

Account Number: CA FRAC 1700

Date: 11/04/10 Initials: ANTONIA

CERTIFICATE OF INSURANCE

GRANITE STATE INSURANCE CO.
C/O: American Professional Agency, Inc.
95 Broadway, Amityville, NY 11701
800-421-6694

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:

CARRIE LEE FRAZIER
1700 BROADWAY ST #433
CONCORD CA 94520

Additional Named Insureds:

RECEIVED

NOV 10 2010

FISCAL ANALYST
PUPIL SERVICES/SPECIAL EDUCATION

RECEIVED

NOV 08 2010

Budget & Fiscal Services

Type of Work Covered: PROFESSIONAL SOCIAL WORKER

Location of Operations: N/A
(If different than address listed above)

Claim History:

Retroactive date is 10/20/2009

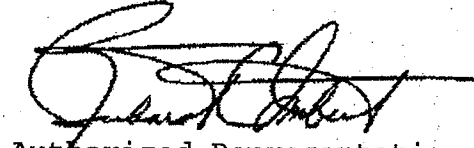
Coverages	Policy Number	Effective Date	Expiration Date	Limits of Liability
PROFESSIONAL/ LIABILITY	SWL-001588813	10/20/10	10/20/11	1,000,000 3,000,000

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(S) WITH RESPECT TO GIVING OR RECEIVING NOTICE OF CANCELLATION.

Comments: THE FOLLOWING IS AN ADDITIONAL INSURED ON THIS POLICY:
MT DIABLO UNIFIED SCHOOL DISTRICT
1936 CARLOTTA DR
CONCORD, CA 94519

This Certificate Issued to:

Name: CARRIE LEE FRAZIER
1700 BROADWAY ST #433
Address: CONCORD CA 94520


Authorized Representative

Account Number: CA MCMD 4000

Date: 1/24/11 Initials: KELLYG

CERTIFICATE OF INSURANCE

AMERICAN HOME ASSURANCE CO.
C/O: American Professional Agency, Inc.
95 Broadway, Amityville, NY 11701
800-421-6694

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:

DEBORA HUGHES MCMANUS
936 DEWING AVE
STE E1
LAFAYETTE CA 94549

Additional Named Insureds:

Type of Work Covered: PROFESSIONAL SOCIAL WORKER

Location of Operations: N/A
(If different than address listed above)

Claim History:

Retroactive date is 01/01/2006

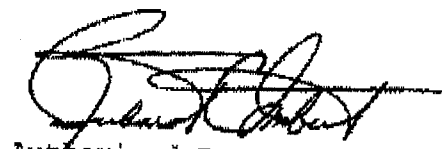
Coverages	Policy Number	Effective Date	Expiration Date	Limits of Liability
PROFESSIONAL/ LIABILITY	SWL-007323127	1/01/11	1/01/12	2,000,000 4,000,000

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: THE FOLLOWING IS AN ADDITIONAL INSURED ON THIS POLICY:
DIANE MICHELSEN AND MDUSD

This Certificate Issued to:

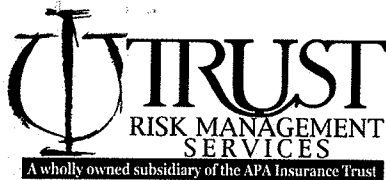
Name: DEBORA HUGHES MCMANUS
936 DEWING AVE
Address: STE E1
LAFAYETTE CA 94549


Authorized Representative



Trust Risk Management Services, Inc. (TRMS) • 1791 Paysphere Circle, Chicago, IL 60674 • Phone (877) 637-9700 • FAX (877) 251-5111

