

Arthur J. Gallagher & Co.

The Gallagher Centre, Two Pierce Place, Itasca, IL 60143-3141 - (800) 807-0300 or (630) 694-5425

CERTIFICATE OF INSURANCE

Name and Address of Certificate Holder	Name and Address of the Insured
MT. DIABLO UNIFIED SCHOOL DIST JAMES W DENT EDUCATION CTR 1936 CARLOTTA DRIVE CONCORD CA 94519-1397	Brothers of the Christian Schools and Affiliates 1205 Windham Parkway Romeoville, IL 60446-1679 Phone: (800) 807-0300 And including: 1084001 SRS OF THE HOLY NAMES OF JESUS

Company	Policy Number	Applicable (See Reverse Side)	Expiration
Princeton Excess & Surplus Lines Ins.Co.	G2-A3-EX0000019-04	A,B,C,D,J	06/15/2011
London and Various Carriers	V103734	A	06/15/2011
TNCRRG Inc	FM10219-13	B,C,J	06/15/2011
Zurich American Insurance Company (All states incl. Puerto Rico)	BAP9377761-07	C	06/15/2011
Safety National Casualty Corporation	SP4041137	E	01/01/2011
American Zurich Insurance Company	WC9377758-06	F	01/01/2011
Zurich American Insurance Company	WC9377759-06	G	01/01/2011
Hartford Steam Boiler	FBP4909989	I	06/15/2011

REMARKS

EVIDENCE OF GENERAL LIABILITY COVERAGE (\$1,000,000) EACH OCCURRENCE COMBINED SINGLE LIMITS, AUTOMOBILE LIABILITY (\$1,000,000) EACH OCCURRENCE COMBINED SINGLE LIMITS AND EXCESS LIABILITY (\$1,000,000) EACH OCCURRENCE FOR SISTERS OF THE HOLY NAMES OF JESUS & MARY US- ONTARIO PROVINCE AND INCLUDING HOLY NAMES UNIVERSITY AND RASKOB DAY SCHOOL WITH RESPECTS TO MT DIABLO UNIFIED SCHOOL DISTRICT FOR SERVICES PROVIDED TO DISTRICT STUDENTS FOR THE CURRENT SCHOOL YEAR. MT DIABLO UNIFIED SCHOOL DISTRICT, ITS SUBSIDIARIES, OFFICIALS AND EMPLOYEES IS ADDED AS ADDITIONAL INSURED SOLELY, STRICTLY AND SPECIFICALLY IN RELATION TO THE ABOVE SERVICES. THIS COVERAGE IS PRIMARY AND ANY OTHER COVERAGE OR SELF-INSURANCE SHALL NOT CONTRIBUTE UNLESS IN EXCESS

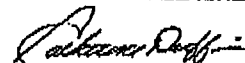
Cancellation:

Should any of the above described policies be canceled before the expiration date thereof, notice will be delivered in accordance with the policy provisions.

"This is to certify that policies of insurance listed above have been issued to the insured named above and are in force at this time. Notwithstanding any requirement, term, or condition of any contracts or other document with respect to which the 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 may be aggregated and the aggregate limits may have been reduced by the paid claims."

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 LISTED ABOVE.

ARTHUR J. GALLAGHER & CO



Catherine Duffin, CPCU
Executive Vice President

Date: 06/03/2010 JES

Coverage	Description
A	Covered Perils for all Real & Personal Property, \$300,000,000 per occurrence total limit all policies affected. Business Interruption Coverage per limit scheduled.
B	Comprehensive General Liability including premises, contractual, and products liability, \$5,000,000 limit. PESLIC: \$2,000,000 TNCRRG: \$3,000,000
C	Comprehensive Automobile Liability Coverages, \$5,000,000 limit any one occurrence. Zurich American: \$1,000,000 PESLIC: \$2,000,000 TNCRRG: \$2,000,000
D	Comprehensive Automobile Physical Damage Coverages, \$5,000,000 limit any one occurrence. PESLIC: \$5,000,000
E	Excess Workers' Compensation Statutory Benefits and \$1,000,000 Employers' Liability for the State of Illinois only.
F	Workers' Compensation Statutory Benefits and \$1,000,000 Employers' Liability for the States of Alabama, Alaska, Arizona, Arkansas, Colorado, Connecticut, DC, Delaware, Florida, Georgia, Hawaii, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maine, Maryland, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Nebraska, Nevada, New Hampshire, New Jersey, New Mexico, New York, North Carolina, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Utah, Vermont, Virginia and West Virginia.
G	Workers' Compensation Statutory Benefits and \$1,000,000 Employers' Liability for the State of Idaho and Wisconsin.
H	Workers' Compensation Statutory Benefits and \$1,000,000 Employers' Liability for the State of California.
I	Boiler & Machinery Coverages, \$100,000,000 limit per accident.
J	Limited Professional Healthcare Services Coverage, \$5,000,000 limit per occurrence. PESLIC: \$2,000,000 TNCRRG: \$3,000,000

