



DEC 26 2012

MDUSD

**CONTRACT TO PLACE STUDENT/INTERN TEACHERS AND ADMINISTRATIVE INTERNS IN YOUR DISTRICT**

School of Education and Leadership at **NOTRE DAME DE NAMUR UNIVERSITY**, Belmont, California and the following:

Ms. Julie Braun Martin  
Assistant Superintendent, Personnel  
Mt. Diablo Unified School District  
1936 Carlotta Drive  
Concord, CA 94519

hereby enter into contract to supervise candidates for the California Teaching Credentials from January 2012 through June 2015 academic years. Recompense of One Hundred Twenty Dollars (\$120.00) per semester (normally four units at Thirty Dollars (\$30.00) per unit, per semester and per candidate) will be paid to the School District. Such recompense will then be paid by the District to the master teachers or intern liaisons to whom our candidates are assigned.

The assignments of the student teachers and intern in the Credential Programs shall be approved jointly by the University and School District

The University is an equal opportunity employer and is firmly committed to non-discrimination in its hiring and other employment practices and in the application of its personnel policies. In compliance with all applicable federal and state laws, except where a bona fide occupational qualification exists, employment decisions will be made irrespective of the staff member's race, color, religion, religious creed, ancestry, national origin, age (except for minors), sex, marital status, citizenship status, military service status, gender identity, sexual orientation, medical condition (cancer-related or genetic condition), disability and/or another status protected by law.

The School District agrees to cover student teachers and interns with worker's compensation in case of accidental injury while performing school assigned duties, either on or off the school site.

Judith Maxwell Greig, Ph. D., President  
Notre Dame de Namur University, Belmont, CA 94002

I accept and agree to terms of the above stated. Our School District will submit an invoice for services rendered by master teachers and intern liaisons by December 10<sup>th</sup> in the fall semester and by May 10<sup>th</sup> in the spring semester.

\_\_\_\_\_  
Superintendent Signature or Superintendent's designee/title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Please print or type name/title

\_\_\_\_\_  
Name of School District

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
Zip



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
03/06/2013

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(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 0726293 1-415-546-9300  
Arthur J. Gallagher & Co.  
Insurance Brokers of California, Inc., License #0726293  
One Market Plaza, Spear Tower  
Suite 200  
San Francisco, CA 94105  
Joan Dove

CONTACT NAME: Lauren Groff  
PHONE (A/C No, Ext): 415-536-8423 FAX (A/C No): 415-536-5793  
E-MAIL ADDRESS: lauren.groff@ajg.com

INSURED  
Notre Dame de Namur University  
  
1500 Ralston Avenue  
  
Belmont, CA 94002

INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A:	HARTFORD INS CO OF THE MIDWEST	37478
INSURER B:		
INSURER C:		
INSURER D:		
INSURER E:		
INSURER F:		

**COVERAGES CERTIFICATE NUMBER: 32373083 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 SUBR		POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
		INSR	WVD						
A	GENERAL LIABILITY			57UUNGH4150	09/01/12	09/01/13	EACH OCCURRENCE	\$ 1,000,000	
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300,000	
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person)	\$ 10,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							PERSONAL & ADV INJURY	\$ 1,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						GENERAL AGGREGATE	\$ 2,000,000	
	AUTOMOBILE LIABILITY						PRODUCTS - COM/OP AGG	\$ 2,000,000	
	<input type="checkbox"/> ANY AUTO						COMBINED SINGLE LIMIT (Ea accident)	\$	
	<input type="checkbox"/> ALL OWNED AUTOS						BODILY INJURY (Per person)	\$	
	<input type="checkbox"/> HIRED AUTOS						BODILY INJURY (Per accident)	\$	
							PROPERTY DAMAGE (Per accident)	\$	
								\$	
	UMBRELLA LIAB						EACH OCCURRENCE	\$	
	<input type="checkbox"/> OCCUR						AGGREGATE	\$	
	EXCESS LIAB							\$	
	<input type="checkbox"/> CLAIMS-MADE							\$	
	DED							\$	
	RETENTION \$							\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WG STATUTORY LIMITS	OTHER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)			N/A			E.L. EACH ACCIDENT	\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	\$	
							E.L. DISEASE - POLICY LIMIT	\$	

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

**CERTIFICATE HOLDER CANCELLATION**

Mt. Diablo Unified School District  
Attn: Denise Larkins  
1936 Carlotta Drive  
Concord, CA 94519  
USA

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  
*Joan Dove*