ACORD CERTIFICATE OF LIABIL	ITY INSUF	RANCE			TE (MM/DD/YYYY) 2/2/2010		
PRODUCER (661) 702-6000 FAX: (661) 702-6060	THIS CERTI	IFICATE IS ISSI	UED AS A MATTE	R OF IN	FORMATION		
L/B/W Insurance & Financial Services, Inc.	I HOLDED T	HIS CERTIFICA	O RIGHTS UPON	MEND.	EXTEND OR 1		
28055 Smyth Drive	ALTER THE	COVERAGE AF	FORDED BY THE	OLICIES	BELOW.		
-							
Valencia CA 91355	INSURERS AF	FORDING COVE	RAGE	NAIC#			
INSURED		ladelphia					
Tobinworld		ith Ins. C		13269			
920 East Broadway	INSURER C: Adm	iral Ins.	Co.				
	INSURER D:						
Glendale CA 91205-1291	INSURER E:			<u> </u>			
COVERAGES THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE IN	SURED NAMED ABOV	E FOR THE POLIC	Y PERIOD INDICATED	D. NOTWIT	HSTANDING ANY		
REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUM THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SI AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.	MENT WITH RESPECT	TO WHICH THIS C	ERTHEICATE MAY BE	1880E0 0	RIMAT PERIAIN, I		
INCR ADDI	POLICY EFFECTIVE	POLICY EXPIRATION DATE (MM/DD/YY)		LIMITS			
TYPE OF INSURANCE POLICY NUMBER GENERAL LIABILITY		Value	EACH OCCURRENCE	\$	1,000,000		
X COMMERCIAL GENERAL LIABILITY			DAMAGE TO RENTED PREMISES (Ea occurrent	ce) \$	50,000		
A CLAIMS MADE X OCCUR PHPK500567	12/5/2010	12/5/2011	MED EXP (Any one perso	1.	10,000		
•• •• ••			PERSONAL & ADV INJUI	RY \$	1,000,000		
			GENERAL AGGREGATE	\$	2,000,000		
GEN'L AGGREGATE LIMIT APPLIES PER:			PRODUCTS - COMP/OP	AGG \$	2,000,000		
X POLICY PRO- JECT LOC							
AUTOMOBILE LIABILITY			COMBINED SINGLE LIM (Ea accident)	IT s	1,000,000		
A ANY AUTO ALL OWNED AUTOS PHPK500567 PECEWEL] 12/5/2010	12/5/2011	BODILY INJURY	\$			
SCHEDULED AUTOS	1		(Per person)				
x HIRED AUTOS DEC 0720	19		BODILY INJURY (Per accident)	\$			
X NON-OWNED AUTOS	iver		(rei accident)				
FISCAL ANA PURIL SERVICES/SPECIAL	Enucation		PROPERTY DAMAGE (Per accident)	\$			
	LIUOMION		AUTO ONLY - ÉA ACCID	ENT \$			
GARAGE LIABILITY				AACC \$			
ANY AUTO			AUTO ONLY:	AGG \$			
EXCESS/UMBRELLA LIABILITY			EACH OCCURRENCE	\$	10,000,000		
X OCCUR CLAIMS MADE			AGGREGATE	\$	10,000,000		
				\$			
A DEDUCTIBLE PHUB291160	12/5/2010	12/5/2011		\$			
X RETENTION \$10,000			L MIC CTATU	\$			
B WORKERS COMPENSATION AND			X WC STATU- TORY LIMITS	OTH- ER			
EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE		- 1- 1	E.L. EACH ACCIDENT		1,000,000		
OFFICER/MEMBER EXCLUDED? If yes, describe under	2/1/2010	2/1/2011	E.L. DISEASE - EA EMPI		1,000,000		
SPECIAL PROVISIONS below	2 (25 (22)	2/25/2011	E.L. DISEASE - POLICY	LIMIT \$	1,000,000 \$2,000,000		
C OTHER Professional E000000179307	3/25/2010	3/25/2011	Each Incident		\$4,000,000		
Liability			Aggregate Limit		2,500		
PRODUCTION OF ODERATIONS/LOCATIONS/JELICI ESTEVELLISIONS ADDED BY ENDODESM	IENT/SPECIAL PROVISIO	NS	Deducrible		2,300		
DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS Mt. Diablo Unified School District, Its Officers, Agents & Employees are named as Additional Insured but only with							
respets to liability arising out of the operations of the	e named insured.	•					
					· · · · · · · · · · · · · · · · · · ·		
CERTIFICATE HOLDER	CANCELLATION	ON					

