

MAY 03 2017

On File  
Attached W-9 Insurance

BUDGET & FISCAL SERVICES  
**MT. DIABLO UNIFIED SCHOOL DISTRICT**  
1936 Carlotta Drive  
Concord, CA 94519

**AGREEMENT BETWEEN  
MT. DIABLO UNIFIED SCHOOL DISTRICT  
AND INDEPENDENT CONTRACTOR**

THIS AGREEMENT is made this 22<sup>n</sup> day of May 2017, by and between the Mt. Diablo Unified School District (hereinafter "District") and Laurie Gulutzan (hereinafter "Contractor").

District hereby engages Contractor to render services under the terms and conditions of this Agreement.

1. Performance of Services

- (a) Contractor agrees to perform the services described on Exhibit "A" (hereinafter "Services") on page 4 of this Agreement as an independent contractor. Contractor will determine the means, manner, method, and details of performing the Services. Contractor shall be responsible for providing the materials, tools and transportation necessary for the performance of the services. Contractor may, at Contractor's own expense, use non-District employees to perform the Services under this Agreement. Subcontractors may be used only with the written approval of the District.
- (b) Contractor represents that Contractor has the qualifications and ability to perform the Services in a professional manner, without the advice, control, or supervision of the District. Contractor shall be solely responsible for the professional performance of the services, and shall receive no assistance, direction, or control from District. Contractor shall have sole discretion and control of Contractor's services and the manner in which they are performed.

2. Compensation. District agrees to compensate Contractor for the performance of the services on the following basis:

Not to exceed \$ <u>73,000.00</u> for Services	<u>457</u> - <u>3692</u> - <u>40</u> - <u>5800</u>	\$ <u>25,000.00</u>
The basis of the fee for Services shall be as follow	<u>457</u> - <u>3928</u> - <u>40</u> - <u>5800</u>	\$ <u>25,000.00</u>
a. \$ _____ per hour,	<u>457</u> - <u>3245</u> - <u>40</u> - <u>5800</u>	\$ <u>23,000.00</u>
b. \$ _____ per day, or	<b>BUDGET CODE(S)</b>	
c. \$ _____ per engagement.		

Check One:

- Partial Payments: Contractor shall invoice District on a monthly basis or as agreed to for all hours worked pursuant to this Agreement.
- Partial Payments: District shall make a payment per schedule detailed in Exhibit A. District Administrator will verify invoice indicating that all required services have been performed by each timeline.
- Payment in Full: Contractor shall invoice District on completion of services. District Administrator will verify invoice indicating that all required services have been performed.

Contractor shall be responsible for all expenses incurred in association with the performance of the Services.

3. Term and Termination. This Agreement will become effective on 7/1/2017. This Agreement will terminate upon the completion of the Services or when terminated as set forth below.

Either party may terminate this Agreement at any time by giving thirty (30) days written notice to the other party. Should either party default in the performance of this Agreement or materially breach any of its provisions, the non-breaching party may terminate this Agreement by giving written notice to the breaching party. Termination shall be effective immediately on receipt of said notice.

4. Relationship of the Parties. Contractor enters into this Agreement as, and shall continue to be, an independent contractor. Under no circumstances shall Contractor be considered an employee of District within the meaning of any federal, state, or local law or regulation including, but not limited to, laws or regulations governing unemployment insurance, old age benefits, workers' compensation, industrial illness or accident coverage, taxes, or labor and employment in general. Under no circumstances shall Contractor look to District as his/her employer, or as a partner, agent, or principal. Contractor shall not be entitled to any benefits accorded to District's employees, including, without limitation, workers' compensation, disability insurance, vacation, or sick pay. Contractor shall be responsible for providing, at Contractor's expense, and in the Contractor's name, disability, workers' compensation or other insurance, as well as licenses and permits usual or necessary for conducting the Services hereunder.

Contractor shall pay, when and as due, any and all local, state and federal income or other taxes incurred as a result of Contractor's compensation hereunder, including estimated taxes, and shall provide District with proof of said payments upon demand.

