



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
9/23/2016

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).

| PRODUCER North Bay Insurance Brokers 25 McDonell St. P.O. Box NB Sonoma CA 95476 | CONTACT NAME: Judy Schmoll PHONE (A/C, No, Ext): (707) 996-6738 x 15 FAX (A/C, No): (707) 996-1387 E-MAIL ADDRESS: judy@northbayinsurance.com | | | | | | | | | | | | | |
|---|--|-------------------------------|--------|---|--|------------|--|------------|--|------------|--|------------|--|------------|
| | <table border="1"> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A: Nonprofits' Insurance Alliance</td> <td></td> </tr> <tr> <td>INSURER B:</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: Nonprofits' Insurance Alliance | | INSURER B: | | INSURER C: | | INSURER D: | | INSURER E: | | INSURER F: |
| INSURER(S) AFFORDING COVERAGE | NAIC # | | | | | | | | | | | | | |
| INSURER A: Nonprofits' Insurance Alliance | | | | | | | | | | | | | | |
| INSURER B: | | | | | | | | | | | | | | |
| INSURER C: | | | | | | | | | | | | | | |
| INSURER D: | | | | | | | | | | | | | | |
| INSURER E: | | | | | | | | | | | | | | |
| INSURER F: | | | | | | | | | | | | | | |
| INSURED TLC Child & Family Services P.O. Box 2079 Sebastopol CA 95473-2079 | | | | | | | | | | | | | | |

COVERAGES **CERTIFICATE NUMBER:** 2016 Master **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 <input checked="" type="checkbox"/> Professional Liability \$1,000,000/\$2,000,000 GENL AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC <input type="checkbox"/> OTHER | | | 2016-00099-NPO | 6/15/2016 | 6/15/2017 | EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 20,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 Improper Sexual Conduct \$ 1,000,000 |
| A | AUTOMOBILE LIABILITY <input checked="" 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 | | | 2016-00099-NPO | 6/15/2016 | 6/15/2017 | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Uninsured motorist combined \$ |
| A | <input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000 | | | *NOTE LIMITS BELOW 2016-00099-UMB-NPO | 6/15/2016 | 6/15/2017 | EACH OCCURRENCE \$ 4,000,000 AGGREGATE \$ 4,000,000 |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below | | Y/N N/A | | | | <input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$ |
| A | Directors & Officers Liab | | | 2016-00099-NPO | 6/15/2016 | 6/15/2017 | Limit \$1,000,000 |
| A | Liquor Liability | | | 2016-00099-NPO | 6/15/2016 | 6/15/2017 | Limit \$1,000,000 |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Re: Funding
Additional Insured Per CG20260413
*\$1,000,000 Umbrella Limit Is Over General Liability, Auto Liability, Social Services Professional Liability, Improper Sexual Conduct, Directors & Officers Liability
** \$4,000,000 Umbrella Limit Is Over General Liability & Auto Liability ONLY

| | |
|--|--|
| CERTIFICATE HOLDER acevedol@mdsud.org Mt. Diablo Unified School District (REVI) Special Education Department Liz Acevedo 1936 Carlotta Drive, Wing D Concord, CA 94519-1397 | CANCELLATION 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 T Schmoll CIC/JUDY <i>Tony Schmoll</i> |
|--|--|

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THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**ADDITIONAL INSURED – DESIGNATED
PERSON OR ORGANIZATION**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s):

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

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

A. Section II – Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:

1. In the performance of your ongoing operations; or
2. In connection with your premises owned by or rented to you.

However:

1. The insurance afforded to such additional insured only applies to the extent permitted by law; and
2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

B. With respect to the insurance afforded to these additional insureds, the following is added to Section III – Limits Of Insurance:

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; or
 2. Available under the applicable Limits of Insurance shown in the Declarations;
- whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.

All terms and conditions apply unless modified by this endorsement.

CERTIFICATE OF WORKERS' COMPENSATION COVERAGE DATE
Sep 20, 2016

PRODUCER
 NonProfits' United Workers' Compensation Group
 610 Fulton Avenue, Suite 200
 Sacramento, CA 95825
 Phone: (916) 868-6231
 Fax: (916) 880-5251
 Arthur J. Gallagher & Co Insurance Brokers of California, Inc
 1255 Battery Street #450
 San Francisco, CA 94111

THIS CERTIFICATE IS ISSUED AS 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

INSURED
 TLC Child & Family Services
 1800 North Gravenstein Highway
 Sebastopol, CA 95472


INSURER A: NonProfits' United Workers' Compensation Group
 INSURER B: Safety National Casualty Corp [NAIC # 15105]
 INSURER C:
 INSURER D:
 INSURER E:

COVERAGES This Certificate is not intended to specify all endorsements, coverages, terms, conditions and exclusions of the policies shown.

