

BETA Healthcare Group Risk Management Authority
A Public Entity
CERTIFICATE OF COVERAGE

This is to certify that Healthcare Entity Comprehensive Liability Coverage is in effect for the Named Member, subject to the provisions of the coverage contract listed below.

NAMED MEMBER: John Muir Health

COVERAGE: Evidence of coverage is extended to Mt. Diablo Unified School District, its officers, officials, employees, and volunteers as supplemental members as pertaining to the agreement between Mt. Diablo Unified School District and John Muir Community Health Alliance.

Certificate Number: NP-C-09-074

Effective Date: 7/1/2009 at 12:01 a.m.

Expiration Date: 7/1/2010 at 12:01 a.m.

Retroactive Date: 10/1/1984 at 12:01 a.m.

Coverage Type: Professional Liability - Claims made and reported
General Liability - Occurrence

Healthcare Entity Comprehensive Liability Coverage
LIMITS OF LIABILITY

\$2,000,000	Per Claim
\$2,000,000	Aggregate Per Contract Period

DEDUCTIBLE

\$25,000	Per Claim
NONE	Aggregate Per Contract Period

This Certificate is issued as a matter of information only and confers no rights upon the Certificate Holder. This Certificate does not amend, extend or alter the coverage afforded under the coverage contract.

CERTIFICATE HOLDER

Mt. Diablo Unified School District
1936 Carlotta Drive

Concord, CA 94519

CANCELLATION

Should the above described Coverage Contract be canceled by BETA HEALTHCARE GROUP before the expiration date thereof, BETA HEALTHCARE GROUP will endeavor to mail 30 days written notice to the Certificate Holder named to the left, but the failure to mail such notice shall impose no obligation or liability of any kind upon BETA HEALTHCARE GROUP, its agents or representatives.



Authorized Representative of BHG

BHG Risk Management Authority ("BHG")

A Public Entity

**AMENDMENT
SUPPLEMENTAL MEMBER**

Certificate Number:
NP-C-09-074

Amendment No.:
H131-64

Issued to: John Muir Health		
Effective Date: 07/01/09 at 12:01 a.m.	Expiration Date: 07/01/10 at 12:01 a.m.	Additional Contribution: Per Contract

It is understood and agreed that coverage afforded by this Contract is extended to:

Mt. Diablo Unified School District, its officers, officials, employees, and volunteers

as a **Supplemental Member** pursuant to Section 7.2, but only for legal liability arising out of the acts, errors or omissions of the **Named Member** or a **Subsidiary** solely in the performance of the following contract with the **Named Member** or **Subsidiary**:

Agreement between John Muir Community Health Alliance and Mt. Diablo Unified School District

This Amendment does not extend coverage for the acts, errors or omissions of *Mt. Diablo Unified School District, its officers, officials, employees, and volunteers.*

ALL OTHER TERMS, CONDITIONS AND EXCLUSIONS REMAIN UNCHANGED.



Authorized Representative of BHG

BETA Healthcare Group Risk Management Authority
A Public Entity
CERTIFICATE OF COVERAGE

This is to certify that Automobile Coverage is in effect for the Named Member, subject to the provisions of the coverage contract listed below.

NAMED MEMBER: John Muir Health

COVERAGE: Evidence of coverage for Automobile Liability is extended to Mt. Diablo Unified School District, its officers, officials, employees, and volunteers as supplemental members as pertaining to the agreement between Mt. Diablo Unified School District and John Muir Community Health Alliance.

Certificate Number: NP-A-09-074

Effective Date: 7/1/2009 at 12:01 a.m.

Expiration Date: 7/1/2010 at 12:01 a.m.

Coverage Type: Occurrence

Automobile Liability And Physical Damage Coverage Contract
LIMITS OF LIABILITY

\$1,000,000 Each Accident, Combined Single Limit

The Combined Single Limit is subject to the following coverage limits:

Bodily Injury and Property Damage Liability	\$1,000,000	Each Accident
Uninsured/Underinsured Motorist	\$1,000,000	Each Accident
Medical Payments	\$5,000	Each Accident

DEDUCTIBLE

Comprehensive:	\$250	Each Loss
Collision:	\$500	Each Loss

This Certificate is issued as a matter of information only and confers no rights upon the Certificate Holder. This Certificate does not amend, extend or alter the coverage afforded under the coverage contract.

CERTIFICATE HOLDER

Mt. Diablo Unified School District
1936 Carlotta Drive

Concord, CA 94519

CANCELLATION

Should the above described Coverage Contract be canceled by BETA HEALTHCARE GROUP before the expiration date thereof, BETA HEALTHCARE GROUP will endeavor to mail 30 days written notice to the Certificate Holder named to the left, but the failure to mail such notice shall impose no obligation or liability of any kind upon BETA HEALTHCARE GROUP, its agents or representatives.