Mt. Diablo Unified School District Attn: Janet Sumimi, Special Education Dep 1936 Carlotta Drive Concord, CA 94518 SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

Sharon Bilof/SHARON

Than Edw Bieg

	A C	AAA AFRIFIA	ATE OF HABILIT	17 INIOIE	BANCE		DATE (MM/DD/YYYY	
	-		<u>ATE OF LIABILIT</u>	<u>Ueni Y</u>	KANVE	UPD AG A MATTY	3/16/2010	
	DUCER	(THIS CER	TIFICATE IS ISS D. CONFERS N	OED AS A MAITE O RIGHTS UPON	R OF INFORMATION THE CERTIFICATE MEND, EXTEND OR	
	•	Insurance & Financia	al Services, Inc.	HOLDER	THIS CERTIFICA	ATE DOES NOT	MEND, EXTEND OR	
28	055	Smyth Drive		ALTER TH	<u>E COVERAGE AI</u>	FFORDED BY THE	POLICIES BELOW.	
l			and the second of the second o				N. 4.10. II	
	len	cia CA 91	355 RECEIVED		FFORDING COVE		NAIC#	
INSU	IRED		U.S. O. O. 0040		<u>iladelphia</u>	,,		
1		world	JUN 29 2010			nce Company	40000	
92	0 Ea	ast Broadway	FISCAL ANALYST		nith Ins. C		13269	
l		- 544	PZOSERY 12 SOY SPECIAL EDUCATION	7	miral Ins.	Co.		
	enda		203 ALZOLOFECIAL EDUCATION	INSURER E:				
TU	ERA	ICIES OF INSTIDANCE LISTED BELO	W HAVE BEEN ISSUED TO THE INSUI	RED NAMED ABO	VE FOR THE POLIC	CY PERIOD INDICATE	D. NOTWITHSTANDING AI	
	へいけつに	ENJENIT TEDNI OD CONDITIONI OE AN	IV CONTRACT OR OTHER DOCUMEN	T WITH RESPEC	I KURVHICH IMS I	JERHINGALE MAT DE	1990CO OK MAT LEKTA	
THI	EINS	URANCE AFFORDED BY THE POL ATE LIMITS SHOWN MAY HAVE BEE	LICIES DESCRIBED HEREIN IS SUBJ IN REDUCED BY PAID CLAIMS.	. 1	{		IUNS OF SUCH POLICIE	
INSR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE	POLICY EXPIRATION DATE (MM/DD/YY)		LIMITS	
LUB.	Haser	GENERAL LIABILITY				EACH OCCURRENCE	\$ 1,000,0	
1		X COMMERCIAL GENERAL LIABILITY		i	:	DAMAGE TO RENTED PREMISES (Ea occurren	ce) \$ 1,000,0	
A		CLAIMS MADE X OCCUR	PHPK500567	12/5/2009	12/5/2010	MED EXP (Any one pers	l. 10 A	
"			SUBMITTED TO FISCAL SERVICE	reel]. :	PERSONAL & ADV INJU	RY \$ 1,000,0	
l			200 MILLED TO LISONE SELVIC	reo :		GENERAL AGGREGATE	\$ 2,000,0	
		GEN'L AGGREGATE LIMIT APPLIES PER:	0 4 2040			PRODUCTS - COMP/OF	AGG \$ 2,000,0	