Miscellaneous

Only coverages and limits described in remark section are afforded by this certificate.

ADDITIONAL REMARKS:



CERTIFICATE OF LIABILITY INSURANCE

OP ID PC
SENEC-1

DATE (MM/DD/YYYY)

06/28/10

PRODUCER
Chapman
 License #0522024
 P. O. Box 5455
 sadena CA 91117-0455
 Phone: 626-405-8031 Fax: 626-405-0585

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.

INSURED

Seneca Center
 2275 Arlington Drive
 San Leandro CA 94578

INSURERS AFFORDING COVERAGE

NAIC #

INSURER A: **American Home Assurance Co**INSURER B: **NIAC**INSURER C: **National Union Fire Insurance**

INSURER D:

RECEIVED

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.

JUL 19 2010

FISCAL ANALYST
 PUPIL SERVICES/SPECIAL EDUCATION

INSR ADD'L LTR INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
B	GENERAL LIABILITY				
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	201000557NPO	07/01/10	07/01/11	EACH OCCURRENCE \$ 1000000
	<input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR				DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100000
	<input checked="" type="checkbox"/> Prof Liability	201000557NPO	07/01/10	07/01/11	MED EXP (Any one person) \$ 10000
	GEN'L AGGREGATE LIMIT APPLIES PER:				PERSONAL & ADV INJURY \$ 1000000
	<input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC				GENERAL AGGREGATE \$ 2000000
					PRODUCTS - COMP/OP AGG \$ 2000000
B	AUTOMOBILE LIABILITY				
	<input checked="" type="checkbox"/> ANY AUTO	201000557NPO	07/01/10	07/01/11	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per person) \$
	<input type="checkbox"/> SCHEDULED AUTOS				BODILY INJURY (Per accident) \$
	<input checked="" type="checkbox"/> HIRED AUTOS				PROPERTY DAMAGE (Per accident) \$
	<input checked="" type="checkbox"/> NON-OWNED AUTOS				
	<input checked="" type="checkbox"/> comp \$500				
	<input checked="" type="checkbox"/> coll \$500				
	GARAGE LIABILITY				
	<input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$
					OTHER THAN EA ACC \$
					AUTO ONLY: AGG \$
B	EXCESS / UMBRELLA LIABILITY				
	<input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE	201000557UMB	07/01/10	07/01/11	EACH OCCURRENCE \$ 4,000,000
	<input type="checkbox"/> DEDUCTIBLE				AGGREGATE \$ 4,000,000
	<input type="checkbox"/> RETENTION \$				\$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N	WC0834106	11/01/09	11/01/10	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER
	If yes, describe under SPECIAL PROVISIONS below				E.L. EACH ACCIDENT \$ 1000000
					E.L. DISEASE - EA EMPLOYEE \$ 1000000
					E.L. DISEASE - POLICY LIMIT \$ 1000000
C	Crime/Employee Dis	012287479	09/17/09	09/17/10	Emp Disho 850000

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

Certificate holder is named additional insured with respect to the operations of the named insured. Workers Compensation coverage excluded, evidence only. 10 days notice of cancellation for non-payment of premium.

