Client#: 1264663

CERTIFICATE NUMBER:

ACORD.

COVERAGES

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 6/21/2012

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).

Certificate (folder #1 fied of oddit chart-officer).		
PRODUCER	CONTACT Terrie Carney	<u></u>
BB&T-John Burnham Ins Services	PHONE (A/C, No, Ext): 619-525-2836 FAX (A/C, No): 88	83281310
750 B Street Suite 2400	E-MAIL ADDRESS; tcarney@bbandt.com	
San Diego, CA 92101	INSURER(S) AFFORDING COVERAGE	NAIC#
619 231-1010	INSURER A: Nonprofits' Insurance Alliance	XXNAIC
INSURED	INSURER B: Employers Compensation Insuranc	11512
Institute of Human Behavior Research &	INSURER C:	
Education dba Children's Learning Ctr	INSURER D:	
1910 Central Avenue	INSURER E :	
Alameda, CA 94501	INSURER F:	
COVERAGES CERTIFICATE NUMBER:	REVISION NUMBER:	

/I\ C	HIS IS TO CERTIFY THAT THE POLICIES IDICATED. NOTWITHSTANDING ANY REFERTIFICATE MAY BE ISSUED OR MAY PACCLUSIONS AND CONDITIONS OF SUCH	QUIREMEN ERTAIN.	IT, TERM OR CONDITION OF ANY THE INSURANCE AFFORDED BY T	CONTRACT OF HE POLICIES N REDUCED	r other do: Described I By Paid Clai	CUMENT WITH RESPECT HEREIN IS SUBJECT TO A	TO WHICH THIS
INSR LTR	TYPE OF INSURANCE	ADDL SUBF	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	S
A	GENERAL LIABILITY		201209579			EACH OCCURRENCE	\$1,000,000
l	X COMMERCIAL GENERAL LIABILITY					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$500,000
l	CLAIMS-MADE X OCCUR					MED EXP (Any one person)	\$20,000
	OS MINO IN ISE					PERSONAL & ADV INJURY	\$1,000,000
			1			GENERAL AGGREGATE	\$3,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					PRODUCTS - COMP/OP AGG	\$3,000,000
	POLICY PRO- JECT LOC						\$
A	AUTOMOBILE LIABILITY		201209579	07/01/2012	07/01/2013	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
l ^`	OTUA YMA X			BODILY INJURY (Per person)	\$		
	ALL OWNED SCHEDULED					BODILY INJURY (Per accident)	\$
	X HIRED AUTOS X AUTOS NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident)	\$
]	AUTOS						\$
Α	X UMBRELLA LIAB X OCCUR		201209579UMB	07/01/2012	07/01/2013	EACH OCCURRENCE	\$3,000,000
1	EXCESS LIAB CLAIMS-MADE					AGGREGATE	s3,000,000
	DED X RETENTION \$10000	ĺ					\$
В	WORKERS COMPENSATION		EIG103866705	06/30/2012	06/30/2013	X WC STATU- TORY LIMITS ER	
-	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE					E.L. EACH ACCIDENT	\$1,000,000
	OFFICER/MEMBER EXCLUDED? N N/					E.L. DISEASE - EA EMPLOYEE	\$1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$1,000,000
	DESCRIPTION OF OPERATIONS DECOM						

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required) Certificate is subject to policy limits, conditions and exclusions.

RE: Referral of students. Abuse & Molestation is included in policy "A" for \$1,000,000 occurrence/\$2,000,000 aggregate. Primary wording is included in the policy form. Coverages shall not be suspended, voided, canceled by either party, reduced in coverage or in limits except after thirty (30) days notice has been given to the certificate holder. The LEA, its subsidiaries, officials and employees are (See Attached Descriptions)

CERTIFICATE HOLDER	CANCELLATION
MT. Diablo School District 1936 Carlotta Drive 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.
00110014, 07. 0.010	AUTHORIZED REPRESENTATIVE
	John S. Kill

DESCRIPTIONS (Continued from Page 1) additional insureds per NIAC-E25 (1/98) for general liability and NIAC-A1 (3/91) for automobile.							



08/07/2012

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CONTINUED OF ALTER THE COVERAGE AFFORDED BY THE POLICIES W. 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(les) 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).

TTIVOTEST CITIES IN DITE TO			4. =
PRODUCER Woodruff-Sawyer & Co.		CONTACT Rhonda Rhodes PHONE (A/G, No, Ext); 415-878-2474 (A/G, No):	
88 Rowland Way, Suite 18 Novato, CA 94945	80	Appress: rrhodes@wsandco.com	
(415) 878-2460		INSURER(9) AFFOROING COVERAGE	NAIC#
(413) 676*2460		INSURER A: Nonprofits' Insurance Alliance of CA	
INSURED		MAURER B: Insurance Company of the West	27847
Anova Education & Behave	lor Consultation	INQURER C:	·····
Santa Rosa, CA 95403		INSURER D:	i
		INSURER E :	
		INSURER F :	
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. NOTWITHISTANDING 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	TYPE OF INSURANCE	ADDL	BUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/QD/YYYY)	LIMIT	S	
A	GENERAL LIABILITY	X		201208665NPO	08/01/2012			S	1,000,000
- 11	X COMMERCIAL GENERAL LIABILITY	^					DAMAGE TO RENTED PREMISES (Es occurrence)	S	500,000
	CLAIMS-MADE X OCCUR				1		MED EXP (Any one person)	\$	20,000
							PERSONAL & ADV INJURY	\$	1,000,000
ſ]				GENERAL AGGREGATE	<u>\$</u>	3,000,000
	OFN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	<u>\$</u>	3,000,000
	POLICY PRO- X LOC							\$	
\overline{A}	ASTOMOBILE LIABILITY			201208665NPO	08/01/2012	08/01/2013	GOMBINED SINGLE LIMIT (Ea accident)	_\$	1,000,000
	ANY AUTO						BODILY INJURY (Per person)	5	
Ì	ALL OWNED SCHEDULED AUTOS						BODILY (NJURY (Par accident)	\$	
	X HIRED AUTOS X NON-OWNED						PROPERTY DAMAGE (Por accident)	5	
]			S	
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$	
ĺ	EXCESS LIAB CLAIMS MADE						AGGREGATE	Ś	
	DED RETENTIONS							5	
В	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			WPL502168200	08/01/2012	08/01/2013	X WO STATU DTH-		····
	ANY PROPRIETOR/PARTNER EXECUTIVE	N/A			ļ		E.L. EACH ACCIDENT	<u>*</u>	1,000,000
	OFFICER/MEMBER EXCLUDED? [Mandatory in NH]	117M					E.L. DISEASE - EA EMPLOYEE	\$,	1,000,000
	If yos, describe under DESCRIPTION OF OPERATIONS below		<u> </u>				E.L. DISEASE - POLICY LIMIT	\$	1,000,000
	***************************************					ì			
					}				
	RIPTION OF OPERATIONS / LOCATIONS / VEHIC		<u> </u>						

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 161, Additional Remarks Schedule, if more space is required)
All California Operations of the Named Insured, Mildred D. Browne, Ed. D., Mt. Diablo Unified School District are named additional insured per form CG 20 26 07 04 attached.

CE	RT	IFIC	AT	EΗ	OL	DER

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE

Mildred D. Browne, Ed. D., Mt. Diablo Unified School District

AUTHORIZED REPRESENTATIVE

ACCORDANGE WITH THE POLICY PROVISIONS.

CANCELLATION

1936 Carlotta Way Concord, CA 94519

Strah J. Woste

LOAN #:

© 1988-2010 ACORD CORPORATION. All rights reserved.

THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN

NAMED INSURED: Anova Education & Behavior Consultation

POLICY NUMBER: 201208665NPO

COMMERCIAL GENERAL LIABILITY

CG 20 26 07 04

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ANOVA INC

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)

Mildred D. Browne, Ed. D., Mt. Diablo Unified School District

1936 Carlotta Way Concord, CA 94519

Information required to complete this Schedule, if not shown above, will be shown in the Declarations,

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
- B. In connection with your premises owned by or rented to you.

