSURANCE
Effected With
UNDERWRITERS AT LLOYD'S LONDON

By
PROFESSIONAL INDEMNITY AGENCY, INC.
37 Radio Circle Drive
Mount Kisco, New York 10549

RECEIVED

JUN 08 2009

N.H. Und.

In accordance with the authorization granted to Professional Indemnity Agency, Inc. under Contract No. PI 091102 by certain Underwriters at Lloyd's, London, whose names and the proportions underwritten by them can be ascertained by reference to the said Contract, which bears the Seal of Lloyd's Policy Signing Office and is on file at the office of the said Agency and in consideration of the premium specified herein, the said Underwriters do hereby bind themselves, each for his own part and not one for another, their heirs, executors and administrators, to insure as follows in accordance with the terms and conditions contained or endorsed hereon.

Broker No.: 9991665 No. MPL: 02379500
NEW HAMPSHIRE UNDERWRITERS INSURANCE AGY Renewal of MPL: 02372700

SCHEDULE
PROFESSIONAL LIABILITY ERRORS & OMISSIONS INSURANCE
(Claims Made Basis)

1. Named Insured: EDMUND & WHEELER, INC & ACORN ASSOCIATES
 2. Address: 567 COTTAGE STREET
LITTLETON, NH 03561
 3. Named Insured's Profession: See Endorsement # 1, MPL E32
 4. Limit of Liability: \$ 250,000 Each Claim and in the Aggregate including Claim Expenses
 5. Deductible: \$ 5,000 Each Claim including Claim Expenses
 6. Notice of Claim to: Wilson, Elser, Moskowitz, Edelman & Dicker, 150 East 42nd Street, New York, N.Y. 10017
 7. Certificate Period: Inception Date: 6/12/09 Expiration Date: 6/12/10
 8. Retroactive Date: 6/12/00 9. Date of Application: 5/04/09
 10. Premium: \$ 2,115.00 Administrative/Inspection Fee. \$50.00 + \$10. Broker-Fee
 11. Extension Period: 12 MONTHS 12. Extension Percentage: 75.00% \$4230 Tax
- Attachments: (1) E32, (2) E46, (3) E17A, (4) E58, (5) E127, (6) E166, (7) E174, (8) E53, (9) E133, (10) E192, (11) E193, (12) E218, (13) E191.

The Certificate terms and conditions contained herein or endorsed hereon and such other provisions, agreements or conditions as may be endorsed hereon or added hereto are hereby incorporated in this Certificate. No representative of the Underwriters shall have power to waive or be deemed to have waived any provision or condition of this Certificate unless such waiver, if any, shall be written upon or attached hereto; nor shall any privilege or permission affecting the insurance under this Certificate exist or be claimed by the Insured(s) unless so written or attached.

Inception date shown shall be at 12:01 A.M. (Standard Time) to Expiration date shown above at 12:01 A.M. (Standard Time) at the address of the Named Insured.

IN WITNESS WHEREOF this Certificate has been signed at Mount Kisco, New York

William D. Kelly

by *Carrie Moskowitz*
PROFESSIONAL INDEMNITY AGENCY, INC.

Please note that except to such extent as may be provided otherwise, this Certificate is limited to liability for only those claims that are first made against the Insured(s) during the Certificate Period. Please see the insuring agreements and also please review this Certificate carefully and discuss the coverage hereunder with your insurance agent, broker or representative.

RCM

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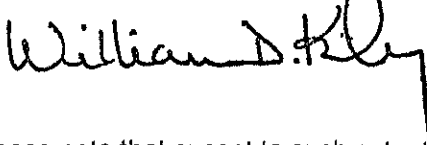
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