



CERTIFICATE OF LIABILITY INSURANCE

OP ID: CH

DATE (MM/DD/YYYY)
09/12/11

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 ISU McNeil Insurance Agency A Division of Direct Link 7200 Redwood Blvd., Suite 400 Novato, CA 94945-3249 William W. Quan, Jr., CIC	415-892-8575	CONTACT NAME: PHONE (A/C, No, Ext): E-MAIL ADDRESS: PRODUCER CUSTOMER ID #: EDSUPP1	FAX (A/C, No):
	415-899-8668	INSURER(S) AFFORDING COVERAGE	
INSURED Ed Supports, LLC 463 37th St. Oakland, CA 94609	INSURER A: Penn Star Insurance Co		NAIC #
	INSURER B:		
	INSURER C:		
	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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR			CPS5033038	01/17/11	01/17/12	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COM/OP AGG \$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DEDUCTIBLE \$ RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				WC STATUTORY LIMITS <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Professional Liab			CPS5033038	01/17/11	01/17/12	Limit 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
 Mount Diablo Unified School District is additional insured.

CERTIFICATE HOLDER**CANCELLATION**

MOUNTDI

Mount 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

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CERTIFICATE OF INSURANCE

This certifies that

- STATE FARM FIRE AND CASUALTY COMPANY, Bloomington, Illinois
- STATE FARM GENERAL INSURANCE COMPANY, Bloomington, Illinois
- STATE FARM FIRE AND CASUALTY COMPANY, Scarborough, Ontario
- STATE FARM FLORIDA INSURANCE COMPANY, Winter Haven, Florida
- STATE FARM LLOYDS, Dallas, Texas

Insures the following policyholder for the coverages indicated below:

Name of policyholder MARKOWITZ, CHERYL & GJESTON, ANN MARIE DBA PSYCHOLOGY LEARNING & YOU
 Address of policyholder 1030 TRILLIUM LANE MILL VALLEY CA 94941
 Location of operations MULTIPLE LOCATIONS
 Description of operations BUSINESS-OFFICE

The policies listed below have been issued to the policyholder for the policy periods shown. The insurance described in these policies is subject to all the terms exclusions, and conditions of those policies. The limits of liability shown may have been reduced by any paid claims.

POLICY NUMBER	TYPE OF INSURANCE	POLICY PERIOD		LIMITS OF LIABILITY (at beginning of policy period)
		Effective Date	Expiration Date	
97-Q5-7437-2 G	Comprehensive Business Liability	02/14/11	02/14/12	BODILY INJURY AND PROPERTY DAMAGE
This insurance includes:		<div style="border: 1px solid blue; padding: 5px; display: inline-block;"> SUBMITTED TO FISCAL SERVICES SEP 21 2011 </div>		Each Occurrence \$ 1,000,000
<input type="checkbox"/> Products - Completed Operations <input type="checkbox"/> Contractual Liability <input type="checkbox"/> Underground Hazard Coverage <input type="checkbox"/> Personal Injury <input type="checkbox"/> Advertising Injury <input type="checkbox"/> Explosion Hazard Coverage <input type="checkbox"/> Collapse Hazard Coverage <input type="checkbox"/> <input type="checkbox"/>				General Aggregate \$ 2,000,000
RECEIVED JULY 21 2011 FISCAL ANALYST SPECIAL EDUCATION PUBLIC SERVICES/SPECIAL EDUCATION		POLICY PERIOD Effective Date Expiration Date		BODILY INJURY AND PROPERTY DAMAGE (Combined Single Limit)
RECEIVED AUG 11 2011 FISCAL ANALYST SPECIAL EDUCATION PUBLIC SERVICES/SPECIAL EDUCATION		EXCESS LIABILITY <input type="checkbox"/> Umbrella <input type="checkbox"/> Other		Each Occurrence \$ Aggregate \$
RECEIVED AUG 11 2011 FISCAL ANALYST SPECIAL EDUCATION PUBLIC SERVICES/SPECIAL EDUCATION		Workers' Compensation and Employers Liability		Part 1 STATUTORY Part 2 BODILY INJURY Each Accident \$ Disease Each Employee \$ Disease - Policy Limit \$
POLICY NUMBER	TYPE OF INSURANCE	POLICY PERIOD		LIMITS OF LIABILITY (at beginning of policy period)
97-Q5-7437-2G	BUSINESS OFFICE	02/14/11	02/14/12	BUSINESS PROPERTY: 10,400
				DEDUCTIBLE: \$500

THE CERTIFICATE OF INSURANCE IS NOT A CONTRACT OF INSURANCE AND NEITHER AFFIRMATIVELY NOR NEGATIVELY AMENDS, EXTENDS OR ALTERS THE COVERAGE APPROVED BY ANY POLICY DESCRIBED HEREIN.