All California Operations of the Named Insured, Mildred D. Browne, Ed. D., Mt. Diablo Unified School District are named additional insured per form CG 20 26 07 04 attached.



DATE (MM/DD/YYYY) 5/30/2012

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(les) 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

C	certificate holder in lieu of such endo	rsem	ient(s	ś),							
PRO	DDUCER	-		· · · · · · · · · · · · · · · · · · ·	CONTACT Ivoree Heard						
Ιn	ternational ProInsurance	е А	sso	ciates	PHONE (A/C. N	E (415)	5) 223-5500	D FAX	(415) 3	382-0676	
50	4 Redwood Blvd			ļ	E-MAIL ADDRESS: ivoree.heard@proinsurance.com						
	ite 240			1	100			ORDING COVERAGE		NAIC #	
	vato CA 9	494	7	,	.Melle		adelphia	· · · · · · · · · · · · · · · · · · ·		TOWN #	
	URED CA 5.	***	<u>'</u>							 	
	y Area Educational Inst:	ووجه الد	4~	,		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ford Insu	rance		 	
			te,	•	INSUR						
	a: Bay Hill High School			'	INSUR	ama c				<u> </u>	
	1 Boden Way		_	1	INSUR	ERE:	<u> </u>			<u> </u>	
	kland CA 94				INSURI	ERF:					
				E NUMBER;CL1253006				REVISION NUMBER:			
IN CI EX	HIS IS TO CERTIFY THAT THE POLICIES IDICATED. NOTWITHSTANDING ANY RI ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	REQUII / PERT H POLI	IREME RTAIN, LICIES	ENT, TERM OR CONDITION , THE INSURANCE AFFORD S. LIMITS SHOWN MAY HAVE	OF ANDED BY	NY CONTRAC Y THE POLICIE N REDUCED BY	OT OR OTHER IES DESCRIBE BY PAID CLAIMS	R DOCUMENT WITH RESPECT ED HEREIN IS SUBJECT TO IS.	CT TO	WHICH THIS	
INSR LTR	TYPE OF INSURANCE	ADDI	L SUBR	R POLICY NUMBER		POLICY EFF	POLICY EXP (MM/DD/YYYY)	LIMITS	s		
	GENERAL LIABILITY	1	1			Time	Inches .	1	\$	1,000,000	
	X COMMERCIAL GENERAL LIABILITY		ļ				,	DAMAGE TO RENTED	\$	100,000	
A.	CLAIMS-MADE X OCCUR	x		PHPK715477	1	6/1/2012	6/1/2013	112110111111111111111111111111111111111	\$	5,000	
<i>57.</i>	CLAIMO MAUL A 10000.	Δ		Luky (104)	,		, , ,			1,000,000	
		· [,		1		\$		
-					,		'		\$	2,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:				,		1		\$	2,000,000	
	X POLICY PRO-					<u> </u>	<u> </u>		\$		
	AUTOMOBILE LIABILITY				,	1	,	COMBINED SINGLE LIMIT (Ea accident)	\$		
	ANY AUTO				,	,	'		\$		
1	ALL OWNED SCHEDULED AUTOS	'	'		,	1 '		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	\$		
1	HIRED AUTOS NON-OWNED AUTOS	'	1		,	1	!	PROPERTY DAMAGE (Per accident)	\$		
	, T	'	1		,	1 '	1		\$		
	X UMBRELLA LIAB OCCUR		 			<u> </u>		EACH OCCURRENCE 4	8	4,000,000	
A	EXCESS LIAB CLAIMS-MADE	. '	'		ļ	1 '			\$	-,	
A	TZ OEASHO-WADE	- 1	,	PHUB343974	,	6/1/2012	6/1/2013		\$		
	WORKERS COMPENSATION	 	+	ENODO 400, -		w, -, -	9, 2, 2	WC STATU- OTH-	<u>*</u>		
-	AND EMPLOYERS' LIABILITY V/M	1 '	/		ļ	! !	1)	1			
-	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A			1	4/1/2012	4/1/2013		\$	1,000,000	
- 1	(Mandatory in NH)	1 '		57WECDQ7648	ļ	4/1/2012	A/1/2013	E.L. DISEASE - EA EMPLOYEE \$		1,000,000	
	If yes, describe under DESCRIPTION OF OPERATIONS below	<u></u> —'	$\perp \!\!\!\! \perp \!\!\!\! \perp$	<u> </u>		<u> </u>		E.L. DISEASE - POLICY LIMIT \$	\$	1,000,000	
-20											
Cer	RIPTION OF OPERATIONS/LOCATIONS/VEHIC tificate Holder is named a	as Á	Ádd⊥ t	tional Insured as :	schedur resp	e, if more space ects to I	is required) Liability	as required by wr	itte	en .	
	tract only as pertains to										
ER	TIFICATE HOLDER				CANC	CELLATION					
	Mt. Diablo Unified Sch	hoo	l Di	istrict	THE	EXPIRATION	N DATE THE	ESCRIBED POLICIES BE CAN EREOF, NOTICE WILL BE CY PROVISIONS.	NCELL E DEI	LED BEFORE	
	1936 Carlotta Drive			F							

ACORD 25 (2010/05)

Concord, CA 94519

Sand W. Hot

AUTHORIZED REPRESENTATIVE

David Hofele/IVOHER

Client#: 309072

CAAUTISM

ACORD.

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 1/20/2012

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

PRODUCER	CONTACT NAME:
Hub International HUB Int'l Insurance Serv. Inc.	PHONE (A/C, No, Ext): 925 609-6500 FAX (A/C, No): 925 609-6550 E-MAIL ADDRESS:
P.O. Box 4047 Concord, CA 94524-4047	INSURER(S) AFFORDING COVERAGE NAIC # INSURER A: Massachusetts Bay Insurance Co 22306
California Autism Foundation DBA: A Better Chance School	INSURER B: Hanover Insurance Company 22292 INSURER C:
4075 Lakeside Drive Richmond, CA 94806-1937	INSURER D : INSURER E : INSURER F :
ACCUEDA OFA ACCUEDA TEL MUNICIPAL DE LA COMPANION DE LA COMPAN	

١	JUVERAGES		CERTIF	ICA IE NUMB	EK;					KEV	NOION NOI	VREK:	
	THIS IS TO CERTIFY	THAT THE I	POLICIES OF	F INSURANCE	LISTED	BELOW	HAVE BEEN	ISSUED 1	OTHE IN	SURED NA	MED ABOVE	FOR THE	POLICY PER
	11 ID 10 ADD 1400-4												

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 SU	BR D POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S
A	GENERAL LIABILITY		ZDF940571500	01/01/2012	01/01/2013	EACH OCCURRENCE	s1,000,000
	X COMMERCIAL GENERAL LIABILITY					DAMAGE TO RENTED PREMISES (Ea occurrence)	s 100,000
	CLAIMS-MADE X OCCUR					MED EXP (Any one person)	s 5,000
						PERSONAL & ADV INJURY	s 1,000,000
						GENERAL AGGREGATE	\$2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					PRODUCTS - COMP/OP AGG	\$2,000,000
	POLICY PRO- JECT X LOC						\$
B	AUTOMOBILE LIABILITY		ADF939630200	01/01/2012	01/01/2013	COMBINED SINGLE LIMIT (Ea accident)	s1,000,000
	X ANY AUTO					BODILY INJURY (Per person)	\$
	ALL OWNED SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$
	X HIRED AUTOS X NON-OWNED AUTOS	Ì			ĺ	PROPERTY DAMAGE (Per accident)	\$
							\$
A	X UMBRELLA LIAB X OCCUR		UHF940571400	01/01/2012	01/01/2013	EACH OCCURRENCE	\$2,000,000
	EXCESS LIAB CLAIMS-MADE					AGGREGATE	s2,000,000
	DED X RETENTION \$0						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					WC STATU- OTH-	
	ANY PROPRIETOR/PARTNER/EXECUTIVE	NIA				E.L. EACH ACCIDENT	\$
1 1	(Mandatory in NH)					E.L. DISEASE - EA EMPLOYEE	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$
A	Professional Liab		ZDF940571500	01/01/2012	01/01/2013	\$1,000,000 Each	
]		Wrongful Act;	
$oxed{oxed}$						\$3,000,000 Aggregat	e

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

RE: Professional Services Contract.