1		X POLICY JECT LOC	AUG 2 4 2010			2		
	-	AUTOMOBILE LIABILITY				COMBINED SINGLE LIN	IIT s 1,000,00	
1		X ANY AUTO			1	(Ea accident)		
A	1	ALL OWNED AUTOS	PHPK500567	12/ 5/2009	12/5/2010	BODILY INJURY	s	
Į		SCHEDULED AUTOS			1	(Per person)		
l		X HIRED AUTOS			'	BODILY INJURY (Per accident)	s	
l		X NON-OWNED AUTOS				(rei accident)		
1						PROPERTY DAMAGE (Per accident)	\$	
<u> </u>						AUTO ONLY - EA ACCII	ENT \$	
1		GARAGE LIABILITY]	1	1		ACC S	
		ANY AUTO		*		OTHER THAN _E. AUTO ONLY:	AGG \$	
					T:	EACH OCCURRENCE	s 10,000,0	
]	EXCESS/UMBRELLA LIABILITY	,		1:	AGGREGATE	\$ 10,000,0	
	l	X OCCUR CLAIMS MADE					\$	
_	l		AR6460209	12/5/2009	12/5/2010		s	
В	l	DEDUCTIBLE	AR6400209				\$	
C	WOR	X RETENTION \$ 10,000 KERS COMPENSATION AND			:	X WC STATU- TORY LIMITS	이라 ER	
١٢	EMPL	OYERS' LIABILITY	•		1.	E.L. EACH ACCIDENT	\$ 1,000,0	
	OFFI	PROPRIETOR/PARTNER/EXECUTIVE CER/MEMBER EXCLUDED?	2066935206	2/1/2010	2/1/2011	E.L. DISEASE - EA EMP		
	If yes	describe under IAL PROVISIONS below				E.L. DISEASE - POLICY		
D	-	R Professional	TBD	3/25/2010	3/25/2011	Each Claim	\$2,000,0	
-		Liability			:	Aggregate Limit	\$4,000,0	
	ļ	-				Deductible	2,5	
DES	CRIPTIC	ON OF OPERATIONS/LOCATIONS/VEHICL	ES/EXCLUSIONS ADDED BY ENDORSEMENT	TISPECIAL PROVISI	ONS	dditional Tabur	end but only with	
1.4	This o	win unified School Distri	ct. Its Officers, Agents &	Emproyees:	are named as r	dartionar insur	ed bad one	
res	pets	to liability arising out	of the operations of the n	aned Itibua	~• :			
1								
CE	RTIFIC	CATE HOLDER		CANCELLAT	LIOŅ			
				SHOULD ANY	OF THE ABOVE D	ESCRIBED POLICIES B	E CANCELLED BEFORE TO	
Mt. Diablo Unified School District			EXPIRATION	DATE THEREOF, TI	HE ISSUING INSURER	WILL ENDEAVOR TO MA		
ĺ	Attn: Janet Sumimi, Special Education Dep			30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT				
1	1936 Carlotta Drive			FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE				
Concord, CA 94518			INSURER, IT'S AGENTS OR REPRESENTATIVES.					

