



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
3/13/2014

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).

<b>PRODUCER</b> BayPoint Benefits 1700 Montgomery Street Suite 240 San Francisco CA 94111	<b>CONTACT NAME:</b> Joel Starke <b>PHONE (A/C, No, Ext):</b> (415) 520-1080 <b>FAX (A/C, No):</b> <b>E-MAIL ADDRESS:</b> joel.starke@baypointbenefits.com													
	<table border="1"> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A: James River Insurance Company</td> <td></td> </tr> <tr> <td>INSURER B: Landmark American Insurance Co</td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: James River Insurance Company		INSURER B: Landmark American Insurance Co		INSURER C:		INSURER D:		INSURER E:		INSURER F:
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<b>INSURED</b> Ed Support Services, LLC 1942 Embarcadero Oakland CA 94606														

**COVERAGES** CERTIFICATE NUMBER: CL1431300597 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 GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC			00060797	01/17/2014	01/17/2015	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			00060800-0	01/17/2014	01/17/2015	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			N/A			<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
B	Professional Liability			LHR823015	01/17/2014	01/17/2015	Per Claim \$1,000,000 Aggregate \$1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
 Certificate Holder is named additional insured as their interest may appear. Certificate Holder is listed as Additional Insured.

RECEIVED

MAR 13 2014

FISCAL ANALYST

CERTIFICATE HOLDER CANCELLATION PUPIL SERVICES/SPECIAL EDUCATION

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  Joel Starke/JOELS

**WORKERS COMPENSATION AND EMPLOYERS LIABILITY  
INSURANCE POLICY**

**INFORMATION PAGE**



Issued by Liberty Mutual Fire Insurance Company (a stock company) 16586

Policy Number	WC2-641-444279-013	Issuing Office	Charlotte NC
New		Issue Date	12/24/2013
Account Number	4-444279	Sub Account	0000
1. Insured and Mailing Address	ED SUPPORT SERVICES LLC DBA ED SUPPORTS	FEIN	208385662
	1942 EMBARCDERO		
	OAKLAND CA 94606		

Association 9071

Status Limited Liability Company

Other workplaces not shown above: See Item 4, Premium - Extension of Information Page

2. Policy Period: The policy period is from 12/13/2013 to 12/13/2014 12:01 A.M. standard time at the Insured's mailing address.

3. Coverage

A. Workers Compensation Insurance: Part One of the policy applies to the Workers Compensation Law of the states listed here: CA

B. Employers Liability Insurance: Part Two of the policy applies to work in each state listed in Item 3.A. The limits of our liability under Part Two are:

Bodily Injury by Accident \$ 1,000,000 each accident

Bodily Injury by Disease \$ 1,000,000 policy limit

Bodily Injury by Disease \$ 1,000,000 each employee

C. Other States Insurance: Part Three of the policy applies to the states, if any, listed here:  
All States except those listed in Item 3.A and the States of:  
ND OH WA WY

D. This policy includes these endorsements and schedules: See Item 3, Coverage D - Extension of Information Page

4. Premium: The premium for this policy will be determined by our Manuals of Rules, Classifications, Rates and Rating Plans. All information required below is subject to verification and change by audit.

Classifications	Code	Premium Basis Total	Rate per \$100	Estimated Annual
	Number	Estimated Annual Remuneration	of Remuneration	Premium
See Extension of Information Page				
Minimum Premium	\$626 (CA)			
Premium will be billed	Annual	Total Estimated Annual Premium	\$	51,539
		Deposit Premium	\$	51,539
		Deposit Tax/Surcharge/Assessment	\$	2,490

Producer 0098 013013  
NEGLEY ASSOCIATES  
103 EISENHOWER PKWY STE 101  
ROSELAND NJ 07068

## Elizabeth McClanahan

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**From:** Meredith Akers <meredith.akers@edsupports.com>  
**Sent:** Wednesday, June 11, 2014 9:45 AM  
**To:** Elizabeth McClanahan  
**Cc:** Bryan Cassin; Lynn Branstad  
**Subject:** RE: 2014-15 SY  
**Attachments:** 13-14%20Individual%20Services%20Agreement%20CCSELPA%20PDF%20Form-2.pdf

Good morning, Elizabeth,

Here is our Worker's Compensation insurance, but we do not have Auto Liability. Attaching email correspondence below.

From our Insurance account manager re: obtaining additional auto insurance:

8/15/14  
HI Meredith,

Bill has been trying to reach you to discuss. I'll let him know that you are out of the office until the 19<sup>th</sup>.

I just checked with the Mt. Diablo School District – you may or not be aware that they have accepted your limits of insurance and no additional coverage is required.

Best regards,

### **Kelly Iribarren**

**Account Manager**

**Direct-Link McNeil Insurance Services, LLC**

*A Member of the DLHG Group of Companies*

*An Affiliate of Pacific Interstate Insurance Brokers*

7200 Redwood Blvd., Ste. #400

Novato, CA 94945

Lic #OC69145

Phone: (415) 493-2484

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E-mail: rubinellig@dlins.com

### **Meredith Akers, M.A.**

Founder & Executive Director

Ed Support Services, LLC

[www.edsupports.com](http://www.edsupports.com)

1942 Embarcadero  
Oakland, CA 94606  
510.832.4383 x2 (phone)  
510.550.1981 (fax)

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