5. Fingerprinting and Criminal Records Check of Contractor's Employees. Contractor shall comply with the provisions of California Education Code §45125.1 regarding the submission of fingerprints to the California Department of Justice and the completion of criminal background investigations of the contractor and/or its employees. To the extent Education Code §45125.1 is applicable, Contractor shall not permit any employee to have any contact with District pupils until such time as Contractor has verified in writing to the governing board of the District that such employee has not been convicted of a felony, as defined in Education Code §45125.1. Contractor shall provide the certification document attached hereto as Exhibit \_\_\_\_ prior to commencing work under this Agreement.
6. Rules and Regulations. All rules, policies, and regulations of the Mt. Diablo Unified School District Board of Education and all federal, state, and local laws, ordinances and regulations are to be observed strictly by Contractor pursuant to this Agreement.
7. Indemnification. Contractor shall hold harmless, defend and indemnify District and its officers, elected and appointed officials, employees and volunteers from and against any and all liability, loss, damage, expense, costs (including without limitation costs and fees of litigation) of every nature arising out of or in connection with Contractor's performance of work hereunder or its failure to comply with any of its obligations contained in this agreement, except such loss or damage which was caused by the sole negligence or willful misconduct of the District.
8. Insurance. Contractor shall procure and maintain for the duration of the agreement insurance against claims for injuries to persons or damages to property which may arise from or in connection with the performance of the work hereunder and the results of that work by the Contractor, his agents, representatives, employees or subcontractors. Insurance is to be placed with insurers with a current A.M. Best's rating of no less than A:VII, unless otherwise acceptable to the District.

Coverage shall be at least as broad as:

1. **Commercial General Liability (CGL):** Insurance Services Office Form CG 00 01 covering CGL on an "occurrence" basis, including products and completed operations, property damage, bodily injury and personal & advertising injury with limits no less than **\$2,000,000** per occurrence. If a general aggregate limit applies, either the general aggregate limit shall apply separately to this project/location or the general aggregate limit shall be twice the required occurrence limit. **EXCEPTION:** Contracts of less than \$5,000 need only provide general liability insurance of \$1,000,000 per occurrence.
2. **Automobile Liability:** ISO Form Number CA 00 01 covering any auto (Code 1), or if Contractor has no owned autos, hired, (Code 8) and non-owned autos (Code 9), with a limit no less than **\$1,000,000** per accident for bodily injury and property damage.
3. **Workers' Compensation:** as required by the State of California, with Statutory Limits, and Employer's Liability Insurance with limit of no less than **\$1,000,000** per accident for bodily injury or disease.
4. **Professional Liability/Errors & Omissions Liability,** if applicable: \$1,000,000 per occurrence.

If the contractor maintains higher limits than the minimums shown above, the District requires and shall be entitled to coverage for the higher limits maintained by the contractor.

The insurance policies are to contain, or be endorsed to contain, the following provisions:

**Additional Insured Status**

The District, its officers, officials, employees, and volunteers are to be named as additional insured by endorsement to the Commercial General Liability policy with respect to liability arising out of work or operations performed by or on behalf of the Contractor including materials, parts or equipment furnished in connection with such work or operations.

**Primary Coverage**

For any claims related to this contract, the Contractor's insurance coverage shall be primary insurance as respects the District, its officers, officials, employees, and volunteers. Any insurance or self-insurance maintained by the District, its officers, officials, employees, or volunteers shall be excess of the Contractor's insurance and shall not contribute with it.

**Notice of Cancellation**

Each insurance policy required above shall provide that coverage shall not be canceled, except with notice to the District.

**INSURANCE REQUIREMENTS**

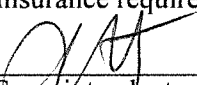
No waiver will be granted to eliminate the insurance requirements outlined in this contract. However, in special circumstances, certain insurance requirements may be modified or waived. The following items in Insurance section 8 are hereby waived or modified as follows:

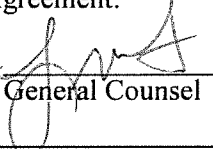
Limits: 1) Modify CGI to \$1M per occurrence with \$3M aggregate.

Other: 2) Modify auto to accept limits of \$100K / \$300K for liability with no additional insured required.