ACORD 25 (2001/08)
INS025 (0108).08a

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/21/2010

_				TIFICATE OF L	1/1	DILIT	MOOK	TIVE		12/	21/2010
Ca		de:	(415)978-3800 FAX: r-Robinson Company	•		ONLY AN HOLDER.	ND CONFERS I	SUED AS A MATTER NO RIGHTS UPON T CATE DOES NOT AMI	HE END	CE , E	RTIFICATE XTEND OR
1	3026			. 000		ALTER TI	HE COVERAGE	AFFORDED BY THE	OLI	CIE	S BELOW.
1			tgomery St., Suite ncisco CA 9			INCLIDEDS	AFFORDING CO	VEDACE		NIA	AIC#
	URED		icisco ca 9	2104			onprofits'			147-	110#
v	a C	eni	ter			INSURER B:	inprorres .				
			xth Street			INSURER C:				ļ	
						INSURER D:					
В€	rke.	Ley	CA 9	4710		INSURER E:					
CC	VER	٩GI	ES			1 11100112112.		·		<u> </u>	
<i>A</i>	NY RI NAY PE	EQU RT	JIREMENT, TERM OR CONDITI AIN. THE INSURANCE AFFORE	ELOW HAVE BEEN ISSUED TO THE ION OF ANY CONTRACT OR OTHE DED BY THE POLICIES DESCRIBED MAY HAVE BEEN REDUCED BY PAI	R D	OCUMENT WIT	TH RESPECT TO V	WHICH THIS CERTIFICATE	MAY	/ BE	ISSUED OR
INSF	ADD'L INSRD		TYPE OF INSURANCE	POLICY NUMBER	PO	OLICY EFFECTIVE	POLICY EXPIRATION DATE (MM/DD/YYYY	LIM	ITS		
,_			NERAL LIABILITY		1		DATE (IMM) BO) T. C.	EACH OCCURRENCE	. \$		1,000,00
		x	COMMERCIAL GENERAL LIABILITY					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$		500,00
A			CLAIMS MADE X OCCUP	2010-10322-NPO	1:	2/31/2010	12/31/2011	MED EXP (Any one person)	\$		20,00
		·						PERSONAL & ADV INJURY	\$		1,000,00
								GENERAL AGGREGATE	\$		2,000,00
		GE	N'L AGGREGATE LIMIT APPLIES PER	:				PRODUCTS - COMP/OP AGG	\$		2,000,00
		X	POLICY PRO- LOC		<u> </u>						
	-	AUT	TOMOBILE LIABILITY				17 May 18 May 17 May 17 May 18	COMBINED SINGLE LIMIT	\$		1,000,00
ţ.			ANY AUTO					(Ea accident)			1,000,00
A			ALL OWNED AUTOS	2010-10322-NPO	1:	2/31/2010	12/31/2011	BODILY INJURY	\$		
			SCHEDULED AUTOS				· · · · · · · · · · · · · · · · · · ·	(Per person)	+		
		X	HIRED AUTOS					BODILY INJURY (Per accident)	\$		on the second
		X	NON-OWNED AUTOS			Control of the State of the Control of the State of the Control of the State of the	The second section of the second	(rei accident)	-		
				RECEIVE				PROPERTY DAMAGE (Per accident)	\$		····
		GAF	RAGE LIABILITY	13 201		* * * * * * * * * * * * * * * * * * * *		AUTO ONLY - EA ACCIDENT	\$		
			ANY AUTO	3 201	V			OTHER THAN EA ACC	; \$		
				PUPIL SERVICES/SPECIAL E	Je.	7		AUTO ONLY: AGG	\$ \$		
	-	EXC	ESS / UMBRELLA LIABILITY	PUPIL SERVICES/SPECIAL F	1115	ATION		EACH OCCURRENCE	\$		
	-		OCCUR CLAIMS MADE	The first transfer of the first	JUU,	HIION		AGGREGATE	\$		
	-								\$		·
	-	\dashv	DEDUCTIBLE						\$		
	WORK	EDS	RETENTION \$ COMPENSATION		-			WC STATU- OTH	\$		
	AND E	MPL	OYERS' LIABILITY Y/N					TORY LIMITS ER	+-		
	OFFIC	ER/M	RIETOR/PARTNER/EXECUTIVE EMBER EXCLUDED?					E.L. EACH ACCIDENT	\$		
			rin NH) ribe under ROVISIONS below					E.L. DISEASE - EA EMPLOYE			
Α	SPECI		ROVISIONS below		-	101 10010	10/01/0011	E.L. DISEASE - POLICY LIMIT	\$	_	1 000 00
A			cial Services	2010-10322-NPO	12	2/31/2010	12/31/2011	Each occurrence			1,000,00
			ofessional Lia					Policy aggregate		Ş	2,000,00
DESC	RIPTIO			LES / EXCLUSIONS ADDED BY ENDORSE	MEN	/ SPECIAL PROV	ISIONS				
				s additional insured as p				t - NOTE: 10 days	noti	ce	of
			on for non-payment of								
						•					
CEE	TIFIC	ΔΤ	E HOLDER			CANCELLAT	ION				
<u>JLI</u>		<u> </u>	LIIOLDEN					BED POLICIES BE CANCELLED	PECO	DE'T	UE EVDIDATION
								ER WILL ENDEAVOR TO MAIL			
			Diablo Unified Sci	· 		NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OF					
			s W. Dent Education	on Center		REPRESENTATI		OF ANY MIND OFON THE	JOUR	I	AGENTO UP
			Carlotta Avenue ord, CA 94519		ŀ	AUTHORIZED REF	·····	1 0			
	JŲ				4	Lin	IIIM	Millian			
				(J		IIII	1: Klyen			

