



CERTIFICATE OF LIABILITY INSURANCE

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).

	ortinoato noidor in nou or odon endore	301110	III	<u> </u>						
PRODUCER			415-892-8575		CONTACT NAME:					
ISU McNeil Insurance Agency A Division of Direct Link		415-899-8668			(A/C, No	PHONE FAX (A/C, No, Ext): (A/C, No):				
720 Nov	0 Redwood Blvd., Suite 400 vato, CA 94945-3249				ADDRE:	E-MAIL ADDRESS:				
	liam W. Quan, Jr., CIC				PRODU	CER MER ID #: EDS	UPP1			
								IDING COVERAGE		NAIC#
INSL	Ed Supports, LLC				INSURE	RA: Penn St	tar Insuran	ce Co		
	463 37th St. Oakland, CA 94609				INSURE	RB:				
	Oakialiu, CA 94609				INSURE	RC:				
					INSURE	.R D :				
					INSURE	RE:				
22///22					INSURE	RF:				
_		_		E NUMBER:				REVISION NUMBER:	15.50	LOV DEDICE
IN	HIS IS TO CERTIFY THAT THE POLICIES IDICATED. NOTWITHSTANDING ANY RE	OF I	NSUF ≀FMF	NT TERM OR CONDITION	OF AN	N ISSUED TO Y CONTRACT	OR OTHER (DOCUMENT WITH RESPE	CT TO	WHICH THIS
C	ERTIFICATE MAY BE ISSUED OR MAY I	PERT	AIN,	THE INSURANCE AFFORDS	ED BY	THE POLICIES	S DESCRIBED	HEREIN IS SUBJECT TO	ALL	THE TERMS,
	XCLUSIONS AND CONDITIONS OF SUCH				BEEN F					
INSR LTR		INSR	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S	
	GENERAL LIABILITY		1	Books and the state of the stat				EACH OCCURRENCE DAMAGE TO RENTED	\$	1,000,000
Α	X COMMERCIAL GENERAL LIABILITY			CPS5033038		01/17/11	01/17/12	PREMISES (Ea occurrence)	\$	100,000
	CLAIMS-MADE X OCCUR							MED EXP (Any one person)	\$	5,000
								PERSONAL & ADV INJURY	\$	1,000,000
								GENERAL AGGREGATE	\$	2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							PRODUCTS - COMP/OP AGG	\$	2,000,000
	POLICY PRO- JECT LOC								\$	
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$	
	ANY AUTO		1			8		BODILY INJURY (Per person)	\$	
	ALL OWNED AUTOS							BODILY INJURY (Per accident)	\$	
	SCHEDULED AUTOS HIRED AUTOS							PROPERTY DAMAGE (Per accident)	\$	
	NON-OWNED AUTOS			_					\$	
	NON-OWNED AUTOS			F	RECE	EIVED			\$	
	UMBRELLA LIAB OCCUR			2.7				EACH OCCURRENCE	\$	
	EXCESS LIAB CLAIMS-MADE			Si	EP 1	4 2011		AGGREGATE	s	
	DEDUCTIBLE		1					No. and	\$	
	RETENTION \$					ANALYST			s	
	WORKERS COMPENSATION			PUPIL SERV	/ICES/S	PECIAL EDUCA	ATION	WC STATU- OTH- TORY LIMITS ER	•	
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE	agusyore.						E.L. EACH ACCIDENT	\$	
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA EMPLOYEE	\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	7.6	
Α	Professional Liab			CPS5033038		01/17/11	01/17/12	Limit		1,000,000
			<u>ш</u> ′							
Mou	cription of operations / Locations / vehicl int Diablo Unified School District is :	.ES (A	ttach /	ACORD 101, Additional Remarks S al insured.	chedule,	if more space is	required)			
	ant blable diffica deficer blattlet is	addi		ii iiiourou.						
				30						
CE	RTIFICATE HOLDER				CANC	CELLATION				
				MOUNTDI	0110		THE ADOVE D	FRORIDED DOLLGIER BE C	MCELI	ED BEEODE
Mount Diable Unified					SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN					
Mount Diablo Unified School District 1936 Carlotta Drive Concord, CA 94519-1397					ACCORDANCE WITH THE POLICY PROVISIONS.					
					AUTHORIZED REPRESENTATIVE					
						In sels and				