CERTIFICATE HOLDER

CANCELLATION

MTDIABL

Mt. Diablo Unified School
 District
 Attn: Janet Samimi
 1936 Carlotta Drive
 Concord, CA 94519

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE



CERTIFICATE OF LIABILITY INSURANCE

OP ID PC
SENEC-1

DATE (MM/DD/YYYY)

06/28/10

PRODUCER
Chapman
 License #0522024
 P. O. Box 5455
 Pasadena CA 91117-0455
 Phone: 626-405-8031 Fax: 626-405-0585

INSURED
Seneca Center
 2275 Arlington Drive
 San Leandro CA 94578

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INSURERS AFFORDING COVERAGE

INSURER A:	American Home Assurance Co	NAIC #
INSURER B:	NIAC	
INSURER C:	National Union Fire Insurance	
INSURER D:		
INSURER E:		

RECEIVED
 JUN 30 2010

FISCAL ANALYST
 PUPIL SERVICES/SPECIAL EDUCATION

COVERAGES

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INSR	ADD'L	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
B	X	GENERAL LIABILITY				EACH OCCURRENCE \$ 1000000
		<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Prof Liability GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	201000557NPO	07/01/10	07/01/11	DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100000 MED EXP (Any one person) \$ 10000 PERSONAL & ADV INJURY \$ 1000000 GENERAL AGGREGATE \$ 2000000 PRODUCTS - COMP/OP AGG \$ 2000000
B		AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
		<input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS <input checked="" type="checkbox"/> comp \$500 <input checked="" type="checkbox"/> coll \$500	201000557NPO	07/01/10	07/01/11	BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
		GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$
B		EXCESS / UMBRELLA LIABILITY				EACH OCCURRENCE \$ 4,000,000
		<input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE RETENTION \$	201000557UMB	07/01/10	07/01/11	AGGREGATE \$ 4,000,000 \$ \$ \$
A		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1000000 E.L. DISEASE - EA EMPLOYEE \$ 1000000 E.L. DISEASE - POLICY LIMIT \$ 1000000
		ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under SPECIAL PROVISIONS below OTHER	WC0834106	11/01/09	11/01/10	
C		Crime/Employee Dis	012287479	09/17/09	09/17/10	Emp Disho 850000

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

Certificate holder is named additional insured with respect to the operations of the named insured. Workers Compensation coverage excluded, evidence only. 10 days notice of cancellation for non-payment of premium.

CERTIFICATE HOLDER

MTDIABL

Mt. Diablo Unified School
 District
 Attn: Janet Samimi
 1936 Carlotta Drive
 Concord, CA 94519

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

IMPORTANT

If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

If **SUBROGATION IS WAIVED**, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

DISCLAIMER

This Certificate of Insurance does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.

PRODUCER
Chapman
License #0522024
P. O. Box 5455
Pasadena CA 91117-0455

Mt. Diablo Unified School
District
Attn: Janet Samimi
1936 Carlotta Drive
Concord, CA 94519
ACORD 25 (2009/01)





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
05/28/2010

PRODUCER
877-945-7378
Willis of Tennessee, Inc.
26 Century Blvd.
P. O. Box 305191
Nashville, TN 37230-5191

INSURED
 Spectrum Center, Inc.
Educational Services of America, Inc.
16360 San Pablo Avenue
San Pablo, CA 94806

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	NAIC#
INSURER A: Philadelphia Indemnity Insurance Company	18058-001
INSURER B: Wausau Underwriters Insurance Company	26042-001
INSURER C: National Union Fire Insurance Company	19445-002
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	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
A	X	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC	PHPK575589	6/1/2010	6/1/2011	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 15,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000
A		AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	PHPK575589	6/1/2010	6/1/2011	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$
A		EXCESS / UMBRELLA LIABILITY <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE <input checked="" type="checkbox"/> RETENTION \$ 10,000	PHUB308917	6/1/2010	6/1/2011	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000 \$ \$ \$
B		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under SPECIAL PROVISIONS below Y/N <input checked="" type="checkbox"/> N	WCJZ91441556010	6/1/2010	6/1/2011	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
C		OTHERD&O/EPL Educators Legal Liability Fiduciary Policy Aggregate	018795737	6/1/2010	6/1/2011	\$10,000,000. Limit \$ 3,000,000. Limit \$13,000,000. Limit

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

Contract to receive students

It is agreed that Mt. Diablo Unified School District, its Governing Board, its Officers, its Agents, and its Employees are included as an additional insured as respects to general liability as required by written contract.

RECEIVED

CERTIFICATE HOLDER

JUL 07 2010

FISCAL ANALYST
PUPIL SERVICES/SPECIAL EDUCATION

Mt. Diablo Unified School District
Risk Management Department
1936 Carlotta Drive
Concord, CA 94519

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE
[Signature]

IMPORTANT

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DISCLAIMER

This Certificate of Insurance does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY

CG2026

ADDITIONAL INSURED – DESIGNATED
PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART
SCHEDULE

Name of Additional Insured Person (s) Or Organization (s):

Where Required by Written Contract

Information required to complete this Schedule, if not shown above, will be shown in the
Declarations.