Named Insured: Via Center

Policy:

2010-10322-NPO

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – DESIGATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name of Person or Organization:

Any person or organization that you are required to add as an additional insured on this policy, under a written contract or agreement currently in effect, or becoming effective during the term of this policy, and for which a certificate of insurance naming such person or organization as additional insured has been issued, but only with respect to their liability arising out of their requirements for certain performance placed upon you, as a nonprofit organization, in consideration for funding or financial contributions you receive from them. The additional insured status will not be afforded with respect to liability arising out of or related to your activities as a real estate manager for that person or organization.

(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 (Section II) 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:

- A. In the performance of your on-going operations; or
- B. In connection with your premises owned by or rented to you

CERTIFICATE OF LIABILITY INSURANCE DATE (MM/DD/YYYY) ACORD_ OPID HR WECAR-2 12/14/10 PRODUCER THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE R. C. Fischer & Co. HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR P.O. Box 8101 ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. Walnut Creek CA 94596-8101 Phone: 925-932-7823 Fax: 925-932-0962 **INSURERS AFFORDING COVERAGE** NAIC# INSURER A: 18058 Philadelphia Indemnity Ins. Co INSURER B: We Care Services for Children 2191 Kirker Pass Road Concord CA 94521 INSURER C 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.

INSI	R ADD'I	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS		
A		GENERAL LIABILITY X COMMERCIAL GENERAL LIABILITY	РНРК650478	12/15/10	12/15/11	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurence)	\$1,000,000 \$100,000	
1		CLAIMS MADE X OCCUR				MED EXP (Any one person)	\$5,000	
ı						PERSONAL & ADV INJURY	\$1,000,000	
1						GENERAL AGGREGATE	\$3,000,000	
		GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO- LOC				PRODUCTS - COMP/OP AGG	\$3,000,000	
-	 	AUTOMOBILE LIABILITY						
A		ANY AUTO	PHPK650478	12/15/10	12/15/11	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000	
		ALL OWNED AUTOS X SCHEDULED AUTOS	RECEIVE	D .		BODILY INJURY (Per person)	\$	
		X HIRED AUTOS X NON-OWNED AUTOS	DEC 1620	10		BODILY INJURY (Per accident)	\$	
			FISCAL ANA	LYST		PROPERTY DAMAGE (Per accident)	\$	
İ		GARAGE LIABILITY	PUPIL SERVICES/SPECIA	L EDUCATION		AUTO ONLY - EA ACCIDENT	\$	
		ANY AUTO				OTHER THAN EA ACC AGG	\$ \$	
		EXCESS/UMBRELLA LIABILITY				EACH OCCURRENCE	\$2,000,000	
A	[X OCCUR CLAIMS MADE	PHUB327075	12/15/10	12/15/11	AGGREGATE	\$2,000,000	
							\$	
	1	DEDUCTIBLE			ĺ		\$	
		X RETENTION \$10,000					\$	
		(ERS COMPENSATION AND OYERS' LIABILITY				WC STATU- OTH- TORY LIMITS ER		
	ANY P	ROPRIETOR/PARTNER/EXECUTIVE			{	E.L. EACH ACCIDENT	\$	
		ER/MEMBER EXCLUDED? describe under			1	E.L. DISEASE - EA EMPLOYEE	\$	
-	SPECI	AL PROVISIONS below				E.L. DISEASE - POLICY LIMIT	\$	
	OTHE		·					
A		efessional Liab.	PHPK650478	12/15/10	12/15/11	Incident	\$1,000,000	
		ims Made Form	RETRO DATE: 12/15/0			Aggregate	\$3,000,000	
DESC	KIPTIO	N OF OPERATIONS / LOCATIONS / VEHIC	LES / EXCLUSIONS ADDED BY ENDORSE	MENT / SPECIAL PROV	risions			

* 10 day notice in the event of cancellation for non-payment of premium.

