$ACORD_{\scriptscriptstyle{ m IM}}$

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 4/30/2013

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(les) 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).

certificate noider in fled of such endorsement(s).		
PRODUCER IMA, Inc Wichita Division	(900, 110, Exq)	_{):} 316 266-6254
PO Box 2992	E-MAIL ADDRESS:	
Wichita, KS 67201	INSURER(S) AFFORDING COVERAGE	NAIC#
316 267-9221	INSURER A : Philadelphia Indemnity Ins. Co.	18058
INSURED Lakemary Center, Inc. 100 Lakemary Drive Paola, KS 66071	INSURER B: Accident Fund General Insurance	12304
	INSURER C:	
	INSURER D:	
	INSURER E :	
	INSURER F:	
	OFMOION NUMBER.	

COV	/ERAGES CER	TIFICATI	E NUMBER:			REVISION NUMBER:	
TH	IS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY RECENTIFICATE MAY BE ISSUED OR MAY PROCLUSIONS AND CONDITIONS OF SUCH	QUIREME FRTAIN	NT, TERM OR CONDITION OF AL THE INSURANCE AFFORDED BY	NY CONTRACTOR Y THE POLICIES BEEN REDUCED (DESCRIBED H BY PAID CLAIF	JUMENT WITH RESPECT JEREIN IS SUBJECT TO A	O MUIOI III
INSR LTR		ADDL SUB	R	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	GENERAL LIABILITY	INSK ITTY	PHPK1010479		05/01/2014		\$1,000,000
^	X COMMERCIAL GENERAL LIABILITY					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$1,000,000
	X CLAIMS-MADE OCCUR					MED EXP (Any one person)	\$20,000
	X Retro Date 7/1/04					PERSONAL & ADV INJURY	s1,000,000
	X Deductible: \$10,000					GENERAL AGGREGATE	\$3,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					PRODUCTS - COMP/OP AGG	\$1,000,000
	POLICY PRO- X LOC					•	\$
A	AUTOMOBILE LIABILITY		PHPK1010479	05/01/2013	05/01/2014	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
^	X ANY AUTO					BODILY INJURY (Per person)	\$
	ALL OWNED SCHEDULED					BODILY INJURY (Per accident)	\$
	X HIRED AUTOS X AUTOS NON-OWNED			Į		PROPERTY DAMAGE (Per accident)	\$
	X HIRED AUTOS AUTOS			1	Į		\$
A	X UMBRELLA LIAB X OCCUR		PHUB418496	05/01/2013	05/01/2014	EACH OCCURRENCE	s2,000,000
^	EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$2,000,000
	DED X RETENTION \$10000	1]			\$
В	WORKERS COMPENSATION		2000004066	05/01/2013	05/01/2014	X WC STATU- OTH- TORY LIMITS ER	
ו	AND EMPLOYERS' LIABILITY AND PROPRIETOR/PARTNER/EXECUTIVE	1 3				E.L. EACH ACCIDENT	\$500,000
	ANY PROPRIETOR/PARTNER/EXECUTIVE NOFFICER/MEMBER EXCLUDED?	N/A				E.L. DISEASE - EA EMPLOYEE	s500,000
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$500,000
A	Professional Liab		PHPK1010479	05/01/2013	05/01/2014	See Description of	
Â	Errors &Omissions		PHSD838985	05/01/2013	05/01/2014	Operations	
^	Life of a difficulty						
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHI	CLES (Atta	ch ACORD 101, Additional Remarks Sci	hedule, if more space	is required)		
We	orkers Compensation Information	ı:					

Volutary Compensation

Medical & Indemnity Deductible \$10,000

Officers Included: William Craig and Volunteer Workers per policy terms and conditions.

(See Attached Descriptions)

CERTIFICATE HOLDER	CANCELLATION
Diablo Unified School District Attn: Bryan Cassin, Admin	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
1936 Carlotta Drive Concord, CA 94519	AUTHORIZED REPRESENTATIVE
	Deborah D. Brevik

CAMOSILATION

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	DESCRIPTIONS (Continued from Page 1)				
Professional Liability - Each Claim \$1,000,000; Aggregate \$3,000,000. Errors & Omissions - Limit \$1,000,000; Deductible \$1,000.					
lamed Insureds Include Lakemary Center Homes, Inc.; Lakemary Endowment Association, Inc.; and MC Developmental Services, Inc. Certificate Holder is included as Additional Insured on the General Liability policy if required by written contract or agreement subject to the policy terms and conditions.					
	State of the				