MEMORANDUM OF INSURANCE				Date Issued: July 12, 2011	
Named Insured: Hector Rivera-Lopez 1868 Clayton Rd Ste 220 Concord, CA 94520 2503				This memorandum is issued as a matter of information only and confers no rights upon the holder. This memorandum does not amend, extend or alter the coverage, terms, exclusions conditions or other provisions afforded by the policies referenced herein.	
Producer: Trust Risk Management Services, Inc. 1791 Paysphere Circle Chicago, IL 60674 1.877.637.9700				Company Affording Coverage ACE American Insurance Company 140 Broadway New York, NY 10005-1108	
Covered Person Hector Rivera-Lopez				Status Named Insured	
This is to certify that the policy and/or certificate listed below has been issued to the insured named above for the policy and/or certificate period indicated, notwithstanding any requirement, term or condition of any contract or other document with respect to which this memorandum may be issued or may pertain. The insurance afforded by the policy and/or certificate described herein is subject to all terms, exclusions and conditions of such policy and/or certificate. The limits shown may have been reduced by paid claims.					
Type of Insurance	Policy and/or Certificate Number	Effective Date	Expiration Date	Limits	
Professional Liability Claims Made	58G22402717	07/01/2011	07/01/2012	Each incident	\$1,000,000
				Annual aggregate	\$3,000,000
Retroactive Date: 07/01/1995					
Additional Party: Mount Diablo Unified School District 1936 Carlotta Dr Concord, CA, 94519			SHOULD ANY OF THE ABOVE DESCRIBED POLICIES AND/OR CERTIFICATES 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: 		



Trust Risk Management Services, Inc. (TRMS) ■ 1791 Paysphere Circle, Chicago, IL 60674 ■ Phone (877) 637-9700 ■ FAX (877) 251-5111

MEMORANDUM OF INSURANCE Date Issued: July 12, 2011

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<p>Producer: Trust Risk Management Services, Inc. 1791 Paysphere Circle Chicago, IL 60674 1.877.637.9700</p>	<p>Company Affording Coverage ACE American Insurance Company 140 Broadway New York, NY 10005-1108</p>
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RECEIVED
SEP 14 2011
FISCAL ANALYST
PUPIL SERVICES/SPECIAL EDUCATION

<p>Covered Person Hector Rivera-Lopez</p>	<p>Status Named Insured</p>
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This is to certify that the policy and/or certificate listed below has been issued to the insured named above for the policy and/or certificate period indicated, notwithstanding any requirement, term or condition of any contract or other document with respect to which this memorandum may be issued or may pertain. The insurance afforded by the policy and/or certificate described herein is subject to all terms, exclusions and conditions of such policy and/or certificate. The limits shown may have been reduced by paid claims.

Type of Insurance	Policy and/or Certificate Number	Effective Date	Expiration Date	Limits	
Professional Liability Claims Made	58G22402717	07/01/2011	07/01/2012	Each incident	\$1,000,000
				Annual aggregate	\$3,000,000

Retroactive Date: 07/01/1995

<p>Additional Party: Mount Diablo Unified School District 1936 Carlotta Dr Concord, CA, 94519</p>	<p>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES AND/OR CERTIFICATES 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.</p> <p>Authorized Representative: </p>
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THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

Named Insured Hector Rivera-Lopez			Endorsement Number
Policy Symbol CRL	Policy Number 58G22402717	Policy Period 07/01/2011 to 07/01/2012	Effective Date 07/01/2011
Issued By (Name of Insurance Company) ACE American Insurance Company			

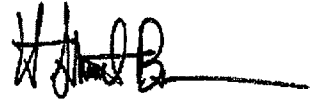
Additional Insured

It is agreed that in consideration of the premium charged, the individual(s) or entity(ies) designated below shall be an **Insured**, under Section III. PERSONS INSURED, but only with respect to such individual's or entity's liability arising solely out of an **Incident** caused by the sole negligence of another **Insured**:

Additional Insured	Address
Mount Diablo Unified School District	1936 Carlotta Dr Concord CA 94519

The premium for this endorsement is included in the premium shown on the Declarations unless a specific amount is shown here:	Additional Premium:	
	Return Premium:	

All other terms and conditions of this policy remain unchanged.



Authorized Agent