

ACORD™ CERTIFICATE OF LIABILITY INSURANCE		Date (MM/DD/YY) 4/3/2011
PRODUCER Heffernan Insurance Brokers 1350 Carlback Ave., Suite 200 Walnut Creek, CA 94596 Phone: 925-934-8500 Fax: 925-934-8278		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 Fred Finch Children's Home Dba: Fred Finch Youth Center 3800 Coolidge Ave. Oakland, CA 94602		
		INSURERS AFFORDING COVERAGE
		INSURER A: Cypress Insurance Company
		INSURER B: Hannover American
		INSURER C: Allmerica Financial Benefit
		INSURER D:
		INSURER E:
		NAIC # 19058

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 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 CTR	ADD'L (9999)	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
B		GENERAL LIABILITY	ZZF909172200	4/1/11	4/1/12	EACH OCCURRENCE \$ 1,000,000
		<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTER PREMISES (Ex. Occurrence) \$ 100,000
		<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (ANY ONE PERSON) \$ 10,000
		<input checked="" type="checkbox"/> PROFESSIONAL /				PERSONAL & ADV INJURY \$ 1,000,000
		SEXUAL ABUSE \$1,000,000				GENERAL AGGREGATE \$ 2,000,000
		GEN'L AGGREGATE LIMIT APPLIES PER PRO. ACCT LOC				PRODUCTS - (COMP/OP AGG) \$ 2,000,000
						Employee Benefits \$ 1,000,000
C		AUTOMOBILE LIABILITY	AWF909149400	4/1/11	4/1/12	COMBINED SINGLE LIMIT (Ex. Accident) \$ 1,000,000
		<input checked="" type="checkbox"/> ANY AUTO				BODILY INJURY (Per person)
		<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident)
		<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (Per Accident)
		<input type="checkbox"/> HIRED AUTOS				
		<input type="checkbox"/> NONOWNED AUTOS				
		GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT
		<input type="checkbox"/> ANY AUTO				OTHER THAN AUTO ONLY: EA ACC AGG
B		EXCESS/UMBRELLA LIABILITY	UHF909172100	4/1/11	4/1/12	EACH OCCURRENCE \$ 10,000,000
		<input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE \$ 10,000,000
		<input type="checkbox"/> DEDUCTIBLE				
		RETENTION \$10,000				
A		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	3300058548111	03/01/11	03/01/12	<input checked="" type="checkbox"/> WC STATU. PARTY LIMITS <input type="checkbox"/> OTHER
		<input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?				GL EACH ACCIDENT \$ 1,000,000
		<input type="checkbox"/> If yes, describe under SPECIAL PROVISIONS below				CL DISEASE - POLICY LIMIT \$ 1,000,000
		OTHER				EL DISEASE - EA EMPLOYEE \$ 1,000,000

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

Project: As on file with the insured.
 *Except 10 days notice for non-payment of premium.

CERTIFICATE HOLDER

Mt. Diablo Unified School District
 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