Mt. Diablo Unified School District, its officers, officials, agents, employees and volunteers as Additional Insured as respects General Liability, and coverage applies on a Primary basis, per attached form 421-0549 0908; and as Additional Insured as respects Auto Liability (endorsement to be issued by carrier). Auto Liability applies on a Primary basis per CA0001 0306. All as required by written contract,

CERTIFICATE HOLDER	CANCELLATION
Mt. Diablo Unified School District 1936 Carlotta Drive	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Concord, CA 94519-1397	AUTHORIZED REPRESENTATIVE
	Daniel Casal

AFDTICIO 4 TT 1401 B TD

303INSTIHUM

REVISION NUMBER:

Client#: 1264663

CERTIFICATE NUMBER:

ACORD...

COVERAGES

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 6/21/2012

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(les) 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	CONTACT Terrie Carney						
BB&T-John Burnham Ins Services	PHONE (A/C, No, Ext): 619-525-2836 FAX (A/C, No): 8883281310						
750 B Street Suite 2400	E-MAIL ADDRESS: tcarney@bbandt.com						
San Diego, CA 92101	INSURER(S) AFFORDING COVERAGE NAIC #	#					
619 231-1010	INSURER A : Nonprofits' Insurance Alliance XXNAIC						
INSURED	INSURER B : Employers Compensation Insuranc 11512						
Institute of Human Behavior Research &	INSURER C:						
Education dba Children's Learning Ctr	INSURER D:						
1910 Central Avenue	INSURER E:						
Alameda, CA 94501	INSURER F:						

IN	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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s			
Α	GENERAL LIABILITY			201209579	07/01/2012	07/01/2013		\$1,000,000			
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$500,000			
	CLAIMS-MADE X OCCUR						MED EXP (Any one person)	s20,000			
						-	PERSONAL & ADV INJURY	\$1,000,000			
	44						GENERAL AGGREGATE	\$3,000,000			
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	\$3,000,000			
	POLICY PRO- JECT LOC							\$			
Α	AUTOMOBILE LIABILITY			201209579	07/01/2012	07/01/2013	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000			
	X ANY AUTO						BODILY INJURY (Per person)	\$			
	ALL OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$			
	X HIRED AUTOS X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$			
								\$			
Α	X UMBRELLA LIAB X OCCUR			201209579UMB	07/01/2012	07/01/2013	EACH OCCURRENCE	\$3,000,000			
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	s3,000,000			
	DED X RETENTION \$10000							\$			
В	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			EIG103866705	06/30/2012	06/30/2013	X WC STATU- OTH-				
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A					E.L. EACH ACCIDENT	\$1,000,000			
	(Mandatory in NH)	M/A	İ				E.L. DISEASE - EA EMPLOYEE	\$1,000,000			
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$1,000,000			
			į								

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
Certificate is subject to policy limits, conditions and exclusions.

RE: Referral of students. Abuse & Molestation is included in policy "A" for \$1,000,000 occurrence/\$2,000,000 aggregate. Primary wording is included in the policy form. Coverages shall not be suspended, voided, canceled by either party, reduced in coverage or in limits except after thirty (30) days notice has been given to the certificate holder. The LEA, its subsidiaries, officials and employees are (See Attached Descriptions)

CERTIFICATE HOLDER	CANCELLATION
MT. Diablo School District 1936 Carlotta Drive 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
	John S. Kill

© 1988-2010 ACORD CORPORATION, All rights reserved.

したのでは、大きの大きのでは、サイスのは、これでは、大きのはないできた。 おいかい おおおお はない ないがん しゅうしゅう かいかい かいかい かいかい かいかい しょうしゅう しゅうしゅう しゅうしゅう

ACORD. CERTIFICA	ATE OF LIABI			· · · · · · · · · · · · · · · · · · ·	DATE (MM/DD/YY) AUG 6 12				
ROBIN PATTERSON COMMERCIAL BUSINESS INSURANC P. O. BOX 9742 RAPID CITY SD 57709-9742	E AGENCY	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.							
MAPIO ()) 1 OD 31103-3142			COMPA	NIES AFFORDING COVER	RAGE				
INSURED		COMPANY A: MA	ARKEL INSURAL	ICE CO. RATING A12					
HERITAGE SCHOOLS, INC. DBA: HERITAGE BEHAVORAL HEAI	TH SVSTEMS INC	COMPANY B:							
5600 NO. HERITAGE SCHOOL DR.	in ordizino, mo.	COMPANY C:							
PROVO UT 84604		COMPANY D:							
COVERAGES		COMPANY E:							
THIS IS TO CERTIFY THAT THE FOLICIES OF NOTWITHSTANDING ANY REQUIREMENT, TERM WAY PERTAIN, THE INSURANCE AFFORCED E LIMITS SHOWN MAY HAVE EFEN REDUCED I	A 31-E MARAIRE VERNOUSEV IS ON CAMPAINA OF MAI COMIN	ve been issued to the ACT or other cocume Premise to algebrase in Al	C MÖCKED NAMED DÎ WITH RESEECT L THE FERMS, EXC	ABOVE FOR THE POLICY PERIO TO WHICH THIS CERTIFICATE N LUBIONS AND CONDITIONS OF I	DI INDICATED. MAY BE ISSUED OR SU(34 POUICIES				
NSR TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM-DO-YY)	POLICY EXPRATION	LIMITS					
GENERAL LIABILITY	8502\$\$310559-4	MAR 12 12	MAR 1213	EACH OCCURRENCE	1,000,000				
X COMMERCIAL GENERAL LINDILITY				FIPE DAV/AGE (Any One Fire)	\$ 1,000,000				
CLAMS MADE X OCCUR				NEO EXP (Any One Person)	\$ 10,000				
A X PROFESSIONAL EMBILITY				PERSONAL & ADVINUORY	5 1,000,000				
GENT AGGREGATE LIVET APPLIES PER				GENERAL AGGREGATE	\$ 3,000,000				
POLICY PROMOTE LONG				PRODUCTS-COMPION AGG	3,000,000				
ANY AUTO	#		<u> </u>	COMBINED SINGLE LIMPT (Es acorders)	*				
ALL COMED AUTOS SCI-EDULED AUTOS				EQUILY INJURY (Per person)	\$				
HIRED AUTOS NON-OWNED AUTOS				FODILY INJURY (Par account)	s				
GARAGE LIABILITY				PROPERTY DAMAGE	\$				
ANY ALITO	-			AUTO ONLY - CA ACCIDENT	3				
	<u> </u>]		OTHER THAN EA ACC AUTO CHLY AGG	\$				
EXCESS LIABILITY	460288310560-4	MAR 12 12	MAR 12 13	FACH OCCURRENCE	10,000,000				
A DOCCUM CLAIMS MADE				ACGREGATE	₹ 10,000,000				
CEOUCTIBLE					\$				
X RETENTION \$ 10,000)				ţ				
WORKERS COMPENSATION AND				WG STATU OTHER	\$				
EMPLOYERS' LIABILITY		:		F L FACH AUGIDENT	ę				
				EL DISEAGREA EMPLOYEE	\$				
OTHER:				EL DISEASE-FOLICY LIMIT	\$				
A OTHER.	850255310559-4	MAR 12 12	MAR 12 13	SEXUAL ABUSE SUBLIN \$1,000,000. OCCURRENC \$2,000,000. AGGREGATE	É				
DESCRIPTION OF OPERATIONS/LOC	ATIONS/VEHICLES/SPECI	ALITEMS C	ERTIFICATE NO	LDER IS LISTED AS "AD	DITIONAL				
INSURED".				AND ENTREMENT AND	BITTONAL				
CERTIFICATE HOLDER ADD	MONAL INSURED; INSURER LETY	ER: CANCELL	NTION						
MT. DIABLO UNIFIED SCHOOL DIS SPECIAL EDUCATION/STUDENT 1936 CARLOTTA DRIVE CONCORD, CA 94519-1397	TRICT	SHOZED AN EXPIRATION DAYS WHITE FAILURE TO DINSURER, IT,	TOF THE PROVE DIDATE THEREOF THE EN NOTICE TO THE POSE SHAPE IMPOSE AGENTS OR REPRESENTATIVE	ESCRIBED POLICIES DE CAMOE E ISSUNO COMPANT WILL END DÉRTIFICATE MOLDER MANGO NO OBLIGATION OR CIARILITY OF BENTATIVES	EAVOR TO MAIL 30				
Attention TABA ARGON		[c/reas2_0 66 5	(2011) <u>(</u>						
Attention. TARA ASHOO		Signature Ful	rel. Pieterson Agen						
ACORD 25-\$ (7/97)	Certifice	le# 6629	ROBIN	L. PATTERSON	58820				

