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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

					10/26/2010	
Nourse Insurance Broke 590 Lennon Lane, Suite Walnut Creek, CA 94598		ONLY AN	D CONFERS N THIS CERTIFICA	UED AS A MATTER O O RIGHTS UPON TH ATE DOES NOT AMEN AFFORDED BY THE PO	F INFORMATION E CERTIFICATE ID. EXTEND OR	
0726293 925-935-0545 www.nourseinsurance.com 925-935-0486		INSURERS A	INSURERS AFFORDING COVERAGE			
INSURED The Speech Pathology Group, Inc.		INSURER A: Am	INSURER A: American Economy Ins. Co.			
2021 Ygnacio Valley Road,		INSURER B: Tra	INSURER B: Travelers Property Casualty Co. of America			
#C201-02 Walnut Creek CA 94598		INSURER C: Am	INSURER C: American States Insurance Co			
Walnut Creek CA 94596		INSURER D:	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 KADD'L POLICY EFFECTIVE POLICY EXPIRATION						
LTR INSRD TYPE OF INSURANCE	1		POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMIT		
A GENERAL LIABILITY	02BP65788040	11/1/2010	11/1/2011	EACH OCCURRENCE DAMAGE TO RENTED	\$ 2,000,000	
✓ COMMERCIAL GENERAL LIABILITY				PREMISES (Ea occurrence)	\$ 300,000	
CLAIMS MADE ✓ OCCUR				MED EXP (Any one person)	\$ 5,000	
				PERSONAL & ADV INJURY	\$ 2,000,000	
				GENERAL AGGREGATE	\$ 4,000,000 4,000,000	
GEN'L AGGREGATE LIMIT APPLIES PER PRO- POLICY PECT LOC	:			PRODUCTS - COMP/OP AGG	\$ 4,000,000	
A AUTOMOBILE LIABILITY ANY AUTO	02BP65788040	11/1/2010	11/1/2011	COMBINED SINGLE LIMIT (Ea accident)	\$ 2,000,000	
ALL OWNED AUTOS SCHEDULED AUTOS				BODILY INJURY (Per person)	\$	
✓ HIRED AUTOS ✓ NON-OWNED AUTOS				BODILY INJURY (Per accident)	\$	
				PROPERTY DAMAGE (Per accident)	\$	
GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	\$	
ANY AUTO				OTHER THAN AUTO ONLY: AGG	\$ \$	
C EXCESS / UMBRELLA LIABILITY	01CT11199140	11/1/2010	11/1/2011	EACH OCCURRENCE	s 1,000,000	
OCCUR CLAIMS MADE				AGGREGATE	\$ 1,000,000 \$	
DEDUCTIBLE RETENTION \$ 0					\$	
B WORKERS COMPENSATION	UB6096M21910	10/1/2010	10/1/2011	✓ WC STATU- OTH- TORY LIMITS ER		
AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?				E.L. EACH ACCIDENT	\$ 1,000,000	
(Mandatory in NH)				E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000	
If yes, describe under SPECIAL PROVISIONS below				E.L. DISEASE - POLICY LIMIT	s 1,000,000	
OTHER DESCRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES / EXCLUSIONS ADDED BY ENDORSEM	ENT / SPECIAL PROVI	SIONS			
Mt. Diablo Unified School District is included as additional insured per attached BP7032 0702.						
CERTIFICATE HOLDER CANCELLATION						
Mt. Diablo Unified School District 1936 Carlotta Dr., Wing D Concord CA 94519 SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE TH DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30* D NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, IT REPRESENTATIVES. *10 Days for Non-Payment of Premium. AUTHORIZED REPRESENTATIVE				30* DAYS WRITTEN		

Cynthia Rucker

ACORD 25 (2009/01)

IMPORTANT

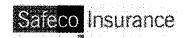
If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

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).

DISCLAIMER

This Certificate of Insurance does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.

The Speech Pathology Group, Inc.



BUSINESSOWNERS BP 70 32 07 02

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED — OWNERS, LESSEES OR CONTRACTORS

This endorsement modifies insurance provided under Section II - Liability in

BUSINESSOWNERS COVERAGE FORM

SCHEDULE

Name of Person or Organization:

Mt. Diablo Unified School District

1936 Carlotta Dr., Wing D

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

WHO IS AN INSURED (Paragraph C) is amended to include as an insured any person or organization shown in the Schedule, subject to the following provisions:

- a. The person or organization added as an insured by this endorsement is an insured only to the extent you are held liable due to your ongoing operations for that insured, whether the work is performed by you or for you.
- b. The coverage provided by this endorsement does not apply to "bodily injury" or "property damage" included within the "products-completed operations hazard."
- c. A person's or organization's status as an insured under this endorsement ends when your operations for that insured are completed.
- d. No coverage will be provided if, in the absence of this endorsement, no liability would be imposed by law on you. Coverage shall be limited to the extent of your negligence or fault according to the applicable principles of comparative fault.

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BP 70 32 07 02