CERTIFICA	ATE HO	OLDER
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CANCELLATION

MTDIABL

Mt. Diablo Unified School District Attn: Marie Fabie

1936 Carlotta Drive Concord CA 94519

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL *30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

HORIZED REPRESENTATIVE

ACORDANCE CERTIFICATE OF LIABILITY INSURANCE BRYANDAME		RECEIVEL				
DESCRIPTION THE PROJECT PROCESS OF SHIPPERS NO RIGHTS FOR ALTER OF INCOMENTION ONLY AND CONCERN INSURANCE AGENCY, INC. PO BOX 1120 EDEN UT 83100 Agency Lick: 102588 NSURED VELLOWSTONE BOYS AND GIRLS RANCH 723.5 372ND 515. WEST BILLINGS MT 95106-3599 COMPANY & MARKEL INSURANCE COMPANYTE: CEPTUP VELLOWSTONE BOYS AND GIRLS RANCH 723.5 372ND 515. WEST BILLINGS MT 95106-3599 COMPANY & MARKEL INSURANCE COMPANYTE: CEPTUP COMPANY & MARKEL INSURANCE COMP	ACORD. CERTIFICA	TE OF LIABIL	ITY INSUF	RANCE		•
PO BOX 1120 EDEPT UT 49410 Agency Light (2596) ROUNED BOYS AND GIRLS RANCH TOS SYSTOME BOYS AND GIRLS RANCH TOS SYSTOME BOYS AND GIRLS RANCH TOS SYSTOME BOYS AND GIRLS RANCH COMPANY C. JUL 0.7 ZUIN COMPANY C. JUL 0.7 ZUI	BRYAN BAILEY	AUG 112010	CONFERS NO R	IGHTS UPON THE	CERTIFICATE HOLDER. T	TION ONLY AND THIS CERTIFICATE
AGENCY LOSS COMPANY & MARKEL INSURANCE CONTRACE COMPANY & JUL 7 7 UIII COMPANY & MARKEL INSURANCE CONTRACE COMPANY & MARKEL INSURANCE AND ACCOUNTRACE COMPANY & MARKEL INSURANCE AND ACCOUNTRACE COMPANY & MARKEL INSURANCE CONTRACE COMPANY & MARKEL INSURANCE AND ACCOUNTRACE F THE MARKEL INSURANCE AND ACCOUNTRACE COMPANY & MARK	PO BOX 1120	uduet & Fiscal Servi	Cas Policies Belo	W.	ALIER THE GOVERNOE A	TORDED BY THE
INSURED Y SAND GIRLS RANCH 1732 STAND ST WEST BLINKOS MT 9810-03599 COMPANY E COMPANY		-#- 100E0C	-	COMPA	NIES AFFORDING COVE	RAGE
VELLOWSTONE BOYS AND GIRLS RANCH 1723 S 72ND SIX WEST BILLINGS MT 98196-3599 COMPANY D:		J#. 102366	COMPANY A: M	ADKEL INCLIDAS	ICE COMPANY - CALV	s Baid Bills
1732 STAND ST. WEST COMPANY D. COMPANY D		NCH		ARKEL INSURAR	ICE CUMPANT (Language of the Control	9400 0000.
COMPANY D.	1732 S 72ND ST. WEST			***************************************		70111
COMPANY E:	BILLINGS MT 59106-3599			,	JUL 97	7010
TYPE OF DISTURDACE POLICY NUMBER P					FISCAL AN	JALYST
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