** TOTAL PAGE.02 **

	4C	ORD	CERTIFIC	CATE OF LIABIL	ITY INS	DATE (MM/DD/YY) 04/27/2012					
PRO	DUCE	ERNES [*] REHABI 22 BAT		ERY INSURANCE AGENCY, INC. E 503, SAN FRANCISCO, CA 941	ONLY AND HOLDER. ALTER THE	ONLY AND CONFERS NO RIGHTS UPON THE HOLDER. THIS CERTIFICATE DOES NOT AMEND, ALTER THE COVERAGE AFFORDED BY THE POLICE					
ILICI	JRED	FIIONL	.4 10-900-2 130/PAX .	410-900-2944		FFORDING COVE		NAIC#			
IIVOI	IKED					HILADELPHIA INSU	JRANCE COMPANY				
			EIM SCHOOL, INC. ROOM DRIVE		INSURER B:						
			OND, CA 94806		INSURER C;						
		1	0110, 0/104000		INSURER D: INSURER E:						
CO	OVERAGES										
í	ANY R MAY P	EQUIREMENT ERTAIN, THE I	, TERM OR CONDITION INSURANCE AFFORDE	OW HAVE BEEN ISSUED TO THE INS NOF ANY CONTRACT OR OTHER DO D BY THE POLICES DESCRIBED HER AY HAVE BEEN REDUCED BY PAID CL	OCUMENT WITH R	ESPECT TO WHICH	THIS CERTIFICATE MAY	BE ISSUED OR			
NSR LTR	ADD'L NSRC	TYPE	OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMIT	S			
72		GENERAL LIAE	BILITY				EACH OCCURRENCE	s 1,000,000			
Α		X COMMERC	CIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurence)	s 1,000,000			
		CLAI	MS MADE X OCCUR	PHPK857759	04/25/12	04/25/13	MED EXP (Any one person)	s 20,000			
	1						PERSONAL & ADV INJURY	\$ 1,000,000			
		051111 100055					GENERAL AGGREGATE	s 2,000,000			
		T	PRO- LOC				PRODUCTS - COMP/OP AGG	s 2,000,000			
Α		AUTOMOBILE I	LIABILITY	PHPK857759	04/25/12	04/25/13	COMBINED SINGLE LIMIT (Ea accident)	s 1,000,000			
		SCHEDUL	ED AUTOS ED AUTOS	REC	CEIVED		BODILY INJURY (Per person)	s			
		X HIRED AU	TOS IED AUTOS		3 0 2012		BODILY INJURY (Per accident)	s			
				FISCAL	ANALYST		PROPERTY DAMAGE (Per accident)	s			
		GARAGE LIABII	LITY		SPECIAL EDUCATION	IN	AUTO ONLY - EA ACCIDENT	\$			
		ANY AUTO)		OF COME PROBATIO	ЛЧ	OTHER THAN AUTO ONLY: EA ACC	\$			
			ELLA LIABILITY			04/25/13	EACH OCCURRENCE	s 3,000,000			
Α		X occur	CLAIMS MADE	PHUB380509	04/25/12		AGGREGATE	\$ 3,000,000			
		_		, vium vie disease disease disease se ripidas electrico.	1000 CC 2000 CC 100 CC 100 CC 1			S			
		DEDUCTIB						\$			
		RETENTIO	N S				LWC STATUL LOTU	\$			
	WORK	CER'S COMPENS	SATION AND TY				WC STATU- OTH- TORY LIMITS ER				
	ANY F		RTNER/EXECUTIVE				EL EACH ACCIDENT	s			
	If yes,	describe under						S			
_	OTHE	IAL PROVISIONS R	o delow				EL DISEASE - POLICY LIMIT	\$			
	PRC	FESSIONA	AL LIABILITY SHONESTY	PHPK711171 PHPK711171	04/25/12 04/25/12		\$1,000,000 OCCUR/\$ \$200,000 LIMIT-\$2,50				
A EMPLOYEE DISHONESTY PHPK711171 04/25/12 04/25/13 \$200,000 LIMIT-\$2,500 DED DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS CERTIFICATE HOLDER, ITS OFFICERS, AGENTS, EMPLOYEES AND COMMISSIONERS ARE INCLUDED AS ADDITIONAL INSPECT TO THE OPERATIONS OF THE NAMED INSURED.LOCATION: 1413 "F" STREET, PORTABLE 1, ANTIOCH CA 94599 FORM CG-2026). 10 DAY NOTICE OF CANCELLATION FOR NON PAYMENT OF PREMIUM.											
·E	TIEIO	ATE UNI DE	:D		CANOCILATIO	NI.					
CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE E											
							R WILLXXXXXXXXXX MAIL_				
		MT. DIA	BLO USD - DIR, O	F STUDENT SVCS/ SPECIAL	1						
		EDUCA [*]	TION, ATTN: MILD				AMED TO THE LEFT, BUT FAILU				
			ARLOTTA DRIVE		1		F ANY KIND UPON THE INSURE	R IIS AGENTS OR			
		CONCO	RD, CA 94519		AUTHORIZED REP						
					AUTHORIZED REPRESENTATIVE						

POLICY NO: AR3360385

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 DIRECTOR OF STUDENT SERVICES/SPECIAL EDUCATION ATTN: MILDRED BROWNE 1936 CARLOTTA DRIVE CONCORD, CA 94519

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

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:

A. In the performance of your ongoing operations; or

B. In connection with your premises owned by or rented to you.

INSURED: LA CHEIM SCHOOL, INC.



OP ID: PC

DATE(MM/DD/YYYY) 09/09/11

E-MAIL ADDRESS: Fresno, CA 93729-8906 Joe Thacker CUSTOMER ID # MILHO-1 INSURER(S) AFFORDING COVERAGE NAIC # INSURER A : Markel Insurance Co. 38970 Milhous Children's Services INSURED INSURER B: NonProfits' United 24077 Highway 49 Nevada City, CA 95959 INGURER C ; INSURER D: INSURER E: INSURER E:

COVERAGES

CERTIFICATE NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED SELOW 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 SE 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.