Section II – Who Is An Insured is amended to include as an additional insured the person (s) or
organization (s) shown in the Schedule, but only with respect to liability for “bodily injury”,
“property damage” or “personal and advertising injury” caused, in whole or in part, by your acts
or omissions or the acts or omissions of those acting on your behalf:

- A. In the performance of your ongoing operations; or
- B. In connection with your premises owned by or rented to you.

All other terms and conditions of this Policy remain unchanged.



CERTIFICATE OF LIABILITY INSURANCE

Page 1 of 2

DATE (MM/DD/YYYY)
05/28/2010

PRODUCER 877-945-7378 Willis of Tennessee, Inc. 26 Century Blvd. P. O. Box 305191 Nashville, TN 37230-5191		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.	
INSURED Spectrum Center, Inc. Educational Services of America, Inc. 16360 San Pablo Avenue San Pablo, CA 94806		INSURERS AFFORDING COVERAGE	NAIC#
		INSURER A: Philadelphia Indemnity Insurance Company	18058-001
		INSURER B: Wausau Underwriters Insurance Company	26042-001
		INSURER C: National Union Fire Insurance Company	19445-002
		INSURER D:	
		INSURER E:	

COVERAGES

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A	X	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO. JECT <input checked="" type="checkbox"/> LOC	PHPK575589	6/1/2010	6/1/2011	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (An occurrence) \$ 300,000 MED EXP (Any one person) \$ 15,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000
A		AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	PHPK575589	6/1/2010	6/1/2011	COMBINED SINGLE LIMIT (EA accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$
A		EXCESS / UMBRELLA LIABILITY <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input checked="" type="checkbox"/> RETENTION \$ 10,000	PHUB308917	6/1/2010	6/1/2011	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000
B		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y <input checked="" type="checkbox"/> N If yes, describe under SPECIAL PROVISIONS below	WCJZ91441556010	6/1/2010	6/1/2011	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
C		OTHER D&O/EPL Educators Legal Liability Fiduciary Policy Aggregate	018795737	6/1/2010	6/1/2011	\$10,000,000. Limit \$ 3,000,000. Limit \$13,000,000. Limit

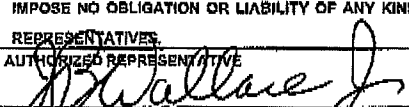
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

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CERTIFICATE HOLDER

CANCELLATION

Mt. Diablo Unified School District Risk Management Department 1936 Carlotta Drive Concord, CA 94519	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>30</u> DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE 
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Spectrum Center

Schools and Programs

From: Kerstin Phillips _____ **To:** Marie Fabi _____

Main Offices
16360 San Pablo Ave.
San Pablo, CA 94806
Phone: (510) 741-5440
Fax: (510) 741-2775

Camden Campus
6325 Camden Street
Oakland, CA 94605
Phone: (510) 729-6384
Fax: (510) 729-6390

Tara Hills Campus
16330 San Pablo Avenue
San Pablo, CA 94806
Phone: (510) 724-4494
Fax: (510) 724-4430

Valley Campus
1026 Oak Grove Road #1
Concord, CA 94518
Phone: (925) 685-9702
Fax: (925) 685-6960

Delta Campus
135 East Leland
Pittsburg, CA 94565
Phone: (925) 439-6929
FAX (925) 439-6925

Mission Valley Campus
24823 Soto Rd.
Hayward, CA 94544
Phone: (510) 576-7990
FAX (510) 576-7898

Solano Campus
720 Link Rd
Fairfield, CA 94534
Phone: (707) 864-0438
FAX (707) 864-8659

San Jose Campus
762 Sunset Glen Dr.
San Jose, CA 95128
Phone: (408) 281-2435
FAX (408) 281-2241

Daly City Campus
60 Christopher Ct.
Daly City, CA 94015
Phone: (650) 991-1206
FAX (650) 992-3230

updated 2-11-08

Company/Div Mt Diablo Unified

Date 6/14/2010

Fax # 925-687-3139

Total Pages: 4

Comments

Hello Marie,

Here is Spectrum's liability insurance. Please let me know if you have any questions or if you need anything further.

Thanks,

Kerstin

Direct Line: (510) 741-2729

Fax: (510) 724-2913

kphillips@spectrumschools.com