Name and Address of Certificate Holder
 Additional Insured:
 MT. DIABLO UNIFIED SCHOOL DISTRICT
 1936 CARLOTTA DRIVE
 CONCORD CA 94519-1397

If any of the described policies are canceled before its expiration date, State Farm will try to mail a written notice to the certificate holder 30 days before cancellation. If however, we fail to mail such notice, no obligation or liability will be imposed on State Farm or its agents or representatives.

Sherelee F. U. 9700
 Signature of Authorized Representative
 AGENT 08/08/2011
 Title Date

Agent's Code Stamp

AFO Code 147

SECTION II ADDITIONAL INSURED ENDORSEMENT

Policy No.: 97-Q5-7437-2

Name(s) Insured:
MARKOWITZ, CHERYL L &
GJESTSON, ANN MARIE
DBA PSYCHOLOGY LEARNING & YOU
801 DENISE CT
MILL VALLEY CA 94941-3719



Additional Insured (include address):
MT DIABLO UNIFIED SCHOOL DIST
1936 CARLOTTA DR
CONCORD CA 94519-1358

WHO IS AN INSURED, under SECTION II DESIGNATION OF INSURED, is amended to include as an insured the Additional Insured shown above, but only to the extent that liability is imposed on that Additional Insured solely because of your work performed for that Additional Insured shown above.

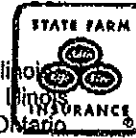
Any Insurance provided to the Additional Insured shall only apply with respect to a claim made or suit brought for damages for which you are provided coverage.

The Primary Insurance coverage below applies only when there is an "X" in the box.

Primary Insurance. The insurance provided to the Additional Insured shown above shall be primary insurance. Any insurance carried by the Additional Insured shall be noncontributory with respect to coverage provided to you.

All other provisions of the policy apply.

CERTIFICATE OF INSURANCE



SHERE GOO, AGENT
 Lic. #0781070
 173 E. Biltmore Avenue
 Mill Valley, CA 94941
 Bus: (415) 383-8437
 Fax: (415) 383-4216

This certifies that

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- STATE FARM GENERAL INSURANCE COMPANY, Bloomington, Illinois
- STATE FARM FIRE AND CASUALTY COMPANY, Scarborough, Ontario
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		Effective Date	Expiration Date	(at beginning of policy period)	
97-05-7437-2 G This insurance includes:	Comprehensive Business Liability	02/14/11	02/14/12	BODILY INJURY AND PROPERTY DAMAGE	
	<input type="checkbox"/> Products - Completed Operations <input type="checkbox"/> Contractual Liability <input type="checkbox"/> Underground Hazard Coverage <input type="checkbox"/> Personal Injury <input type="checkbox"/> Advertising Injury <input type="checkbox"/> Explosion Hazard Coverage <input type="checkbox"/> Collapse Hazard Coverage <input type="checkbox"/> <input type="checkbox"/>			Each Occurrence	\$ 1,000,000
				General Aggregate	\$ 2,000,000
				Products - Completed Operations Aggregate	\$ 2,000,000
	EXCESS LIABILITY	POLICY PERIOD		BODILY INJURY AND PROPERTY DAMAGE	
	<input type="checkbox"/> Umbrella <input type="checkbox"/> Other	Effective Date	Expiration Date	(Combined Single Limit)	
				Each Occurrence	\$
				Aggregate	\$
	Workers' Compensation and Employers Liability			Part 1 STATUTORY Part 2 BODILY INJURY	
				Each Accident	\$
				Disease Each Employee	\$
				Disease - Policy Limit	\$
POLICY NUMBER	TYPE OF INSURANCE	POLICY PERIOD		LIMITS OF LIABILITY	
97-05-7437-2G	BUSINESS OFFICE	Effective Date	Expiration Date	(at beginning of policy period)	
		02/14/11	02/14/12	BUSINESS PROPERTY: 10,400	
				DEDUCTIBLE: \$500	

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Name and Address of Certificate Holder

MT. DIABLO UNIFIED SCHOOL DISTRICT
 1936 CARLOTTA DRIVE
 CONCORD CA 94519-1397

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Sheree L. N. Goo
 Signature of Authorized Representative
 AGENT 08/08/2011
 Title Date

Agent's Code Stamp

AFO Code 147

S. GOO 05-2834
 FIRE 57
 MAFO Rohnert Park F147

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				General Aggregate	\$ 2,000,000
				Products - Completed Operations Aggregate	\$ 2,000,000
	EXCESS LIABILITY	POLICY PERIOD		BODILY INJURY AND PROPERTY DAMAGE (Combined Single Limit)	
	<input type="checkbox"/> Umbrella <input type="checkbox"/> Other	Effective Date	Expiration Date	Each Occurrence	\$
				Aggregate	\$
	Workers' Compensation and Employers Liability			Part 1 STATUTORY Part 2 BODILY INJURY	
				Each Accident	\$
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 Signature of Authorized Representative
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