CERTIFICATE OF INSURANCE

This certifies that	STATE FARM FIRE ANI STATE FARM GENERA STATE FARM FIRE ANI STATE FARM FLORIDA STATE FARM LLOYDS,	L INSURANCE CO D CASUALTY CO NINSURANCE CO Dallas, Texas	OMPANY, Bloomir MPANY, Scarboro	ngton, Illinois ugh, Ontario				
	yholder for the coverages ind							
Name of policyholde		BA PSYCHOLOGY LEARN	ING & YOU					
Address of policyhol	Table 1	LANE MILL VAL	LLEY CA 94941					
Location of operation		MULTIPLE LOCATIONS						
Description of opera			Carra a da da aba	The incurrence decar	had in those policies in			
subject to all the terms exc	have been issued to the pol clusions, and conditions of the	ose policies. The I	imits of liability sho	own may have been reduc	ed by any paid claims.			
POLICY NUMBER	TYPE OF INSURANCE	S S	PERIOD Expiration Date	LIMITS OF I				
100101,1101110111	Comprehensive	Lifective Date	LANIAGOTT DAG		BODILY INJURY AND			
97-Q5-7437-2 G	Business Liability	02/14/11	02/14/12	N.	PROPERTY DAMAGE			
This insurance includes:	Products - Completed C	perations	*************					
	Contractual Liability							
	Underground Hazard Co	overage		Each Occurrence	\$1,000,000			
	Personal Injury Advertising Injury	SUBMITTED	TO FISCAL SERVICES	General Aggregate	\$2,000,000			
	Explosion Hazard Cove	rage		Conoral Alggregate	V 270007000			
·	Collapse Hazard Cover	(C)	P 2 1 2011	Products - Completed	\$2,000,000			
CENER				Operations Aggregate				
360, 3011								
ZECEWED YALY	CHEXCESS LIABILITY	200 7250 7500 96	PERIOD Expiration Date	BODILY INJURY AND F (Combined S				
CALE	Umbrella	Effective Date	Expiration Date	Each Occurrence	\$			
-O' CO.	Other			Aggregate	\$			
RECEIVED COME	Workers' Compensation Sand Employers Liability			Part 1 STATUTORY				
REU , 9 3011	4			Part 2 BODILY INJURY	(<u>*</u>)			
"IL 110" " " VA	Workers' Compensation		,	Each Accident	¢			
HO HINCHIE	Vana Employers Liability			Disease Each Employee	φ : \$			
EISCHES/SPRIM				Disease - Policy Limit	\$			
VOIL SEPTION					•			
bakus		POLICY	PERIOD	LIMITS OF I				
POLICY NUMBER	TYPE OF INSURANCE	Effective Date	Expiration Date	(at beginning of				
97-Q5-7437-2G	BUSINESS OFFICE	02/14/11	02/14/12	BUSINESS PROPERTY:	10,400			
				DEDUCTIBLE: \$500				
					Market Control of the			
	SURANCE IS NOT A CONT				R NEGATIVELY			
AMENDS, EXTENDS OR A	LTERS THE COVERAGE A	PPROVED BY A	of an	y of the described policie	es are canceled before			
V _e			its ex	xpiration date, State Farm	will try to mail a written			
Mana	e and Address of Certificate I	Jolder		e to the certificate ho				
. Name	and Address of Certificate t	TOIGE	cano no c	ellation. If however, we f obligation or liability will	be imposed on State			
	Additional Insured:	TOMD TOM	Farn	or its agents or represen	tatives.			
MT. DIA	ABLO UNIFIED SCHOOL D: 1936 CARLOTTA DRIVE	ISTRICT	9	Querelee.	Ful 1700			
	CONCORD CA 94519-1397		Signa	ture of Authorized Represen	tative			
			AGEN Title	<u>T</u> , , ,	08/08/2011 Date			
			PA10					

Agent's Code Stamp

147

AFO Code

558-994 a.3 04-1999 Printed in U.S.A.

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FE-6609 Page 1 of 1

SECTION II ADDITIONAL INSURED ENDORSEMENT

Policy No.: 97-Q5-7437-2

Nameti 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

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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.

FE-6609

This certifies that

CERTIFICATE OF INSURANCE STATE FARM FIRE AND CASUALTY COMPANY, Bloomington, Illinois STATE FARM GENERAL INSURANCE COMPANY, BLOOMING FARM GENER STATE FARM FIRE AND CASUALTY COMPANY, Scarborough, OMARCO STATE FARM FLORIDA INSURANCE COMPANY, Winter Haven, Florida STATE FARM LLOYDS, Dallas, Texas

SHERE GOO, AGENT Llc. #0781070 173 E. Blithedale Avenue Mill Valley, CA 94841 Bus: (415) 383-8437 Fex: (415) 383-4216

STATE FARM

insures the following policyholder for the coverages indicated be	low:
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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.