3) Waive workers' compensation.

The initials of the Superintendent, or his/her designee, and the General Counsel, are **required** to waive or modify any Insurance requirements in this Agreement:

  
\_\_\_\_\_  
Superintendent

  
\_\_\_\_\_  
General Counsel

- 9. Ownership of Designs and Plans. Contractor agrees that all designs, plans, reports, specifications, drawings, schematics, prototypes, models, inventions and all other information and items made during the course of this Agreement and arising from the Services shall be owned by and assigned to District as its sole and exclusive property.
- 10. Notice. Any notice required or permitted to be given under this Agreement shall be deemed to have been given, served and received if given in writing and either personally delivered or deposited in the United States mail, registered or certified mail, postage prepaid, return receipt required, or sent by telegram, overnight delivery service, or facsimile transmission, addressed as follows:

DISTRICT

CONTRACTOR

Mt. Diablo Unified School District  
1936 Carlotta Drive  
Concord, CA 94519-1397  
Attn: Superintendent

Name: Laurie Gulutzan  
Attn: \_\_\_\_\_  
Address: 196 Hall Dr.  
Orinda, CA 94563  
Phone: (925) 337-7006  
Fax: \_\_\_\_\_  
Tax ID #: \_\_\_\_\_

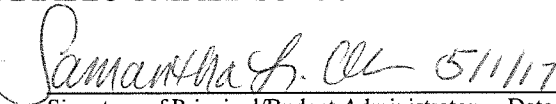
Any notice personally given or sent by telegram or facsimile transmission shall be effective upon receipt. Any notice sent by overnight delivery service shall be effective the next business day following delivery thereof to

the overnight delivery service. Any notice given by mail shall be effective three (3) days after deposit in the United States mail.

- 11. Entire Agreement of Parties. This Agreement constitutes the entire agreement between the parties and supersedes all prior discussions, negotiations and agreements, whether oral or written. This Agreement may be amended or modified only by a written instrument executed by both parties.
- 12. California Law. This Agreement shall be governed by and the rights, duties and obligations of the parties shall be determined and enforced in accordance with the laws of the State of California. The parties further agree that any action or proceeding brought to enforce the terms and conditions of this Agreement shall be maintained in Contra Costa County, California.
- 13. Attorneys' Fees. If either party files any action or brings any proceedings against the other arising out of this Agreement, the prevailing party shall be entitled to recover, in addition to its costs of suit and damages, reasonable attorneys' fees to be fixed by the court. The "prevailing party" shall be the party who is entitled to recover its costs of suit as awarded by a court of competent jurisdiction, whether or not suit proceeds to final judgment. No sum for attorneys' fees shall be counted in calculating the amount of a judgment for purposes of determining whether a party is entitled to its costs or attorneys' fees.
- 14. Waiver. The waiver by either party of any breach of any term, covenant, or condition herein contained shall not be deemed to be a waiver of such term, covenant, condition, or any subsequent breach of the same or any other term, covenant, or condition herein contained.

IN WITNESS WHEREOF, the parties hereto have executed this Agreement on the date first above written.

MT. DIABLO UNIFIED SCHOOL DISTRICT

By:   
Signature of Principal/Budget Administrator Date

Title: Samantha Allen, Administrator  
Print Name and Title

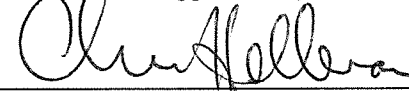
Laurie Gulutzan

Name of Company/Organization or Independent Contractor/Consultant

By:   
Signature of Contractor/Consultant Date

Title: Laurie Gulutzan, School Counselor, MFT  
Print Name and Title

Authorized and Approved by:

 5/18/17  
Superintendent or Designee Date

**Prior to commencement of service, sign and forward completed original contract to Fiscal Services.**

 5/11/17  
Originator's Signature Date

Samantha Allen, Administrator  
Print Name of Originator and Title

Crossroads High School  
Site/Department Originating this Contract

Billing Address if reimbursed by outside agency—i.e. ASB, PTA, PFC

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Distribution  
original: Fiscal Services for payment  
copy: Contractor  
copy: Originator/Budget Administrator