NSR LTR		TYPE OF INSURANCE	ADOL	SUBF	POLICY NUMBER	POLICY EFF	POLICY EXP	LIMIT	8	
LIK		IERAL LIABILITY						EACH OCCURRENCE	\$	1,000,000
Α	X	COMMERCIAL GENERAL LIABILITY	Х		8502\$\$3287672	09/06/11	09/06/12	DAMAGE TO RENTED PREMISES (En occurrence)	\$	100,000
	 ``	CLAIMS-MADE X OCCUR						MED EXP (Any one person)	\$	5,000
	H	COMMS-MINDLE 11 00007						PERSONAL 8 ADV INJURY	S	1,000,000
	\vdash		İ	İ				GENERAL AGGREGATE	5	3,000,000
	<u> </u>	# NACCE AND TO BE SEED.						PRODUCTS - COMP/OP AGG	\$	1,000,000
		PRO LOC							\$	
<u> </u>		EOPOPICE L'ABILITY						COMBINED SINGLE LIMIT (Es scelloni)	\$	5,000,000
В	Х	ANY AUTO			2017	09/06/11	07/01/12	BODILY INJURY (Per person)	5	
		ALL OWNED AUTOS]	BODILY INJURY (Per accident)	\$	
		SCHEDULED ALTOS						PROPERTY DAMAGE (Per accident)	\$	
	\vdash	WIRED AUTOS	ļ	1					5	
	-	NON-DAMED WILDS							3	
	_	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$	
		EXCESS LIAB CLAIMS MADE						AGGREGATE	\$	
		DEDUCTIBLE	1						\$	
		RETENTION S							S	
 	WO	RKERSCOMPENSATION						WC STATE OTH- TORY UMITS ER		
	ANI	DEMPLOYERS' LIABILITY PROPRIETOR/PARTNER/EXECUTIVE						E.L. EACH ACCIDENT	\$	
	OF	ROER/MEMBER EXCLUDED?	NIA]	E.L. DISEASE - EA EMPLOYES	\$	
ĺ	fina fina	indatory in NH) es, describe under ECRIPTION OF OPERATIONS below.						E L DISEASE - POLICY LIMIT	5	
A	DE8	fessional Liab	†	\vdash	8502SS3287672	09/06/11	09/06/12	Agg		3,000,000
Ã		fessional Liab			8502553287672	09/06/11	09/06/12	Es		1,000,000
		TOU OF ORSEATIONS IT OCATIONS INFUS	1 PS /	Affani	ACORO (Of Additional Remarks Schedul	e. If more space i	s required)			

	a anno an a a a marchada a caracter de caracter Cabadalla Managara anciente rédistrédi
BEARBORIOU OF ORGOATIONS IJ OCATIONS I VEHICLES	S (Altion ACORD 101, Additional Remarks Schedule, if more space is required)
- 日に名の場合 はいい ひと ひともいがけるからい ぞんろう ひろろうろ 禁止 ニューニ	- V
Endorsamant affected: CG2028 07/04.	
Endorseilleim armenen. Ogsess avva.	

MTDIA-2	CERTIFICATE HOLDER		CANCELCATION
	Mt. Diablo Unified School Dist Marie Fable 1936 Carlotta Drive	MTDIA-2	44-4

@ 1988-2009 ACORD CORPORATION. All rights reserved.

POLICY NUMBER: 8502SS3287672

COMMERCIAL GENERAL LIABILITY CG 20 26 07 04

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 Organizations(s)	
Information required to complete this Schedule, if not shown above, will be shown in the Declarations,	

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:

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

OAKHI-1

OP ID: CJ

DATE (MM/DD/YYYY)

ACORD

CERTIFICATE OF LIABILITY INSURANCE

12/27/11

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(les) 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). 415-512-2100 CONTACT PRODUCER FAX (A/C, No): Sweet & Baker ins, Brokers inc 415-512-1115 44 Second Street San Francisco, CA 94105-3440 (AJC, No. Ext): E-MAIL <u>ADDRESS</u>: NAIC # INSURER(S) AFFORDING COVERAGE INSURER A: The Hartford INSURER B: Nonprofits' Insurance Alliance Oak Hill School of California

INSUREO 300 Sunny Hills Dr., Bldgs 6&7 INSURER C: San Anselmo, CA 94960 INSURER D : INSURER E INSURER F **CERTIFICATE NUMBER:** REVISION NUMBER: **COVERAGES**

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. ADDLISUBR INSR WVD POLICY EFF POLICY EXP
(MM/DD/YYYY) (MM/DD/YYYY) LIMITS TYPE OF INSURANCE POLICY NUMBER

	GEN	IERAL LIABILITY		l				EACH OCCURRENCE	1.5	1,000,000
В	х	COMMERCIAL GENERAL LIABILITY	х		201116765	12/01/11	12/01/12	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	500,000
Ι-		CLAIMS-MADE X OCCUR						MED EXP (Any one person)	\$	20,000
	Y	Soc Services			AGG \$2ML/OCC \$1ML			PERSONAL & ADV INJURY	\$	1,000,000
	Ŷ	Impr Sexi Conduct			AGG \$1ML/OCC \$1ML			GENERAL AGGREGATE	\$	2,000,000
	GEN	"L AGGREGATE LIMIT APPLIES PER:			·			PRODUCTS - COMPIOP AGG	\$	2,000,000
		POLICY PRO- LOC							\$	
		OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
В	X	ANY AUTO			201116765	12/01/11	12/01/12	BODILY INJURY (Per person)	s	
	H	ALL OWNED SCHEDULED						BODILY INJURY (Per accident)	\$	
	x	AUTOS AUTOS X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$	
l	H	AUTOS AUTOS		1					\$	
	х	UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	2,000,000
В		EXCESS LIAB CLAIMS-MADE			201116765UMB	12/01/11	12/01/12	AGGREGATE	\$	2,000,000
		DED X RETENTIONS 10,000							3	
		RKERS COMPENSATION						X WC STATU- OTH- TORY LIMITS ER		
A		DEMPLOYERS' LIABILITY PROPRIETOR/PARTNER/EXECUTIVE		1	57WELX4549	09/01/11	09/01/12	E.L. EACH ACCIDENT	\$	1,000,000
1	OFF	CERMEMBER EXCLUDED?	N/A					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
1		s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	3	1,000,000
	DES	CONTROL OF OFERMIONS BOOM	r							
					Senior Control of Cont					

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, If more space is required)
Certificate holder is additional insured per attached CG2026 0704 endt. 30 day cancellation except 10 day for nonpayment of premium.

MTDIA-1

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN

ACCORDANCE WITH THE POLICY PROVISIONS.

Mt Diablo Unified School District 1936 Carlotta District Concord, CA 94519

AUTHORIZED REPRESENTATIVE

CANCELLATION

© 1988-2010 ACORD CORPORATION. All rights reserved.

CERTIFICATE HOLDER



DATE (MM/DD/YYYY) 8/16/2012

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(les) 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).

