

ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)
10/04/2002

PRODUCER (610)359-1422 FAX (610)359-0437
TODD INSURANCE AGENCIES, INC
 3545 Rhoads Avenue
 P.O. Box 399
 Newtown Square, PA 19073

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.

INSURERS AFFORDING COVERAGE

INSURED **Homeward Bound Services, Inc and TLC, INC**
 699 Burmont Rd
 Drexel Hill, PA 19026

INSURER A: **RECIPROCAL ALLIANCE**
 INSURER B:
 INSURER C:
 INSURER D:
 INSURER E:

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE 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 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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS MADE <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/>	HPS6102102	03/01/2002	03/01/2003	EACH OCCURRENCE \$ 1,000,000
					FIRE DAMAGE (Any one fire) \$ 50,000
					MED EXP (Any one person) \$ 1,000
					PERSONAL & ADV INJURY \$ 1,000,000
					GENERAL AGGREGATE \$ 2,000,000
					PRODUCTS - COMP/OP AGG \$ INCL
					GEN'L AGGREGATE LIMIT APPLIES PER: POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/>
	AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS HIRED AUTOS NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident) \$
					BODILY INJURY (Per person) \$
					BODILY INJURY (Per accident) \$
					PROPERTY DAMAGE (Per accident) \$
	GARAGE LIABILITY ANY AUTO				AUTO ONLY - EA ACCIDENT \$
					OTHER THAN EA ACC \$
					AUTO ONLY: AGG \$
	EXCESS LIABILITY OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE RETENTION \$				EACH OCCURRENCE \$
					AGGREGATE \$
					\$
					\$
					\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				WC STATU-TORY LIMITS OTH-ER
					E.L. EACH ACCIDENT \$
					E.L. DISEASE - EA EMPLOYEE \$
					E.L. DISEASE - POLICY LIMIT \$
A	OTHER PROFESSIONAL LIABILITY	HPS6102102	03/01/2002	03/01/2003	1,000,000 EA. INCIDENT 2,000,000 AGGREGATE

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS

CERTIFICATE HOLDER

ADDITIONAL INSURED; INSURER LETTER:

CANCELLATION

TO WHOM IT MAY CONCERN

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL N/A 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

ACORD CERTIFICATE OF INSURANCE

ISSUE DATE (MM/DD/YY)
09/05/2000

PRODUCER
J. M. Patton Associates, Inc.
1608 Walnut Street, Suite 902
Philadelphia, PA 19103
(215) 985-5818

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COMPANIES AFFORDING COVERAGE

COMPANY LETTER **A** ST. PAUL FIRE & MARINE INS. CO
COMPANY LETTER **B**
COMPANY LETTER **C**
COMPANY LETTER **D**
COMPANY LETTER **E**

INSURED
HOMEWARD BOUND SERVICES, INC.
699 BURMONT ROAD
DREXEL HILL, PA 19026

COVERAGES

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE 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 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
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR. <input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT.	BFS00000591011	07/20/00	07/20/01	GENERAL AGGREGATE \$ 2,000,000 PRODUCTS-COMP/OP AGG. \$ 2,000,000 PERSONAL & ADV. INJURY \$ 1,000,000 EACH OCCURRENCE \$ 1,000,000 FIRE DAMAGE (Any one fire) \$ 2,000,000 MED. EXPENSE (Any one person) \$ 10,000
	AUTOMOBILE LIABILITY <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 <input type="checkbox"/> GARAGE LIABILITY				COMBINED SINGLE LIMIT \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE \$
A	EXCESS LIABILITY <input checked="" type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM	BFS00000591011	07/20/00	07/20/01	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000
	WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY				STATUTORY LIMITS EACH ACCIDENT \$ DISEASE - POLICY LIMIT \$ DISEASE - EACH EMPLOYEE \$
A	OTHER PROPERTY CVG. SPECIAL FORM	BFS00000561011	07/20/00	07/20/01	CONTENTS INCL. THEFT \$98,516

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

CONTENTS' COVERAGE INCLUDES COMPUTER EQUIPMENT AND MEDIA AND IS SUBJECT TO A \$250 DEDUCTIBLE.

CERTIFICATE HOLDER

CANCELLATION

Insured's Copy

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

J. M. Patton

TEMPORARY AND CONDITIONAL BINDER OF INSURANCE

National Union Fire Insurance Company of Pittsburgh, Pa.
Name of Insurance Company binding coverage (Insurer)

October 06, 2000

Sherri Gilpin
Rosenberg & Parker Inc
201 North Presidential Blvd
Bala Cynwyd, Pa 19004

RE: **Homeward Bound Services, Inc.**
Commercial Crime Policy
Policy Effective 10/05/2000 TO 10/05/2001
Tab No: 7019321

Dear Sherri

We are pleased to confirm the binding of coverage in accordance with our agreement as set forth below and subject to the conditions set forth below:

INSURED:		POLICY INFORMATION	
INSURED ADDRESS:		HOMeward BOUND SERVICES, INC. <i>And KC Services, Inc.</i>	
TYPE OF POLICY:		699 BURMONT ROAD <i>(10/9/00 - Per Sherri)</i>	
BASIC FORM:		DREXEL HILL, PENNSYLVANIA 19026 ✓ <i>(or PA)</i>	
INSURANCE COMPANY:		Commercial Crime Policy ✓	
POLICY NUMBER:		1L0017 (11/85) ✓	
EFFECTIVE DATE:		National Union Fire Insurance Company of Pittsburgh, Pa. ✓	
EXPIRATION DATE:		004736395 ✓	
		10/05/2000 ✓	
		10/05/2001 ✓	
Coverage Forms	Single Loss Limit of Liability ✓	Single Loss Deductible ✓	
Coverage Form A--Blanket	\$500,000 ✓	\$50,000 ✓	
Annual Premium : \$1,531 ✓			