## **EXHIBIT A**

### **LIST OF SERVICES, INCLUDING DATE(S), TO BE PERFORMED BY CONTRACTOR**

**IF PARTIAL PAYMENTS ARE TO BE MADE TO CONTRACTOR ON A SCHEDULE  
AS INDICATED ON PAGE 1, PLEASE LIST PAYMENT SCHEDULE HERE**

Laurie Gultzan is a licensed MFT contractor and holds a Masters in Counseling Psychology from John F. Kennedy University. She is a consultant providing individual counseling, couples counseling, family sessions and case management at Crossroads Continuation High School. Laurie will be employed 30 hours per week. Approximately 25 hours per week will include counseling, case management, administrative and other services provided at the school. The remainder of time will include consultation, training, and other indirect services.

Student success depends on many things. For the students of Crossroads High School a particular area of need is mental health and learning how to make relationships strong. Helping to remove some of life's obstacles will help our students to be more successful. Laurie conducts small group sessions according to particular needs.

Laurie has fingerprint clearance on file with personnel.

## EXHIBIT B

### *Contractor REQUIRED to Complete*

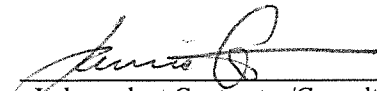
## CRIMINAL BACKGROUND CHECK CERTIFICATION

**Mt. Diablo Unified School District  
Consultant/Independent Contractor Agreement - Criminal Background Check**

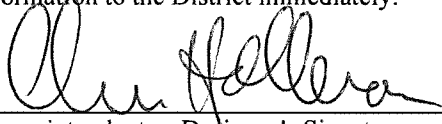
Name of Independent Consultant/Contractor:	Laurie Gultzan
Services to be performed under the Agreement:	Counseling Services. See Exhibit A.
Schools/Locations where services will be performed:	Crossroads High School
Total amount to be paid by the District under this Agreement:	\$ 73,000.00
Term of Agreement:	7/1/2017 - 6/30/2018
<b><i>Check the applicable box(es) and fill in any blanks.</i></b>	
1	I certify that none of my employees, nor myself, will have more than limited contact (as defined by the District) with District students during the term of the Agreement. Therefore, we have not been fingerprinted.
2A	<input checked="" type="checkbox"/> If this box is checked, then Box 2B also applies and must be checked to indicate these employees have been fingerprinted. The following employees will have more than limited contact (as defined by the District) with District students during the term of the Agreement (attach and sign additional pages, as needed):
2B	<input checked="" type="checkbox"/> I certify that the employees noted in 2A above have been fingerprinted under procedures established by the California Department of Justice, and the results of those fingerprints reveal that none of these employees have been arrested or convicted of a serious or violent felony, as defined by the California Penal Code.

Certification by Contractor/Consultant

"I certify that the information provided herein is true and accurate. I further acknowledge that during the term of my Agreement with the District, if I learn of additional information which differs from the responses provided above, I promise to forward this additional information to the District immediately."

  
\_\_\_\_\_  
Independent Contractor/Consultant Signature

**Laurie Gultzan**  
\_\_\_\_\_  
Print Name Date  
Independent Contractor/Consultant

  
\_\_\_\_\_  
Superintendent or Designee's Signature

**Chris Holleran**  
\_\_\_\_\_  
Print Name Date  
Superintendent or Designee's Signature

R98858

**Certificate of Insurance (Proof of Coverage)      Date Issued: (7/23/2016)**

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 Name and Mailing Address*	Program Administrator
Name Lauriel Gultzan Street 196 hall drive  City orinda State California Zip 94563	Administered By: CPH and Associates 711 S. Dearborn, Suite 205 Chicago, IL 60605 P. 312-987-9823 F. 312-987-0902 info@cphins.com  Underwritten By: Philadelphia Indemnity Insurance Company

*\*Additional insured locations are often requested by individual business owners who have more than one office. Your coverage is portable, meaning that you are covered at any location for practice under the occupation(s) listed on your policy.*

**Coverage**

Policy #: E38796      Effective Date: (9/15/2016)      Expiration Date: (9/15/2017)

