



YELLBOY-02 ABLACKARD

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

4/29/2016

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. 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).

PRODUCER Billings Office PayneWest Insurance, Inc. P.O. Box 30638 Billings, MT 59107-0638	CONTACT NAME: PHONE (A/C, No, Ext): (406) 238-1900	FAX (A/C, No): (406) 245-9887
	E-MAIL ADDRESS:	
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURED Yellowstone Boys and Girls Ranch 1732 S 72nd St W Billings, MT 59106-3599	INSURER A : Markel Corporation	
	INSURER B : Philadelphia Insurance Co	
	INSURER C : Montana State Fund	
	INSURER D :	
	INSURER E :	
INSURER F :		

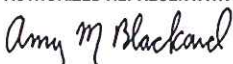
COVERAGES**CERTIFICATE NUMBER:****REVISION NUMBER:**

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.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	X		8502SS3151798	07/01/2015	07/01/2016	EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
	<input checked="" type="checkbox"/> Professional \$1M/\$3M						MED EXP (Any one person) \$ 10,000
	<input checked="" type="checkbox"/> Abuse \$1M / \$2m						PERSONAL & ADV INJURY \$ 1,000,000
GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE \$ 3,000,000
POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/>							PRODUCTS - COMPI/OP AGG \$ 3,000,000
OTHER:							\$
B	AUTOMOBILE LIABILITY	X		PHPK1361113	07/01/2015	07/01/2016	COMBINED SINGLE LIMIT (Ea 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"/> HIRED AUTOS						PROPERTY DAMAGE (Per accident) \$
							\$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB			4602SS3151808	07/01/2015	07/01/2016	EACH OCCURRENCE \$ 4,000,000
	<input type="checkbox"/> EXCESS LIAB						AGGREGATE \$ 4,000,000
	<input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000						\$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	Y/N	N/A	033967076	07/01/2015	07/01/2016	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory In NH)						E.L. EACH ACCIDENT \$ 500,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$ 500,000
							E.L. DISEASE - POLICY LIMIT \$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 Additional insured per form MGL232. Additional Insured and 30 Cancellation per form PI-CANXAICH-002 (05/11)

CERTIFICATE HOLDER**CANCELLATION**

Mt. Diablo Unified School District 1936 Carlotta Drive Concord, CA 94519-1397	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
---	---

© 1988-2014 ACORD CORPORATION. All rights reserved.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED - OWNERS, LESSEES OR CONTRACTORS - SCHEDULED 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):	Location(s) Of Covered Operations
Mt. Diablo Unified School District 1936 Carlotta Drive Concord, CA 94519	
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.	

A. 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:

1. Your acts or omissions; or
2. The acts or omissions of those acting on your behalf;

in the performance of your ongoing operations for the additional insured(s) at the location(s) designated above.

B. With respect to the insurance afforded to these additional insureds, the following additional exclusions apply:

This insurance does not apply to "bodily injury" or "property damage" occurring after:

1. All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the location of the covered operations has been completed; or
2. That portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.