DOLLOW MUMPED		POLICY	PERIOD	LIMITS OF LIABILITY		
POLICY NUMBER	TYPE OF INSURANCE	Effective Date	Expiration Date			
97-05-7437-2 G This insurance includes:	Comprehensive Business Liability Products - Completed (Contractual Liability	02/14/11 Operations	02/14/12		BODILY INJURY AND PROPERTY DAMAGE	
	☐ Underground Hazerd C☐ Personal Injury	Coverage		Each Occurrence	\$1,000,000	
	☐ AdvertIsing Injury ☐ Explosion Hazard Cove		General Aggregate	\$ 2,000,000		
	Collapse Hazard Cover	age		Products Completed Operations Aggregate	\$2,000,000	
	EXCESS LIABILITY	POLICY PERIOD Effective Date Expiration Date				
	☐ Umbrella ☐ Other		A	Each Occurrence Aggregate	\$ \$	
	Workers' Compensation and Employers Liability			Part 1 STATUTORY Part 2 BODILY INJURY Each Accident Disease Each Employee	\$	
7-7-8-8-8-8-8-8-8-8-8-8-8-8-8-8-8-8-8-8	And the second s			Disease - Policy Limit	\$	
POLICY NUMBER	TYPE OF INSURANCE	POLICY PERIOD Effective Date : Expiration Date		LIMITS OF LIABILITY (at beginning of policy period)		
97-Q5-7437 - 2G	BUSINESS OFFICE	02/14/11	02/14/12	BUSINESS PROPERTY:		
				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.

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Name and Address of Certificate Holder

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 en its agents or representatives.

Signature of Authorized Repre	sentative
AGENT	08/08/2011
Title	Date

AFO Code 147

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05-2834

FIRE 57

MAFO Rohnert Park

F147

CERTIFICATE OF INSURANCE

This certifies that	STATE FARM FIRE AND STATE FARM GENERA STATE FARM FIRE AND STATE FARM FLORIDA STATE FARM LLOYDS,	L INSURANCE CO CASUALTY CON INSURANCE CO	OMPANY, Bloomin MPANY, Scarboroi	gton, Illinois ugh, Ontario					
	holder for the coverages ind		I ANN MADTE II	BA PSYCHOLOGY LEARN	ING & YOU				
Name of policyholde				DA LOZONOBOUL BONK					
Address of policyhol		1030 TRILLIUM LANE MILL VALLEY CA 94941							
Location of operation Description of operation		MULTIPLE LOCATIONS BUSINESS-OFFICE							
The policies listed below	have been issued to the pol clusions, and conditions of the	icvholder for the s	policy periods sho imits of liability sho	wn. The insurance descri	bed in these policies is ed by any paid claims.				
POLICY NUMBER	TYPE OF INSURANCE	POLICY	PERIOD Expiration Date	LIMITS OF LIABILITY (at beginning of policy period)					
	Comprehensive				BODILY INJURY AND				
97-Q5-7437-2 G	Business Liability	02/14/11	02/14/12		PROPERTY DAMAGE				
This insurance includes:	☐ Products - Completed C	perations							
	Contractual Liability			Each Occurrence	\$1,000,000				
	☐ Underground Hazard Co	overage		Each Coolinging	ψ1,000,000				
	Advertising Injury			General Aggregate	\$2,000,000				
	☐ Exclosion Hazard Cove	rage		• •					
	☐ Collapse Hazard Covera	age		Products - Completed	\$2,000,000				
RECEIVED COME			Operations Aggregate						
	V sail	POLICY	PERIOD	BODILY INJURY AND F	PROPERTY DAMAGE				
Wirt	MEXCESS LIABILITY	Effective Date	Expiration Date	(Combined S					
CUALL	☐ Umbrella			Each Occurrence	\$				
- TOPEO	☐ Other			Aggregate	\$				
SECEN 1911			† • •	Part 1 STATUTORY Part 2 BODILY INJURY					
45 118 SAL.	Workers' Compensation			T and a Bobble Timoon T					
WALL.	Wand Employers Liability		# # \$	Each Accident	\$				
CALCORCIAL			± ; !	Disease Each Employee					
Electrices, or	Workers' Compensation Sand Employers Liability	<u> </u>	<u> </u>	Disease - Policy Limit	\$				
Albil gri	T	POLICY	PERIOD	LIMITS OF	LIABUITY				
POLICY NUMBER	TYPE OF INSURANCE	Effective Date	Expiration Date	(at beginning of					
97-Q5-7437-2G	BUSINESS OFFICE	02/14/11	02/14/12	BUSINESS PROPERTY:	10,400				
			1 1	DEDUCTIBLE: \$500					
i									
AMENDS, EXTENDS OR A	SURANCE IS NOT A CONTI ALTERS THE COVERAGE A e and Address of Certificate Additional Insured: ABLO UNIFIED SCHOOL D 1936 CARLOTTA DRIVE CONCORD CA 94519-139	APPROVED BY A	NY POLICY DESC If ar its e notic cand no (Farm	cribed Herein. The described policical polici	es are canceled before will try to mail a written older 30 days before fail to mail such notice, be imposed on State statives.				
			AGEN Title	IT	08/08/2011 Date				
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Agent's Code Stamp

AFO Code 147