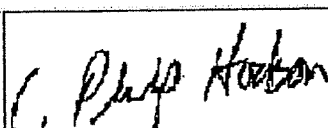
THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

Limits of Liability		Coverage Part
<i>Each Occurrence (Per individual claim)</i>	<i>Aggregate (Total amount per policy year)</i>	
\$1,000,000.00	\$5,000,000.00	Professional Liability
\$1,000,000.00	\$3,000,000.00	General Liability <small>Includes: General Liability, Fire &amp; Water Legal Liability and Personal Liability</small>
\$15,000	\$15,000	Property Coverage
\$1,000,000.00	\$5,000,000.00	Supplemental Liability
Unlimited	Unlimited	Defense Expense Coverage
\$35,000	\$35,000	State Licensing Board Investigation Defense Coverage
\$15,000	\$15,000	Assault Coverage
\$10,000	\$35,000	Deposition Expense Benefit
\$5,000/person	\$50,000	Medical Expense Coverage
\$15,000	\$15,000	First Aid Coverage

**Description/Special Provisions:**

**General Liability Insured Location(s):**

1) 1936 Carlotta Drive Concord, ca 94519

Certificate Holder	Cancellation
<b>Proof of Coverage</b>	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Holder has also been added to the policy as an additional insured:** _Yes / <u>X</u> NO  **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).	 Authorized Representative C. Philip Hodson

**DISCLAIMER:** The 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.

R98858

ALLIED HEALTHCARE PROFESSIONAL AND SUPPLEMENTAL LIABILITY  
RENEWAL DECLARATION

Attach this renewal declaration to your expiring policy

Policy Number: E38796 Philadelphia Indemnity Insurance Company

Name: Lauriel Gulutzan Administered By: CPH & Associates  
 Address: 196 hall drive 711 S. Dearborn, Suite 205  
 Address 2: Chicago, IL 60605  
 City, State Zip: orinda, California 94563

Affiliation: CAMFT  
 Professional Occupation: Licensed Marriage and Family Therapist

Policy Terms From: 9/15/2016  
 Policy Terms To: 9/15/2017

Ending at 12:01 a.m. Standard Time.

COVERAGE A - PROFESSIONAL LIABILITY COVERAGE	LIMITS OF LIABILITY	PREMIUM
Individual - Each Incident:	\$1,000,000.00	\$342.30
Aggregate:	\$5,000,000.00	
Association, Partnership or Corporate - Each Incidental	N/A	
Aggregate:	N/A	
COVERAGE B - SUPPLEMENTAL LIABILITY COVERAGE		
Individual - Each Incident:	\$1,000,000.00	
Aggregate:	\$5,000,000.00	
GENERAL LIABILITY COVERAGE		
Each Incident:	\$1,000,000.00	\$182.00
Aggregate:	\$3,000,000.00	
PROPERTY COVERAGE		
Each Incident:	\$15,000	\$150.00
Aggregate:	\$15,000	

Premium (including taxes): \$674.30

Policy Forms & Endorsements:  
 PI-PHCP-02(07/10)

Policy Forms and Endorsement: The expiring policy forms, endorsements and limits of insurance apply to this renewal unless changes are shown on this Renewal Declaration.

Call the Administrator to Verify Claims History at 1-800-875-1911

Robert O'Leary, Authorized Representative

State Endorsement(s) made a part of this policy at the time of issue: refer to www.cphins.com



R98858

**Certificate of Insurance (Proof of Coverage)      Date Issued: (7/23/2016)**

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 Name and Mailing Address*		Program Administrator
Name	Lauriel Gulutzan	<b>Administered By:</b> CPH and Associates 711 S. Dearborn, Suite 205 Chicago, IL 60605 P. 312-987-9823 F. 312-987-0902 info@cphins.com  <b>Underwritten By:</b> Philadelphia Indemnity Insurance Company
Street	196 hall drive	
City	orinda	
State	California	
Zip	94563	

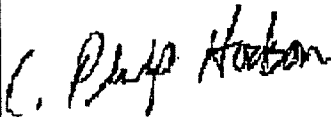
*\*Additional insured locations are often requested by individual business owners who have more than one office. Your coverages portable, meaning that you are covered at any location for practice under the occupation(s) listed on your policy.*

**Coverage**

<b>Policy #:</b> E38796	<b>Effective Date:</b> (9/15/2016)	<b>Expiration Date:</b> (9/15/2017)
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.		