	ertificate holder in lieu of su					rendoisement. A statement on this certificate does not comer rights to the					
PRO	DUCER					CONTA	CT Jason (Cheung			
IS	U/San Francisco					PHONE (A/C. N	e. Ext): (415)	788-9810	FAX (A/C, No):	(415)2	48-3534
201 California St., Suite 200						E-MAIL ADDRE	ss: jcheun	g@isugrou	p.com		
Li	cense # 0778092						in	SURER(S) AFFOR	RDING COVERAGE		NAIC#
Sa	n Francisco	CA 94	111	-50	98	INSURE	RA:Hartf	ord Casu	alty Ins Co		29424
INSU	RED					INSURE	ERB:				
Or:	ion Academy					INSURE	ERC:				
350	Rheem Blvd					INSURE	ERD:				
						INSURE	ERE:				
	raga	CA 94	556			INSURE	RF:				
	VERAGES				NUMBER:12-13				REVISION NUMBER:		
IN CI	IIS IS TO CERTIFY THAT THE DICATED. NOTWITHSTANDIN ERTIFICATE MAY BE ISSUED (CLUSIONS AND CONDITIONS	VG ANY RE	QUIF	EMEI AIN,	VT, TERM OR CONDITION THE INSURANCE AFFORD	OF ANDED BY	Y CONTRACT	OR OTHER (DOCUMENT WITH RESPECT TO	CT TO	WHICH THIS
INSR LTR	TYPE OF INSURANCE		ADDL	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)		LIMIT	s	
	GENERAL LIABILITY								EACH OCCURRENCE	\$	1,000,000
	X COMMERCIAL GENERAL LIAB	BILITY	l						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	300,000
A	CLAIMS-MADE X O	CCUR	İ		57UUNUL6568		6/1/2012	6/1/2013	MED EXP (Any one person)	\$	10,000
			ĺ						PERSONAL & ADV INJURY	\$	1,000,000
		•							GENERAL AGGREGATE	\$	2,000,000
	GEN'L AGGREGATE LIMIT APPLIES		İ						PRODUCTS - COMP/OP AGG	\$	2,000,000
	X POLICY PRO- JECT PRO- JECT PRO-	LOC							COMBINED SINGLE LIMIT	\$	
									COMBINED SINGLE LIMIT (Ea accident)	\$	
	ANY AUTO ALL OWNED SCHE	DULED	1						BODILY INJURY (Per person)	\$	
	AUTOS AUTO	S OWNED							BODILY INJURY (Per accident) PROPERTY DAMAGE	\$ S	
	HIRED AUTOS AUTO	s							(Per accident)	\$	
	UMBRELLA LIAB	COLUD									
	⊢	CCUR LAIMS-MADE							EACH OCCURRENCE	\$	
1	DED RETENTION\$	EVINO-WYDE							AGGREGATE	\$ \$	-
	WORKERS COMPENSATION				· · · · · · · · · · · · · · · · · · ·				WC STATU- OTH-	*	
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECU	UTIVE TAN							TORY LIMITS ER	s	
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)		NIA						E.L. DISEASE - EA EMPLOYEE	-	
	If yes, describe under DESCRIPTION OF OPERATIONS be	low							E.L. DISEASE - POLICY LIMIT		
										- 	
İ											
DESC	RIPTION OF OPERATIONS/LOCATE tificate Holder is	ONS / VEHICL	ES (/	ttach /	CORD 101, Additional Remarks	Schedule	, if more space k	required)	aa waani 3 1		
	tract only as perta					respe	ects to n	radititA	as required by wr	:itte	n
					operations.						
											ŀ
CER	TIFICATE HOLDER					CANC	ELLATION				
	Mt. Diablo Unifi 1936 Carlotta Di		100]	. Di	strict	THE	EXPIRATION	DATE THE	ESCRIBED POLICIES BE CA REOF, NOTICE WILL B Y PROVISIONS.		
	Concord, CA 945					AUTHOR	RIZED REPRESEI	NTATIVE			
											I

Jason Cheung/JASONC



DATE (MM/DD/YYYY) 05/18/2012

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)

⊢ "	attitude fictor in the of Such endorsome inter-	CONTACT					· · · · · · · · · · · · · · · · · · ·	
	DUCER 1-800-807-0300 ex Risk Solutions, Inc. (CB)	NAME: CHEISCIAN BEOCHEIS BEIVICES						
	Pierce Place	(A/C, No, Ext): 1-800-807-0300 (A/C, No): 1-030-370-2300						
		AODRESS: INSURFRIS) AFFORDING COVERAGE NAIC #						
Ita	sca, IL 60143-3141	INSURER(S) AFFORDING COVERAGE NAIC # INSURER A: PRINCETON EXCESS & SURPLUS LINES INS 10786						
INSU	REO	INSURER E						
Bro	thers of the Christian Schools & Affiliates, Including							
	. #: 1084001, SRS OF THE HOLY NAMES OF	INSURER C						
	US & MARY US-ONTARIO PROVINCE 5 Windham Parkway	INSURER						
	eoville, IL 60446	INSURER E						
L	VED A OFD STEEL 27191504	INSURER F	<u>F:</u>		REVISION NUM	MRED.	<u> </u>	
	VERAGES CERTIFICATE NUMBER: 27181594 HIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HA	VE BEEN	ISSUED TO				ICY PERIOD	
IN	DICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION ERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORD KCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE	I OF ANY (DED BY TH E BEEN REI	CONTRACT (IE POLICIES DUCED BY P	OR OTHER (DESCRIBED PAID CLAIMS.	DOCUMENT WITH HEREIN IS SU	H RESPECT TO	WHICH THIS	
INSR LTR	TYPE OF INSURANCE INSR WYD POLICY NUMBER	P (M	POLICY EFF	POLICY EXP (MM/DD/YYYY)		LIMITS		
A	GENERAL LIABILITY X G2-A3-EX-0000019-06		06/15/12	06/15/13	EACH OCCURREN	CE \$2,0	00,000	
	X COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENT PREMISES (Ea occ	ED \$ Inc	luded	
	CLAIMS-MADE X OCCUR		-		MED EXP (Any one		000	
	J CENTRAL DE LA COURT		-		PERSONAL & ADV	*	luded	
					GENERAL AGGREC	37/3		
	OF IN ACCOMMENT AND PROPERTY.				PRODUCTS · COM		luded	
	GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRO- LOC LOC				T NOBOOTO T COM	\$		
H	AUTOMOBILE LIABILITY				COMBINED SINGLE	E LIMIT S		
					(Ea accident) BODILY INJURY (Po			
	ANY AUTO ALL OWNED SCHEDULED		į	1	BODILY INJURY (P			
	AUTOS AUTOS NON-OWNED	ŀ	ĺ	}	PROPERTY DAMAG			
	HIRED AUTOS AUTOS				(Per accident)	\$		
H	I I I I I I I I I I I I I I I I I I I							
	UMBRELLA LIAB OCCUR				EACH OCCURRENCE			
	EXCESS LIAB CLAIMS-MADE				AGGREGATE	\$		
	DED RETENTION\$				WC STATU-	\$ OTH-		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N				TORY LIMITS	ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE N/A				E.L. EACH ACCIDE	NT \$		
	(Mandatory In NH)				E.L. DISEASE - EA	EMPLOYEE \$		
	If yes, describe under DESCRIPTION OF OPERATIONS below				E.L. DISEASE - POL	LICY LIMIT \$		
DESC	RIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks	Schadula if	more space is a	required)				
	y the General Liability Coverage will apply on a Primary				s (per attac	ched endorse	ment) if	
	aired by fully executed written contract. Certificate Hole							
	General Liability coverage solely, strictly and specific							
serv	vices provided by Holy Names University Raskob Day School	1						
Addi	itional insureds added: Mt Diablo Unified School Distri	ct, its	subsidia	ries, offi	cials, and	employees		
CER	RTIFICATE HOLDER	CANCE	LLATION					
	Diablo Unified School District es W Dent Education Ctr	THE E	EXPIRATION	DATE THE		CIES BE CANCELI WILL BE DE		
1936	5 Carlotta Drive	AUTHORIZ	ED REPRESEN		~			
Conc	cord, CA 94519-1397			La	ekun Ch	15		
1	, USA	I		•	U	· -		