Markel Insurance Company

EXCESS/UMBRELLA DECLARATIONS

POLICY NUMBER: 4602SS315180 - 9		RENEWAL OF POLICY: 4602SS315180-8													
Named Insured and Mailing Address: Yellowstone Boys and Girls Ranch Yellowstone Treatment Centers 1732 S. 72nd St. W. Billings, MT 59106															
Policy Period From: 07-01-2015		To: 07-01-2016													
At 12:01 a.m. standard time at your mailing address shown above															
This policy provides <input type="checkbox"/> Excess Liability coverage only or <input checked="" type="checkbox"/> Umbrella Liability coverage only.															
<i>Only the policy provisions applicable to the type of coverage checked in the above box will apply. Please refer to the appropriate sections of the policy for what is and is not covered according to the coverage type.</i>															
IN RETURN FOR THE PAYMENT OF THE PREMIUM AND SUBJECT TO ALL THE TERMS OF THIS POLICY, WE AGREE TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.															
Policy Premium: \$ 45,335.00															
<input type="checkbox"/> Direct Billed		<input checked="" type="checkbox"/> Agency Billed													
Limits of Insurance: <table style="width: 100%; border: none;"> <tr> <td style="width: 60%;">General Aggregate</td> <td style="width: 10%; text-align: center;">\$</td> <td style="width: 30%; text-align: right;">4,000,000</td> </tr> <tr> <td>Products-Completed Operations Aggregate</td> <td style="text-align: center;">\$</td> <td style="text-align: right;">4,000,000</td> </tr> <tr> <td>Each Occurrence</td> <td style="text-align: center;">\$</td> <td style="text-align: right;">4,000,000</td> </tr> <tr> <td>Each Person - Personal And Advertising Injury</td> <td style="text-align: center;">\$</td> <td style="text-align: right;">4,000,000</td> </tr> </table>				General Aggregate	\$	4,000,000	Products-Completed Operations Aggregate	\$	4,000,000	Each Occurrence	\$	4,000,000	Each Person - Personal And Advertising Injury	\$	4,000,000
General Aggregate	\$	4,000,000													
Products-Completed Operations Aggregate	\$	4,000,000													
Each Occurrence	\$	4,000,000													
Each Person - Personal And Advertising Injury	\$	4,000,000													
Self Insured Retention - Each Occurrence		\$	10,000												
THIS POLICY PROVIDES CLAIMS-MADE COVERAGE FOR THE UNDERLYING INSURANCE SHOWN AS CLAIMS-MADE IN THE SCHEDULE OF UNDERLYING INSURANCE. PLEASE READ THE ENTIRE FORM CAREFULLY.															
This insurance does not apply to Coverage A - Bodily Injury And Property Damage Liability and Coverage B - Personal And Advertising Injury written under Section II - Umbrella Liability Coverage which occurs before the Retroactive Date shown below. N/A in New York															
Retroactive Date: Per Underlying Claims-made Coverage, if applicable.															
(Enter a date only when one or more underlying insurance coverages are claims-made.)															

Producer Number, Name and Mailing Address

50409 / PayneWest Insurance, Inc.
PO Box 30638
Billings, MT 59107

Forms and Endorsements attached to this policy at time of issuance:

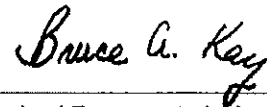
MJIL 1000(06/10), MDUB1000(03/14), MUB0001(03/14), MUB 200(08/03), MUB1204(03/14), MUB1324(03/14), MUB205(07/05), MUB403(08/03), MUB418(08/03), MUB424(08/03), MUB431(08/03), MUB476(08/03), MUB478(08/03), MUB485(08/03), MUB492(08/03), MUB-MT(08/03), MUB-TERR-2(01/15), MUB1359(01/15), MUB606(07/05)

These declarations, together with the Coverage Form(s) and any Endorsement(s), complete the above numbered policy.

Issue Date: 07-29-2015

At: Glen Allen, VA

By: Bruce A. Kay



(Authorized Representative)

Named Insured: Yellowstone Boys and Girls Ranch

Policy Number: 4602SS315180 - 9

**EXCESS/UMBRELLA POLICY
SCHEDULE OF UNDERLYING INSURANCE**

(An "X" in the Type of Coverage boxes below () indicates these coverages are provided by the underlying policies.)

