



CERTIFICATE OF LIABILITY INSURANCE

MYTHE-1

OP ID: KR

DATE (MM/DD/YYYY)

06/29/2016

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.

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.

PRODUCER: The Wright Group Services (PC) Property & Casualty Division... CONTACT NAME: Kim Rossi... INSURER A: Philadelphia Indemnity Insuran... INSURER B: THE HARTFORD... INSURER C: Republic Indemnity Insurance

COVERAGES CERTIFICATE NUMBER: 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.

Table with columns: INSR LTR, TYPE OF INSURANCE, ADDL INSD, SUBR WVD, POLICY NUMBER, POLICY EFF, POLICY EXP, LIMITS. Rows include Commercial General Liability, Automobile Liability, Umbrella Liab, Workers Compensation and Employers' Liability, Sexual Misconduct.

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

Mt. Diablo Unified School District is included as certificate holder with respect to liability arising out of work or operations performed by the Consultant/Named insured. Endorsement attached. See body of certificate for coverage applying on an additional insured basis.

CERTIFICATE HOLDER: MTDIABL Mt. Diablo Unified School District... 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.

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

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.

POLICY NUMBER: PHUB541744



A Member of the Tokio Marine Group

One Bala Plaza, Suite 100
 Bala Cynwyd, Pennsylvania 19004
 610.617.7900 Fax 610.617.7940
 PHLI.com

COMMERCIAL UMBRELLA LIABILITY INSURANCE POLICY DECLARATIONS

Philadelphia Indemnity Insurance Company	24854 AssuredPartners of Colorado, LLC dba 1873 S Bellaire St Ste 600 Denver, CO 80222 (303) 863-7788
NAMED INSURED: Pediatric Therapy Services, LLC MAILING ADDRESS: 207 Canyon Blvd Ste 202 Boulder, CO 80302-4932 POLICY PERIOD: FROM <u>05/21/2016</u> TO <u>05/21/2017</u> AT 12:01 A.M. STANDARD TIME AT YOUR MAILING ADDRESS SHOWN ABOVE	

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.

LIMITS OF INSURANCE		
EACH OCCURRENCE LIMIT (LIABILITY COVERAGE)	\$ <u>4,000,000</u>	
PERSONAL & ADVERTISING INJURY LIMIT	\$ <u>4,000,000</u>	Any one person or organization
PRODUCTS COMPLETED OPERATIONS AGGREGATE LIMIT	\$ <u>4,000,000</u>	
GENERAL AGGREGATE LIMIT (LIABILITY COVERAGE) (except with respect to Auto Liability and Products Completed Operations)	\$ <u>4,000,000</u>	

RETAINED LIMIT	
RETAINED LIMIT:	\$ <u>10,000</u>

POLICY NUMBER: PHUB541744

PREMIUM	
PREMIUM SUBTOTAL	\$ 8,641.00
STATE TAXES, FEES, SURCHARGES (if applicable)	\$Not Applicable
PREMIUM TOTAL (including Taxes, Fees, Surcharges)	\$ 8,641.00
AUDIT PERIOD: <input checked="" type="checkbox"/> NOT APPLICABLE <input type="checkbox"/> ANNUALLY <input type="checkbox"/> SEMI-ANNUALLY <input type="checkbox"/> QUARTERLY <input type="checkbox"/> MONTHLY	

DESCRIPTION OF BUSINESS	
FORM OF BUSINESS:	<u>LLC</u>
BUSINESS DESCRIPTION:	<u>Temporary Staffing Agency Umbrella</u>