PATRA4



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

7/11/2012

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

Cha PO	opucer License # 0522024 apman Box 5455 adena, CA 91117-0455				CONTACT NAME: PHONE (A/C, No, Ext): 1 (626) E-MAIL) 405-8031	FAX (A/C, No):	1 (62	6) 405-0585
Fas	adelia, CA 91117-0400				ADDRESS:				11101
							rding coverage ince Alliance of Califo	rnia	NAIC# 011845
INSU	URED				INSURER B : Americ			iiia	011043
					INSURER C : North				29700A
	Seneca Family of Ag 2275 Arlington Drive						201007		
	San Leandro, CA 94				INSURER D :				
					INSURER F:				
CO	VERAGES	CERTIFI	CATE	E NUMBER:	INSURER F:		REVISION NUMBER:		<u> </u>
IN C E	HIS IS TO CERTIFY THAT THE NDICATED. NOTWITHSTANDING ERTIFICATE MAY BE ISSUED (XCLUSIONS AND CONDITIONS O	ANY REQU OR MAY PEF FSUCH POL	IREMI RTAIN, ICIES.	ENT, TERM OR CONDITIC , THE INSURANCE AFFOR LIMITS SHOWN MAY HAVE	IN OF ANY CONTRA IDED BY THE POLIC BEEN REDUCED BY	CT OR OTHE IES DESCRIE PAID CLAIMS	RED NAMED ABOVE FOR T R DOCUMENT WITH RESP BED HEREIN IS SUBJECT T ;.	ECT TO	WHICH THIS
INSR LTR	TYPE OF INSURANCE	ADD INSF	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
Α	GENERAL LIABILITY X COMMERCIAL GENERAL LIABILI	тү Х		201200557NPO	7/1/2012	7/1/2013	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	S S	1,000,000 500,000
	CLAIMS-MADE X OCC	UR					MED EXP (Any one person)	\$	20,000
	X Professional \$1M						PERSONAL & ADV INJURY	\$	1,000,000 2,000,000
	X Abuse \$1M						GENERAL AGGREGATE	\$	
	GEN'L AGGREGATE LIMIT APPLIES P	ER:					PRODUCTS - COMP/OP AGG	\$	2,000,000
	POLICY PRO- JECT LC	c					Deductible	\$	0
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	ş	1,000,000
Α	X ANY AUTO ALL OWNED SCHEDU	, ED		201200557NPO	7/1/2012	7/1/2013	BODILY INJURY (Per person)	\$	
	AUTOS AUTOS	FED					BODILY INJURY (Per accident)	\$	
	X HIRED AUTOS X NON-OW AUTOS	MED					PROPERTY DAMAGE (Per accident)	\$	
	***************************************		<u> </u>				Deductible	\$	0
	UMBRELLA LIAB X OCC	JR					EACH OCCURRENCE	\$	4,000,000
Α		MS-MADE		201200557NPOUMB	7/1/2012	7/1/2013	AGGREGATE	\$	4,000,000
	DED X RETENTION \$ WORKERS COMPENSATION	10,000					▼ WC STATU- OTH-	\$	
-	AND EMPLOYERS' LIABILITY	Y/N		NIO 045004400	4414/0044	44/4/0040	X WC STATU- OTH- TORY LIMITS ER		
В	ANY PROPRIETOR/PARTNER/EXECUTI OFFICER/MEMBER EXCLUDED?	VE N/A		WC 015684189	11/1/2011	2011 11/1/2012	E.L. EACH ACCIDENT	\$	1,000,000
	(Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE		1,000,000
_				0410000400700	7/4/0040	7/4/0040	E.L. DISEASE - POLICY LIMIT	\$	1,000,000
C	Property Business Income			CWB000122709 CWB000122709	7/1/2012 7/1/2012	7/1/2013 7/1/2013	Blanket Contents Actual Loss Sustaine		3,829,150
DESC Cert	Business Income CRIPTION OF OPERATIONS / LOCATION ifficate holder is named addition	S/VEHICLES (al insured w	Attach .	ACORD 101, Additional Remarks	Schedule, If more space Is	required)		uded,	evidence only.
Mt. Diablo Unified School District Attn: Janet Samimi 1936 Carlotta Drive Concord, CA 94519						N DATE TH TH THE POLIC	ESCRIBED POLICIES BE CA IEREOF, NOTICE WILL CY PROVISIONS.		

NCORD

CERTIFICATE OF LIABILITY INSURANCE Page 1 of 1

DATE (MM/DD/YYYY) 06/05/2012

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(les)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

PRODUÇER								
PRODUCER	Willie of Tennessee, Inc. 26 Century Blwd. P. O. Box 305191 Nashwille, TN 37230-5191	ADDRESS: certificates@willis.com_	7-2378					
		INSURER(S)AFFORDING COVERAGE						
INSURED	Spectrum Center, Inc.	INSURERA: Philadelphia Indemnity Insurance Company						
		INSURERS: Hartford Pire Insurance Company	19682-001					
	Educational Services of America, Inc. 16360 San Pablo Avanue	NSURERC: F tional Union Fire Ing Co of Pittsburgh	19445-002					
	San Pablo, CA 94806	INSURER D:						
		INSURER E:	<u> </u>					
COVERAG	EC 222	INSURERF;						

CERTIFICATE NUMBER: 17980994 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.

INSF		ADD'I SUE	POLICY NUMBER	POLICY EFF	POLICY EXP	LIMITS
Α	GENT AGGREGATE LIMIT APPLIES PER: POUCY PRO: X LOC	Y	PHPK872347	6/1/2012	6/1/2013	EACH OCCURRENCE \$ 1,000,000
Α	AUTOMOBILE LIABILITY X ANY AUTO ALL OWNED AUTOS X HIRED AUTOS X NON-OWNED AUTOS AUTOS		PHPR872347	6/1/2012	6/1/2013	S COMBINED SINGLELIMIT \$ 1,000,000 BODILY INJURY(Per person) BODILY INJURY(Per section) BODILY INJURY(Per section) \$ PROPERTY DAMAGE (Per section)
A.	X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DED X RETENTION \$ 10,000		PHUB383827	6/1/2012	1 .	EACH OCCURRENCE \$ 20,000,000 AGGREGATE \$ 20,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE N OFFICER/MEMBER EXCLUDED? (Memidatory in NH) I year describe under DESCRIPTION OF OPERATIONS below DAO/SPL	N/A	20WN\$20000	6/1/2012]	X WOSTATU: OTH- TORY IMITS OTH- ELL EACH ACCIDENT \$ 500,000 ELL DISEASE: EAEMPLOYEE \$ 500,000
	DADJAPE Educators Legal Liability Fiduciary Policy Aggregate HPHON OF OPERATIONS / LOCATIONS / VEHICLES		019333415		6/1/2013	EL DISEASE-POLICY LIMIT \$ 500,000 \$10,000,000. Limit \$ 3,000,000. Limit \$13,000,000. Limit

Contract to receive students

It is agreed that Mt. Diablo Unified School District, its subsidiaries, officials and employees are included as Additional Insureds as respects liability as required by written contract.

CERTIFICAT	LE I	HOLDER	t

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.

Mt. Diablo Unified School District Risk Management Department 1936 Carlotta Drive Concord, CA 94519

AUTHORIZED REPRESENTATIVE

Coll:3752800 Tpl:1459489 Cert:27980994 © 1988-2010 ACÓRD CORPORATION. All rights reserved.

The ACORD name and logo are registered marks of ACORD

		_	-	
			_ 1_	0
40	\mathbf{C}) k	$\langle L \rangle$,
-		/		

DATE (MM/DD/YYYY) 8/23/2011

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.

