



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

7/29/2024

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 have ADDITIONAL INSURED provisions or 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 Assured Partners of CA Insurance Services, LLC dba: Wateridge Insurance Services 9655 Granite Ridge Drive, Ste 450 San Diego, CA 92123	CONTACT NAME: Lucy Harris PHONE (A/C, No, Ext): (858) 224-6527 FAX (A/C, No): (858) 224-6528 E-MAIL ADDRESS: lucy.harris@assuredpartners.com
	INSURER(S) AFFORDING COVERAGE
INSURED Easy Speech Pathology, Inc. DBA: Ensemble Therapy 75100 Mediterranean Avenue Palm Desert, CA 92211	INSURER A : Columbia Casualty Company NAIC # 31127
	INSURER B : State Compensation Insurance Fund 35076
	INSURER C : Lloyds of London 29210
	INSURER D :
	INSURER E :
	INSURER F :

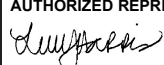
COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

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 <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 OTHER:	X		HMA7034221384	7/29/2024	7/29/2025	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ Included PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 5,000,000 PRODUCTS - COMPI/OP AGG \$ 5,000,000
A	<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			HMA7034221384	7/29/2024	7/29/2025	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	9343417	7/29/2024	7/29/2025	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Professional Liab			HMA7034221384	7/29/2024	7/29/2025	Claim Limit 2,000,000
C	Sexual Misconduct			W371FA240101	4/22/2024	4/22/2025	Claim Limit 2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Certificate holder is included as additional insured per form CNA98679.

CERTIFICATE HOLDER **CANCELLATION**

Mt. Diablo Unified School District 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. AUTHORIZED REPRESENTATIVE 
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ADDITIONAL INSURED ENDORSEMENT
Scheduled Additional Insured

In consideration of the premium, the policy is amended as follows.

ADDITIONAL INSURED SCHEDULE		
Name of Additional Insured (Person or Entity)	Professional Liability Coverage Part (If applicable, will be indicated by an "X" below)	General Liability Coverage Part (If applicable, will be indicated by an "X" below)
Mt. Diablo Unified School District	X	X

- I. The definition of **additional insured**, set forth in Section II, Definitions, of the applicable Coverage Part, is deleted and replaced with the following:
 - A. If the General Liability Coverage Part is indicated by an "X" in the corresponding designated column in the Schedule above, then solely with respect to the General Liability Coverage Part, **additional insured** means the person or entity shown in the Additional Insured Schedule above, provided however:
 - 1. such person or entity is an **additional insured** solely for the vicarious liability imposed upon such person or entity because of **bodily injury** or **property damage** arising out of an **occurrence**, or an offense causing **personal and advertising injury**, and there will be no coverage available for any actual or alleged **bodily injury**, **property damage**, or offense causing **personal and advertising injury** arising out of the acts or omissions of any **additional insured**;
 - 2. if coverage for such **additional insured** is required by written contract, agreement or permit, coverage will apply:
 - (a) only if such written contract, agreement or permit was executed prior to the **bodily injury**, **property damage** or offense causing **personal and advertising injury** giving rise to the **claim**;
 - (b) to the extent required by such written contract, agreement or permit, not to exceed the applicable Limits of Liability of this policy; and
 - (c) solely to the extent and no broader than that required by written contract, agreement or permit.
 - B. If the Professional Liability Coverage Part is indicated by an "X" in the corresponding designated column in the Schedule above, solely with respect to the Professional Liability Coverage Part, **additional insured** also means the person or entity shown in the Additional Insured Schedule above, provided, however:
 - 1. such person or entity is an **additional insured** solely for the vicarious liability imposed upon such person or entity because of an **insured's professional services wrongful acts**, and there will be no coverage for damages arising out of the **professional services** of such **additional insured**;
 - 2. if coverage for such **additional insured** is required pursuant to written contract, agreement or permit, then coverage will apply:
 - (a) only if such written contract, agreement or permit was executed prior to the **professional services wrongful act** giving rise to the **claim**;
 - (b) to the extent required by such written contract, agreement or permit, not to exceed the Limit of Liability of this policy; and
 - (c) solely to the extent and no broader than that required by written contract, agreement or permit.

Form No: CNA98679XX (05-2023)	Endorsement Effective Date: 05/23/2024	Endorsement Expiration Date:	Policy No: HMA 7034221384
Endorsement No: 110; Page: 1 of 2	Underwriting Company: Columbia Casualty Company, 151 N Franklin St, Chicago, IL 60606		Policy Effective Date: 07/29/2023



II. The following is added to Section XIX. Cancellation Or Non-Renewal of the General Terms and Conditions:

In the event that we cancel this policy before its expiration date for reason other than non-payment of premium, we will provide a courtesy notice of such cancellation to the **additional insured** listed on the Additional Insured Schedule above. Such notice shall be provided in accordance with the time frame required for notice to the named insured as set forth in the Cancellation/Nonrenewal endorsement to the Policy.

However, any failure by us to provide such notice of cancellation to the **additional insured** will not extend the policy cancellation date or negate cancellation of the policy, or be cause for legal action against us.

If we non-renew this policy, we will provide a courtesy notice of non-renewal of the policy to the **additional insured** listed on the Additional Insured Schedule above. Such notice shall be provided in accordance with the time frame required for notice of non-renewal to the named insured as set forth in the Cancellation/Nonrenewal Endorsement to the policy.

Any failure by us to provide such notice of cancellation or non-renewal to the **additional insured** as set forth above will not affect the non-renewal of the policy, and it will not extend the policy cancellation date or negate cancellation of the policy, or be cause for legal action against us.

Any coverage afforded to any **additional insured** pursuant to this endorsement shall be subject to all other terms and conditions of this policy. In no event does the inclusion of any person or entity as an **additional insured** operate to broaden the scope of coverage provided under the policy or increase the limits of liability stated on the Policy Declarations and provided under this policy.

All other terms and conditions of the policy remain unchanged.

This endorsement, which forms a part of and is for attachment to the policy issued by the designated Insurers, takes effect on the Policy Effective Date of said policy at the hour stated in said policy, unless another effective date (the Endorsement Effective Date) is shown below, and expires concurrently with said policy unless another expiration date is shown below.

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