ENDORSEMENTS ATTACHED TO THIS POLICY
SEE ATTACHED SCHEDULE

POLICY NUMBER: PHUB541744

SCHEDULE OF UNDERLYING INSURANCE			
Employers' Liability			
Company:	SEE EMPLOYERS' LIA SUPPLEMENTAL SCHEDULE OF UNDERLYING INS		
Policy Number:			
Policy Period:			
Minimum Applicable Limits			
Bodily injury by accident	\$		Each Accident
Bodily injury by disease	\$		Each Employee
Bodily injury by disease	\$		Policy Limit
Commercial General Liability			
	<input checked="" type="checkbox"/> Occurrence	<input type="checkbox"/> Claims-Made	
Company:	Philadelphia Indemnity Insurance Company		
Policy Number:	PHPK1499481		
Policy Period:	05/21/2016	05/21/2017	
Retroactive Date:	Not Applicable		
Minimum Applicable Limits:			
General Aggregate	\$	3,000,000	
Products-Completed Operations Aggregate	\$	3,000,000	
Personal And Advertising Injury	\$	1,000,000	
Each Occurrence	\$	1,000,000	
Commercial Auto Liability			
Company:	The Hartford		
Policy Number:	34 UUN VT9797		
Policy Period:	05/21/2016	05/21/2017	
Minimum Applicable Limits			
Garage Aggregate Limit For Other Than Autos (if applicable)	\$	Not Applicable	
Each Accident	\$	1,000,000	
Professional Liability			
	<input type="checkbox"/> Occurrence	<input checked="" type="checkbox"/> Claims-Made	
Company:	Philadelphia Indemnity Insurance Company		
Policy Number:	PHPK1499481		
Policy Period:	05/21/2016	05/21/2017	
Retroactive Date:	07/01/2009		
Minimum Applicable Limits			
Each Professional Incident	\$	1,000,000	
Aggregate	\$	3,000,000	

POLICY NUMBER: PHUB541744

Employee Benefits Liability		<input type="checkbox"/> Occurrence	<input checked="" type="checkbox"/> Claims-Made
Company: <u>Philadelphia Indemnity Insurance Company</u>			
Policy Number: <u>PHPK1499481</u>			
Policy Period: <u>05/21/2016</u> <u>05/21/2017</u>			
Retroactive Date: <u>05/21/2015</u>			
Minimum Applicable Limits			
<u>Each Claim</u>	\$	<u>1,000,000</u>	
<u>Aggregate</u>	\$	<u>1,000,000</u>	
Abuse or Molestation		<input checked="" type="checkbox"/> Occurrence	<input type="checkbox"/> Claims-Made
Company: <u>Philadelphia Indemnity Insurance Company</u>			
Policy Number: <u>PHPK1499481</u>			
Policy Period: <u>05/21/2016</u> <u>05/21/2017</u>			
Retroactive Date: <u>Not Applicable</u>			
Minimum Applicable Limits			
<u>Each Abusive Conduct</u>	\$	<u>1,000,000</u>	
<u>Aggregate</u>	\$	<u>3,000,000</u>	
Directors & Officers Liability		<input type="checkbox"/> Occurrence	<input type="checkbox"/> Claims-Made
Company: _____			
Policy Number: _____			
Policy Period: _____			
Retroactive Date: _____			
Minimum Applicable Limits			
	\$		
	\$		
Liquor Liability		<input type="checkbox"/> Occurrence	<input type="checkbox"/> Claims-Made
Company: _____			
Policy Number: _____			
Policy Period: _____			
Retroactive Date: _____			
Minimum Applicable Limits			
	\$		
	\$		

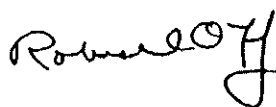
POLICY NUMBER: PHUB541744

Watercraft Liability	<input type="checkbox"/> Occurrence	<input type="checkbox"/> Claims-Made
Company: _____		
Policy Number: _____		
Policy Period: _____		
Retroactive Date: _____		
Minimum Applicable Limits		
_____	\$	_____
_____	\$	_____
Other Coverages Not Included in Above	<input type="checkbox"/> Occurrence	<input type="checkbox"/> Claims-Made
Company: _____		
Policy Number: _____		
Policy Period: _____		
Retroactive Date: _____		
Minimum Applicable Limits		
_____	\$	_____
_____	\$	_____

THESE DECLARATIONS, TOGETHER WITH THE COMMON POLICY CONDITIONS AND COVERAGE FORM(S) AND ANY ENDORSEMENT(S), COMPLETE THE ABOVE NUMBERED POLICY.

Countersigned:	By:
(Date)	(Authorized Representative)

IN WITNESS WHEREOF, we have caused this policy to be executed and attested, and, if required by state law, this policy shall not be valid unless countersigned by our authorized representative.



President



Secretary

2016-17 SY Contract Documents

Evelyn Robinson

Sent: Wednesday, June 29, 2016 10:55 AM
To: acevedol@mdusd.org
Cc: Richa Narang; farabaughr@mdusd.org
Importance: High
Attachments: Mt Diablo USD0221282016062~1.pdf (1 MB)

Good Morning,

Please find attached the requested supporting documents for the contract

Let me know if you have questions or need additional information

Thank you and have a pleasant day!

Sincerely,

Evelyn

Evelyn Robinson |Admin & Operations Mgr. |
Alpha Vista Services Inc.
1290 Kifer Rd, Ste 301, Sunnyvale, CA 94086
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evelyn@alphavistausa.com|www.alphavistausa.com