



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

09/02/2016

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 have ADDITIONAL INSURED provisions or 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 Trans Bay Insurance P. O. Box 604 Pinole, CA 94564 License #: 0188680	CONTACT NAME: David G. Smith	FAX (A/C No.): (510)724-8041	
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INSURED WELLSPRING EDUCATIONAL SERVICES, INC DBA WELLSPRING EDUCATION 3182 OLD TUNNEL ROAD SUITE A LAFAYETTE, CA 94549	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: Certain Underwrites at Lloyds		
	INSURER B: State Compensation Insurance Fund		
	INSURER C:		
	INSURER D:		
	INSURER E:		

COVERAGES CERTIFICATE NUMBER: 0000000-84032 REVISION NUMBER: 25

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 INSD: 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	Y	B1692715042QG	08/26/2016	08/26/2017	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY		B1692714093QG	08/26/2016	08/26/2017	COMBINED SINGLE LIMIT (Ea accident) \$ 2,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE					EACH OCCURRENCE \$ AGGREGATE \$
B	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 Y N/A	9070220-2016	08/26/2016	08/26/2017	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 2,000,000 E.L. DISEASE - EA EMPLOYEE \$ 2,000,000 E.L. DISEASE - POLICY LIMIT \$ 2,000,000
A	Professional Liab		B1692714095QG	08/26/2016	08/26/2017	\$3mm/acc \$3mm/agg
A	Sexual Mol. & Abuse		B1692714093QG	08/26/2016	08/26/2017	Per occurrence 1,000,000

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

Mt. Diablo Unified School District is named as Additional insured with respect to liability arising out of work performed by the Named Insured per the attached endorsement.

CERTIFICATE HOLDER

CANCELLATION

Mt. Diablo Unified School District
1936 Carlotta Dr
CONCORD, CA 94519

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

David G. Smith

(DGS)

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ADDITIONAL INSURED—VICARIOUS LIABILITY COVERAGE

In consideration of the additional premium stated herein, it is understood and agreed that Policy Section III, WHO IS AN "INSURED", subsection B, is amended to include as an "Insured" all entities and/or individuals shown in the Schedule below, but only as a result of "Claims" arising out of the following:

- (1) Any "Professional Incident", "Event", offense, "Wrongful Act" or "Physical Abuse and Misconduct Incident" arising out of or related to the performance of "Professional Services" or the conducting of operations as set forth in Item 6 of the Declarations by the first Named "Insured" or its "Employees", owners, managers or agents for or on behalf of the entity(ies) or individual(s) listed in the Schedule below.

The coverage provided under this Endorsement does not apply and "Underwriters" shall have no obligation to defend or pay "Damages" for any "Claim" which arises out of or is related to a "Professional Incident", "Event", offense, "Wrongful Act" or "Physical Abuse and Misconduct Incident" caused by the negligence or willful misconduct of the entity(ies) or individual(s) listed in the Schedule above.

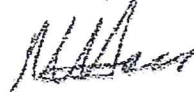
All other terms and conditions remain unchanged.

Attached to and forming part of Policy No. B169271604206 of Underwriters herein.

Effective: August 26, 2015

Insured: Wellspring Educational Services, Inc.

On behalf of Underwriters at Lloyd's,
London, England
By: U.S. Risk, Inc.



By: Randall G. Goes
(Authorized Representative)

MMSS 210
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