Limits of Liability		Coverage Part
<i>Each Occurrence (Per individual claim)</i>	<i>Aggregate (Total amount per policy year)</i>	
\$1,000,000.00	\$5,000,000.00	Professional Liability
\$1,000,000.00	\$3,000,000.00	General Liability <small>Includes: General Liability, Fire &amp; Water Legal Liability and Personal Liability</small>
\$15,000	\$15,000	Property Coverage
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Unlimited	Unlimited	Defense Expense Coverage
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\$15,000	\$15,000	Assault Coverage
\$10,000	\$35,000	Deposition Expense Benefit
\$5,000/person	\$50,000	Medical Expense Coverage
\$15,000	\$15,000	First Aid Coverage

**Description/Special Provisions:**  
**General Liability Insured Location(s):**  
 1) 1936 Carlotta Drive Concord, ca 94519

Certificate Holder	Cancellation
Mt Diablo Unified School Dist 1936 Carlotta Drive Concord, ca 94519	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Holder has also been added to the policy as an additional insured:** <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No  **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).	 Authorized Representative C. Philip Hodson

**DISCLAIMER:** The 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.

R98858

THIS ENDORSEMENT CHANGED THE POLICY. PLEASE READ IT CAREFULLY

**Additional Insured Endorsement**

This endorsement modifies insurance provided under the following:

ALLIED HEALTHCARE PROVIDERS PROFESSIONAL  
AND SUPPLEMENTAL LIABILITY POLICY

In consideration of the premium paid, this policy is amended as follows:

**Mt Diablo Unified School Dist** is hereby added as an Additional Insured, solely for **Damages** arising out of a **Professional Incident** covered under this policy. The **Professional Incident** must arise out of services provided by the **Insured**, under contract with **Mt Diablo Unified School Dist**.

Additional Insured Name and Mailing Address:

Mt Diablo Unified School Dist  
1936 Carlotta Drive  
Concord, ca 94519

All other terms and conditions of this policy remain unchanged. This endorsement is part of your policy and takes effect on the effective date of your policy unless another effective date is shown below.

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Policy: E38796

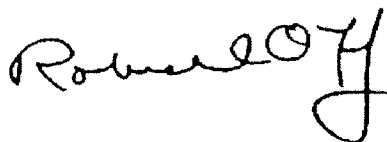
Effective on and after: 9/15/2016

Issued to: Lauriel Gulutzan

Expiration date: 9/15/2017

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PI-PHCP-03(03/01)



By:

Robert O'Leary, Authorized Representative

R98858

PROGRESSIVE  
P.O. BOX 31260  
TAMPA, FL 33631



Laurie Gultzan  
Lesley C Martin  
196 Hall Dr  
Orinda, CA 94563

**Policy Number: 57143197**  
Underwritten by:  
United Financial Casualty Company  
January 12, 2017  
Policy Period: Feb 8, 2017 - Aug 8, 2017  
Page 1 of 3

**progressive.com**  
**Online Service**  
Make payments, check billing activity, update  
policy information or check status of a claim.

**1-800-776-4737**  
For customer service and claims service,  
24 hours a day, 7 days a week.

# Auto Insurance Coverage Summary

## This is your Renewal Declarations Page

The coverages, limits and policy period shown apply only if you pay for this policy to renew.  
Your coverage begins on February 8, 2017 at 12:01 a.m. This policy expires on August 8, 2017 at 12:01 a.m.  
Your insurance policy and any policy endorsements contain a full explanation of your coverage. The policy limits shown for a vehicle may not be combined with the limits for the same coverage on another vehicle. The policy contract is form 9611D CA (10/14).