Authorized Representative of BHG

BHG Risk Management Authority ("BHG")

A Public Entity

**AMENDMENT
SUPPLEMENTAL MEMBER**

Certificate Number:
NP-A-09-074

Amendment No.:
A405-44

Issued to: John Muir Health

Effective Date: 07/01/09 at 12:01 a.m.

Expiration Date: 07/01/10 at 12:01 a.m.

Additional Contribution: Per Contract

It is understood and agreed that:

Mt. Diablo Unified School District, its officers, officials, employees, and volunteers is added to this Contract as a **Supplemental Member**, but only for legal liability arising from the use of **Covered Auto(s)** by the **Named Member** or its **Subsidiary** with respect to the following:

Agreement between John Muir Community Health Alliance and Mt. Diablo Unified School District

ALL OTHER TERMS, CONDITIONS AND EXCLUSIONS REMAIN UNCHANGED.



Authorized Representative of BHG

ACORDTM CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

3/8/2010

PRODUCER

James & Gable Insurance Brokers
 1660 Olympic Blvd., Suite 325
 Walnut Creek, CA 94596
 (925) 943-3264

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURERS AFFORDING COVERAGE
NAIC#
INSURED

John Muir Health
 1400 Treat Blvd.
 Walnut Creek, CA 94597-2142

INSURER A: Safety National Insurance Comp

15105

INSURER B:

INSURER C:

INSURER D:

INSURER E:

925-952-2838

COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
		GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMSMADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$	
		AUTOMOBILE LIABILITY <input type="checkbox"/> ANYAUTO <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) \$	
		GARAGE LIABILITY <input type="checkbox"/> ANYAUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$	
		EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMSMADE DEDUCTIBLE RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$	
A		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below OTHER	SP 2N39 CA	09/21/08	9/21/11	<input checked="" type="checkbox"/> WC STATUTORY LIMITS E.L. EACH ACCIDENT \$ \$2,000,000 E.L. DISEASE - EA EMPLOYEE \$ \$2,000,000 E.L. DISEASE - POLICY LIMIT \$ \$2,000,000	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

Evidence of Excess Workers Compensation and Employers' Liability Coverage.

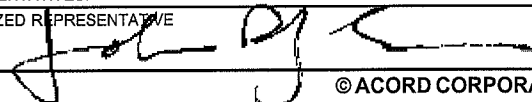
CERTIFICATE HOLDER

Mt. Diablo Unified School District
 1936 Carlotta Drive
 Concord, CA 94519-1397

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE



NUMBER 1799

STATE OF CALIFORNIA
DEPARTMENT OF INDUSTRIAL RELATIONS
OFFICE OF THE DIRECTOR

CERTIFICATE OF CONSENT TO SELF-INSURE

THIS IS TO CERTIFY, That

JOHN MUIR HEALTH

STATE OF INCORPORATION CA

has complied with the requirements of the Director of Industrial Relations under the provisions of Sections 3700 to 3705, inclusive, of the Labor Code of the State of California and is hereby granted this Certificate of Consent to Self-Insure.


This certificate may be revoked at any time for good cause.*

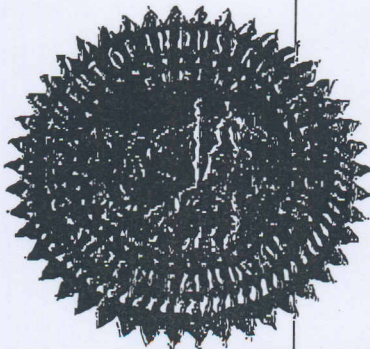
EFFECTIVE DATE:

THIS 1st Day of January 1977

DEPARTMENT OF INDUSTRIAL RELATIONS
OF THE STATE OF CALIFORNIA


James A. Ware, Acting Manager


John C. Duncan, Director



*Revocation of Certificate: "A certificate of consent to self-insure may be revoked by the Director of Industrial Relations at any time for good cause after a hearing. Good cause includes, among other things, the impairment of solvency of such employer, the inability of the employer to fulfill his obligations, or the practice of such employer or his agent in discharge of the administration of obligations under the this division of any of the following: (a) Heftiously and as a matter of practice and custom including claimants for compensation to accept less than the compensation due or making it necessary for them to resort to proceedings against the employer to secure the compensation due; (b) Discharging his compensation obligations in a dishonest manner; (c) Discharging his compensation obligations in such a manner as to cause injury to the public or those dealing with him." (Section 3702 of Labor Code.) The Certificate may be revoked for non compliance with Title 8, California Administrative Code, Group 7 - Administration of Self Insurance