THE POLICIES OF COVERAGE LISTED BELOW HAVE BEEN ISSUED TO THE AFFILIATE MEMBER 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 COVERAGE 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 | TYPE OF COVERAGE | POLICY NUMBER | POLICY EFFECTIVE DATE | POLICY EXPIRATION DATE | LIMITS | |
|----------|--|------------------|-----------------------|------------------------|---|------------|
| | GENERAL LIABILITY | | | | EACH OCCURRENCE | \$ |
| | COMMERCIAL GENERAL LIABILITY | | | | FIRE DAMAGE (Any one fire) | \$ |
| | CLAIMS MADE OCCUR | | | | MED EXPENSE (Any one person) | \$ |
| | GENERAL AGGREGATE LIMIT APPLIES PER: | | | | PERSONAL & ADV INJURY | \$ |
| | POLICY PROJECT LOC | | | | GENERAL AGGREGATE | \$ |
| | | | | | PRODUCTS-COMP/OP AGG | \$ |
| | AUTOMOBILE LIABILITY | | | | COMBINED SINGLE LIMIT (Each accident) | \$ |
| | ANY AUTO | | | | | \$ |
| | ALL OWNED AUTOS | | | | BODILY INJURY (Per person) | \$ |
| | SCHEDULED AUTOS | | | | | \$ |
| | HIRED AUTOS | | | | BODILY INJURY (Per accident) | \$ |
| | NON-OWNED AUTOS | | | | | \$ |
| | | | | | PROPERTY DAMAGE (Per accident) | \$ |
| A | WORKERS' COMPENSATION AND EMPLOYERS LIABILITY | NPU-WCG 001-2016 | 1/1/16 | 1/1/17 | PER STATUTE <input checked="" type="checkbox"/> OTHER | |
| | | | | | E.L. EACH ACCIDENT | \$ 500,000 |
| | | | | | E.L. DISEASE - EA EMPLOYEE | \$ 500,000 |
| | | | | | E.L. DISEASE - COVERAGE LIMIT | \$ 500,000 |
| B | OTHER EXCESS Workers' Compensation | SP 4052095 | 1/1/16 | 1/1/17 | Limit Per Occurrence - Statutory EL Per Occ & Agg \$2,000,000 xs of \$500,000 | |

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL/PROVISIONS
 Evidence of Workers' Compensation Coverage:

| CERTIFICATE HOLDER | CANCELLATION |
|---|---|
| NPUWCG-TLCCFS-037 Mt Diablo Unified School District Special Education Dept 1936 Carlotta Drive Wing D Concord, CA 94519-1397 ATTN: Liz Acevedo | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  |

POLICY CHANGE
THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

COMPANY: Nonprofits Insurance Alliance of California
 POLICY NUMBER: 2016-00099-UMB-NPO
 NAMED INSURED: TLC Child and Family Services
 POLICY CHANGE EFFECTIVE: 09/21/2016
 COVERAGE PART AFFECTED: COMMERCIAL UMBRELLA
 POLICY CHANGE #: 1

In consideration of an additional premium, this policy is hereby amended as follows:

it is hereby agreed that form NIAC-UMB-NPO/2-99, item 3, is amended to read: \$14,509

Item 4, LIMITS OF INSURANCE

| | | |
|----|--|-------------|
| a. | Each Occurrence (other than Directors' & Officers' Liability and Improper Sexual Conduct Liability)..... | \$4,000,000 |
| | Each Wrongful Act - Directors' & Officers' Liability | \$4,000,000 |
| | Each Occurrence - Improper Sexual Conduct Liability | \$1,000,000 |
| b. | Products Completed Operations Aggregate [(where applicable)] | \$4,000,000 |
| c. | General Aggregate | \$4,000,000 |
| d. | Aggregate Directors' & Officers' Liability | \$4,000,000 |
| e. | Aggregate Improper Sexual Conduct Liability | \$1,000,000 |
| f. | Retained Limit | \$10,000 |

All other terms, limits and conditions remain the same.

| | |
|---------------------|---------|
| ADDITIONAL PREMIUM: | \$4,423 |
| RETURN PREMIUM: | \$0 |
| TOTAL PREMIUM: | \$4,423 |



AUTHORIZED SIGNATURE

09/22/2016

(00433)

POLICY CHANGE
THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

COMPANY: Nonprofits Insurance Alliance of California
 POLICY NUMBER: 2016-00099-UMB-NPO
 NAMED INSURED: TLC Child and Family Services
 POLICY CHANGE EFFECTIVE: 09/21/2016
 COVERAGE PART AFFECTED: COMMERCIAL UMBRELLA
 POLICY CHANGE #: 2

In consideration of a return premium, this policy is hereby amended as follows:

it is hereby agreed that form NIAC-UMB-NPO/2-99, item 3, is amended to read: \$13,281

Item 4, LIMITS OF INSURANCE

| | | |
|----|--|-------------|
| a. | Each Occurrence (other than Directors' & Officers' Liability and Improper Sexual Conduct Liability)..... | \$4,000,000 |
| | Each Wrongful Act - Directors' & Officers' Liability | \$1,000,000 |
| | Each Occurrence - Improper Sexual Conduct Liability | \$1,000,000 |
| b. | Products Completed Operations Aggregate [(where applicable)] | \$4,000,000 |
| c. | General Aggregate | \$4,000,000 |
| d. | Aggregate Directors' & Officers' Liability | \$1,000,000 |
| e. | Aggregate Improper Sexual Conduct Liability | \$1,000,000 |
| f. | Retained Limit | \$10,000 |

All other terms, limits and conditions remain the same.

| | |
|---------------------|----------|
| ADDITIONAL PREMIUM: | \$0 |
| RETURN PREMIUM: | -\$1,228 |
| TOTAL PREMIUM: | -\$1,228 |



AUTHORIZED SIGNATURE

09/22/2016

(00433)