


| Northern California ReLIEF | | CERTIFICATE OF COVERAGE | | | Issue Date 6/11/2009 |
|---|--|---|----------------------------|--|---|
| ADMINISTRATOR: Keenan & Associates 1111 Broadway, Suite 2000 Oakland, CA 94607 510-986-6750 www.keenan.com | | LICENSE # 0451271 | | 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 COVERAGES AFFORDED BY THE COVERAGE DOCUMENTS BELOW. | |
| COVERED PARTY: Contra Costa County Office of Education 77 Santa Barbara Road Pleasant Hill CA 94523 | | ENTITIES AFFORDING COVERAGE: ENTITY A: Northern California ReLIEF ENTITY B: ENTITY C: ENTITY D: ENTITY E: | | | |
| THIS IS TO CERTIFY THAT THE COVERAGES LISTED BELOW HAVE BEEN ISSUED TO THE COVERED PARTY NAMED ABOVE FOR THE 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 COVERAGE AFFORDED HEREIN IS SUBJECT TO ALL THE TERMS, AND CONDITIONS OF SUCH COVERAGE DOCUMENTS. | | | | | |
| ENT LTR | TYPE OF COVERAGE | COVERAGE DOCUMENTS | EFFECTIVE/ EXPIRATION DATE | MEMBER RETAINED LIMIT / DEDUCTIBLE | LIMITS |
| A | GENERAL LIABILITY <input checked="" type="checkbox"/> GENERAL LIABILITY <input checked="" type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCURRENCE <input checked="" type="checkbox"/> GOVERNMENT CODES <input checked="" type="checkbox"/> ERRORS & OMISSIONS | NCR 01102-13 | 7/1/2009 7/1/2010 | \$ 25,000 | COMBINED SINGLE LIMIT EACH OCCURRENCE \$ 1,000,000 |
| A | AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> HIRED AUTO <input checked="" type="checkbox"/> NON-OWNED AUTO <input checked="" type="checkbox"/> GARAGE LIABILITY <input checked="" type="checkbox"/> AUTO PHYSICAL DAMAGE | NCR 01102-13 | 7/1/2009 7/1/2010 | \$ 25,000 | COMBINED SINGLE LIMIT EACH OCCURRENCE \$ 1,000,000 |
| A | PROPERTY <input checked="" type="checkbox"/> ALL RISK <input checked="" type="checkbox"/> EXCLUDES EARTHQUAKE & FLOOD <input type="checkbox"/> BUILDER'S RISK | NCR 01102-13 | 7/1/2009 7/1/2010 | \$ 25,000 | \$ 250,000,000 EACH OCCURRENCE |
| A | STUDENT PROFESSIONAL LIABILITY | NCR 01102-1 | 7/1/2009 7/1/2010 | \$ 25,000 | Included EACH OCCURRENCE |
| | WORKERS COMPENSATION <input type="checkbox"/> EMPLOYERS' LIABILITY | | | \$ | <input type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER \$ E.L. EACH ACCIDENT |
| | EXCESS WORKERS COMPENSATION <input type="checkbox"/> EMPLOYERS' LIABILITY | | | \$ | \$ E.L. DISEASE - EACH EMPLOYEE \$ E.L. DISEASE - POLICY LIMITS |
| | OTHER | | | \$ | \$ |
| DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/RESTRICTIONS/SPECIAL PROVISIONS: Supervised use of facilities at various school sites by Contra Costa County Office of Education for special educational programs through the coverage expiration date. | | | | | |
| CERTIFICATE HOLDER: Mt. Diablo Unified School District 1936 Carlotta Drive Concord CA 94519 | | CANCELLATION.....SHOULD ANY OF THE ABOVE DESCRIBED COVERAGES BE CANCELED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING ENTITY/JPA WILL ENDEAVOR TO MAIL <u>30</u> DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL, SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE ENTITY/JPA, ITS AGENTS OR REPRESENTATIVES. | | | |
| | |  AUTHORIZED REPRESENTATIVE | | | |



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
10/22/2009

| | | |
|---|---|--------------|
| PRODUCER 877-945-7378 Willis of New York, Inc. 26 Century Blvd. P. O. Box 305181 Nashville, TN 37230-5181 | 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 National Express Corporation Durham School Services, L.P. 1431 Opus Place Drive, Suite 200 Downers Grove, IL 60515 | INSURER A: Old Republic Insurance Company | 24147-001 |
| | INSURER B: | |
| | INSURER C: | |
| | INSURER D: | |
| | INSURER E: | |

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 | ADD'L | TYPE OF INSURANCE | POLICY NUMBER | POLICY EFFECTIVE DATE (MM/DD/YYYY) | POLICY EXPIRATION DATE (MM/DD/YYYY) | LIMITS |
|------|-------|---|---------------|------------------------------------|-------------------------------------|---|
| A | X | 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"/> PROJ <input type="checkbox"/> LOC | MWZY58501 | 11/1/2009 | 11/1/2010 | EACH OCCURRENCE \$ 10,000,000 DAMAGE TO RENTED PREMISES (Per occurrence) \$ 10,000,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 10,000,000 GENERAL AGGREGATE \$ 10,000,000 PRODUCTS - COMPROP AGG \$ 10,000,000 |
| A | X | AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS GARAGE LIABILITY <input type="checkbox"/> ANY AUTO EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$ | MWTB20793 | 11/1/2009 | 11/1/2010 | COMBINED SINGLE LIMIT (Ea accident) \$ 10,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: SA ACC \$ AGG \$ EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ |
| A | | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under SPECIAL PROVISIONS below OTHER | MWC11626400 | 11/1/2009 | 11/1/2010 | <input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER EL EACH ACCIDENT \$ 1,500,000 EL DISEASE - SA EMPLOYEES \$ 1,500,000 EL DISEASE - POLICY LIMIT \$ 1,500,000 |

RECEIVED
SPECIAL EDUCATION
FEB 02 2010

SPECIAL DAY CLASS & CENTERS
MDUSD

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS
 It is agreed that Contra Costa County Office of Education (Superintendent and County Board of Education) and each and every School District for which Contractor provides services, their officers, agents and employees are included as Additional Insureds as respects to General Liability and Automobile Liability.

CERTIFICATE HOLDER

CANCELLATION

Contra Costa County Superintendent of Schools
 77 Santa Barbara Road
 Pleasant Hill, CA 94523

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