**Underwriting Company**  
United Financial Casualty Company

Drivers and household residents	Years Licensed	Years Experienced	Marital Status
Laurie Gultzan	31	31	Married
Additional Information:	Named insured		
Lesley C Martin	30	30	Married
Additional Information:	Named insured		

### Outline of coverage

2014 BMW X3 XDRIVE28I 4 DOOR WAGON			
VIN: 5UXWX9C54E0D30783	Garaging zip code: 94563	Annual miles: 15000	Vehicle use: Commute
	Limits	Deductible	Premium
Liability To Others			\$257
Bodily Injury Liability	\$100,000 each person/\$300,000 each accident		
Property Damage Liability	\$50,000 each accident		
Uninsured/Underinsured Motorist	\$100,000 each person/\$300,000 each accident		16
Comprehensive	Actual Cash Value	\$500	40
Collision	Actual Cash Value	\$500	138
Rental Reimbursement	up to \$40 each day/maximum 30 days		55
Roadside Assistance			2
<b>Total premium for 2014 BMW</b>			<b>\$508</b>

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Policy Number: 57143197

Laurie Gultzan  
Lesley C Martin

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**2015 TOYOTA HIGHLANDER/HYBRID 4 DOOR WAGON**

VIN: 5TDDCRFH9FS009599      Garaging zip code: 94563      Annual miles: 10000      Vehicle use: Commute

	Limits	Deductible	Premium
Liability To Others			\$188
Bodily Injury Liability	\$100,000 each person/\$300,000 each accident		
Property Damage Liability	\$50,000 each accident		
Uninsured/Underinsured Motorist	\$100,000 each person/\$300,000 each accident		19
Comprehensive	Actual Cash Value	\$500	55
Collision	Actual Cash Value	\$500	232
Rental Reimbursement	up to \$40 each day/maximum 30 days		55
Roadside Assistance			2
Total premium for 2015 TOYOTA			<b>\$551</b>
<b>Subtotal policy premium</b>			<b>\$1,059.00</b>
Anti-Fraud fee			1.76
<b>Total 6 month policy premium</b>			<b>\$1,060.76</b>

**Payment schedule**

Feb 8, 2017	\$183.30	Jun 8, 2017	\$181.50
Mar 8, 2017	\$181.50	Jul 8, 2017	\$181.46
Apr 8, 2017	\$181.50		
May 8, 2017	\$181.50		

An installment fee of \$5.00 has been included in each payment. You may avoid paying installment fees by paying your premium of \$1,060.76 in full by February 8, 2017. You may reduce the amount you pay in installment fees by paying your premium in larger amounts and fewer installments. Please call 1-800-776-4737 for details.

The following additional fees may apply:

- Late payment fee \$5.00
- Cancel fee \$50.00
- Fee for returned checks or refused payments \$20.00

**Premium discounts**

Policy	
57143197	Multi-Car
Driver	
Laurie Gultzan	Good Driver
Lesley C Martin	Good Driver
Vehicle	
2014 BMW	Vehicle Tracking System
X3 XDRIVE28I	

**Lienholder and additional interest information**

We send certain notices such as coverage summaries and cancellation notices to the following:

Vehicle	Lienholder	Additional interest
2014 BMW X3 XDRIVE28I 5UXWX9C54E0D30783	BMW FIN SVCS NA LLC HILLIARD, OH 43026	BMW FIN SVCS NA LLC HILLIARD, OH 43026
2015 TOYOTA HIGHLANDER/HYBRID 5TDDCRFH9FS009599	TOYOTA MOTOR CREDIT ATLANTA, GA 30348	

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Policy Number: 57143197

Laurie Gultzan

Lesley C Martin

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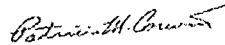
### Your Right to Advance Notice of Renewal

California law requires insurers to provide either an offer to renew at least 20 days before policy expiration or a written notice of nonrenewal at least 30 days before expiration. If we fail to give this offer or notice in the specified timeframes listed above, the existing policy with no changes in its terms and conditions, will remain in effect for 30 days from the date that either the offer to renew or the notice of nonrenewal is mailed to you. However, your policy shall terminate on the effective date of any other replacement or succeeding automobile insurance policy with respect to any automobile designated in both policies, even if you do not receive a timely offer to renew or notice of nonrenewal.

### Company officers



President



Secretary