Carrier, Policy Number, Policy Period (If Applicable)	Type of Coverage	Underlying Limits of Insurance
Carrier: Markel Insurance Company Policy Number: 8502SS315179 Policy Period: 07/01/2015 07/01/2016	<input checked="" type="checkbox"/> Occurrence <input type="checkbox"/> Claims-Made <input checked="" type="checkbox"/> Commercial General Liability <input type="checkbox"/> Liquor Liability <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ 3,000,000 General Aggregate \$ 3,000,000 Products-Completed Operations Aggregate \$ 1,000,000 Each Occurrence \$ 1,000,000 Personal And Advertising Injury - Each Person Or Organization \$ \$
Carrier: Markel Insurance Company Policy Number: 8502SS315179 Policy Period: 07/01/2015 07/01/2016	<input checked="" type="checkbox"/> Occurrence <input type="checkbox"/> Claims-Made <input checked="" type="checkbox"/> Professional Liability	\$ 1,000,000 Each Wrongful Act \$ 3,000,000 Aggregate
Carrier: Markel Insurance Company Policy Number: 8502SS315179 Policy Period: 07/01/2015 07/01/2016	<input checked="" type="checkbox"/> Occurrence <input type="checkbox"/> Claims-Made <input checked="" type="checkbox"/> Employee Benefits Liability	\$ 1,000,000 Each Employee \$ 3,000,000 Aggregate
Carrier: Policy Number: Policy Period:	<input type="checkbox"/> Occurrence <input type="checkbox"/> Claims-Made <input type="checkbox"/> Liquor Liability	\$ \$ Each Common Cause Aggregate
Carrier: Policy Number: Policy Period:	<input type="checkbox"/> Stop Gap - Employers Liability	\$ Bodily Injury by Accident \$ Bodily Injury by Disease - Each Person \$ Bodily Injury by Disease - Policy Limit
Carrier: TBD Policy Number: TBD Policy Period: 07/01/2015 07/01/2016	<input checked="" type="checkbox"/> Business Automobile Liability <input checked="" type="checkbox"/> Owned Automobiles <input checked="" type="checkbox"/> Non-Owned Automobiles <input checked="" type="checkbox"/> Hired Automobiles	\$ 1,000,000 Each Accident
Carrier: Policy Number: Policy Period:	<input type="checkbox"/> Garage Liability <input type="checkbox"/> Owned Automobiles <input type="checkbox"/> Non-Owned Automobiles <input type="checkbox"/> Hired Automobiles	\$ Each Accident - Garage Operations - Auto Only \$ Other than Auto Only \$ Aggregate - Garage Operations - Other than Auto Only

Carrier, Policy Number, Policy Period (If Applicable)	Type of Coverage	Underlying Limits of Insurance
Carrier: Markel Insurance Company Policy Number: 8502SS315179 Policy Period: 07/01/2015 07/01/2016	<input checked="" type="checkbox"/> Occurrence <input type="checkbox"/> Claims-Made <input checked="" type="checkbox"/> Sexual Abuse & Molestation	\$ 2,000,000 Aggregate \$ 1,000,000 Per Person, Per Occurrence \$
Carrier: Policy Number: Policy Period:	<input checked="" type="checkbox"/> Occurrence <input type="checkbox"/> Claims-Made <input type="checkbox"/> <input type="checkbox"/>	\$ Per Occurrence \$ Per Occurrence \$
Carrier: Policy Number: Policy Period:	<input type="checkbox"/> Occurrence <input type="checkbox"/> Claims-Made <input type="checkbox"/> <input type="checkbox"/>	\$ Each Wrongful Act \$ Aggregate \$
Carrier: Policy Number: Policy Period:	<input type="checkbox"/> Occurrence <input type="checkbox"/> Claims-Made <input type="checkbox"/> <input type="checkbox"/>	\$ Aggregate \$ Each Occurrence \$
Carrier: Policy Number: Policy Period:	<input type="checkbox"/> Occurrence <input type="checkbox"/> Claims-Made <input type="checkbox"/> <input type="checkbox"/>	\$ Aggregate \$ Each Occurrence \$
Carrier: Policy Number: Policy Period:	<input type="checkbox"/> Occurrence <input type="checkbox"/> Claims-Made <input type="checkbox"/> <input type="checkbox"/>	\$ Aggregate \$ Personal & Advertising Injury \$ Each Occurrence
Carrier: Policy Number: Policy Period:	<input type="checkbox"/> Occurrence <input type="checkbox"/> Claims-Made <input type="checkbox"/> <input type="checkbox"/>	\$ General Aggregate \$ Each Occurrence
Carrier: TBD Policy Number: TBD Policy Period: 07/01/2015 07/01/2016	<input checked="" type="checkbox"/> Occurrence <input type="checkbox"/> Claims-Made <input checked="" type="checkbox"/> Employer's Liability	\$ 500,000 Bodily Injury by Accident \$ 500,000 Bodily Injury by Disease - Each Person \$ 500,000 Bodily Injury by Disease - Policy Limit