t	MPORTANT: If the certificate holder the terms and conditions of the policy certificate holder in lieu of such endors	, certai sement	n policies may require an e (s).	endorse	ment. A st	ement on t	his certificate does not d	AIVED	, subject to rights to the	
PR	ODUCER			CONTA NAME:	CT Marie	Peralta				
Ba	arney & Barney LLC		CERVICE	CONTACT Marie Peralta PHONE IAC. No. Ext): (510)273-8888 E-MAIL ADDRESS; marie.peralta@barneyandbarney.com INSURER(S) AFFORDING COVERAGE NAIC #						
CA	License: 0C03950	- LIDAS	ITTED TO FISCAL SETTION	ADDRE:	ss:marie.	peralta@b	arneyandbarney.co	m		
19	99 Harrison Suite 1230	LEARIN	Hires		[H	SURER(S) AFFO	RDING COVERAGE		NAIC #	
Oakland CA 94612 - 6 2011					1000		n Elite Insuran	ce		
INS	URED		SEP OTTO	INSURE	RB State	Comp In	s. Fund		35076	
Th	e Springstone School	1		INSURE	RC:					
10	35 Carol Lane			INSURE	RD:					
		1_	The state of the s	INSURE	RE:					
La	fayette CA 94	549		INSURE	RF:					
CO	OVERAGES CER	TIFICA	TE NUMBER:2011				REVISION NUMBER:			
C	HIS IS TO CERTIFY THAT THE POLICIES NDICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY I XCLUSIONS AND CONDITIONS OF SUCH	QUIREN PERTAII POLICIE	MENT, TERM OR CONDITION N, THE INSURANCE AFFORD ES. LIMITS SHOWN MAY HAVE	OF AN'	Y CONTRACT THE POLICI REDUCED BY	T OR OTHER ES DESCRIBE PAID CLAIMS	DOCUMENT WITH RESPE D HEREIN IS SUBJECT T	CT TO	WHICH THIS	
NSR LTR	TYPE OF INSURANCE	ADDL SUI	BR /D POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMIT	s		
3)	GENERAL LIABILITY X COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000 500,000	
A	CLAIMS-MADE X OCCUR	x	201114018NPO	į.	3/15/2011	8/15/2012	MED EXP (Any one person)	\$	20,000	
							PERSONAL & ADV INJURY	\$	1,000,000	
		- 1		- 1		f I	GENERAL AGGREGATE	\$	2,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRO: LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000	
_	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)			
_	ANY AUTO			8/15/2011			BODILY INJURY (Per person)	\$		
A	ALL OWNED SCHEDULED AUTOS		201114018NPO		8/15/2011	B/15/2012	BODILY INJURY (Per accident)	\$		
	X HIRED AUTOS X AUTOS AUTOS AUTOS AUTOS	- 1					PROPERTY DAMAGE (Per accident)	\$		
				- 1			NonOwned & Hired Auto	\$	1,000,000	
	X UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$	1,000,000	
,	EXCESS LIAB CLAIMS-MADE					Ì		\$	1,000,000	
•	DED X RETENTION\$ 10,000		201114018 ИМВ НРО	8	/15/2011	8/15/2012		\$		
В	WORKERS COMPENSATION						WC STATU- OTH- TORY LIMITS ER			
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE			1		1	E.L. EACH ACCIDENT	\$	1,000,000	
	OFFICER/MEMBER EXCLUDED? (Mandatory In NH)	A/A	5678282011	8	/15/2011	8/15/2012	E.L. DISEASE - EA EMPLOYER	s	included	
- 1	If yes, describe under DESCRIPTION OF OPERATIONS below					Ī		s	included	
								•		
	2									
ESC	RIPTION OF OPERATIONS/LOCATIONS/VEHICLE Diablo Unified School Dist	ES (Attac	h ACORD 101, Additional Remarks	Schedule,	If more space	is required)	ndditional incom-		1	
65	pect to general liability a	risir	a out of their con	tract	sareeme	nameu as nt with t	ha insured	a on	TA MICU	
	O day Notice of Cancellation					No wien c	no Induceu.			
	E	5.								
									1	
									- 1	
			5					1000000		
ER	TIFICATE HOLDER			CANCE	LLATION					
				SHOUL	LD ANY OF T	HE ABOVE DE	SCRIBED POLICIES BE CA	NCELL	ED BEFORE	
				1112	EAPINATION	DATE THE	REOF, NOTICE WILL BI	E DEL	IVERED IN	

Mt. Diablo Unified School District 1936 Carlotta Drive Concord, CA 94519

ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

John V. Stock/PER

ACORD 25 (2010/05)

© 1988-2010 ACORD CORPORATION. All rights reserved.

STARA-1

CEPTIFICATE OF LIABILITY INCLIDANCE

DATE (MM/DD/YYYY)

p.1

			AILOF		71E11111	4V	OIL	MOL	10/6/201	11
0	THIS CERTIFICATE IS ISSUED AS A CERTIFICATE DOES NOT AFFIRMAT	IVELY OF	R NEGATIVELY	AMEND, E	XTEND OR ALT	TER	THE CO	VERAGE AFFORDED	BY THE POL	ICIES
F	BELOW. THIS CERTIFICATE OF INS REPRESENTATIVE OR PRODUCER, A	ND THE	ERTIFICATE HO	LDER.	A CONTRACT	BEI	WEEN	THE ISSUING INSURE	R(S), AUTHOR	RIZED
11	MPORTANT: If the certificate holder	ls an AD	DITIONAL INSUR	ED, the po	licy(ies) must b	e en	dorsed.	If SUBROGATION IS	WAIVED, subje	ect to
l ti	he terms and conditions of the policy certificate holder in lieu of such endor	, certain p	policies may requ	iire an end	orsement. A sta	atem	ent on th	nis certificate does not	confer rights t	to the
	ODUCER	sementis		To	ONTACT Kimberly	Tou	neond		-	
11/19/2005	ommercial Lines - (818) 464-9300			P	HONE VC. No. Extl: 818-44			FAX (A/C, No	. 866-968-568	7
We	ells Fargo Insurance Services USA, Inc.	- CA Lic#;	0D08408	É	MAIL DDRESS: SERVIC		@wellsfa		j: 000 000 000	
15	303 Ventura Boulevard, 7th Floor			_A				ROING COVERAGE	N.	AIC#
Sh	erman Oaks, CA 91403-3197			I IN				ance Company	180	
INSU	URED		150	9.5		delp	nia Inden	nnity Insurance Compan	y 180:	58
Sta	ar Academy							and Indemnity Company	223	57
44	70 Redwood Highway			IN	SURER D:					
				IN	SURER E :					
Sa	n Rafael, CA 94903				SURER F :					
_			E NUMBER: 337		7			REVISION NUMBER:		
	HIS IS TO CERTIFY THAT THE POLICIES NDICATED. NOTWITHSTANDING ANY RI									
C	ERTIFICATE MAY BE ISSUED OR MAY	PERTAIN,	THE INSURANCE	AFFORDED	BY THE POLICIE	S D	ESCRIBE	D HEREIN IS SUBJECT		
	XCLUSIONS AND CONDITIONS OF SUCH			AY HAVE BE						
	Control Parket Control	ADDL SUBR			POLICY FEE	PO	ICY EXP			1.7
INSR		INSR WVD	POLICY N	UMBER	POLICY EFF (MM/DD/YYYY)	PO (MM	DD/YYYY)	1		* **
A	GENERAL LIABILITY	INSR WVD	PHPK778640		10/1/2011		1/2012	EACH OCCURRENCE	\$	1,000,000
	X COMMERCIAL GENERAL LIABILITY	ADDL SUBR	POLICY N		10/1/2011			EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ \$	100,000
	GENERAL LIABILITY	ADDL SUBR INSR WVD	POLICY N	RE	10/1/2011 CEIVED			EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Arry one parson)	\$ \$	100,000 5,000
	X COMMERCIAL GENERAL LIABILITY	ADDL SUBR	POLICY N	RE	10/1/2011 CEIVED			EACH OCCURRENCE OAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one parson) PERSONAL & ADV INJURY	\$ \$ \$ \$	000,001 000,000 000,000,1
	CLAIMS-MADE X OCCUR	ADDL SUBR	PHPK778640	RE FEB	10/1/2011 CEIVED 1 6 2012			EACH OCCURRENCE OAMAGE TO RENYED PREMISES (Ea occurrence) MED EXP (Any one parson) PERSONAL & ADV INJURY GENERAL AGGREGATE	\$ \$ \$ \$ \$ \$ \$ \$ \$	000,000 5,000 C00,000,1 3,000,000
	CLAIMS-MADE X OCCUR	ADDL'SUBR	PHPK778640	RE FEB	10/1/2011 CEIVED 1 6 2012			EACH OCCURRENCE OAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one parson) PERSONAL & ADV INJURY	\$ \$ \$ \$ \$ \$ \$ \$ \$	000,000 5,000 000,000,1
	CLAIMS-MADE X OCCUR	ADDL SUBR	PHPK778640	RE FISCAL	10/1/2011 CEIVED 1 6 2012 - ANALYST	10	/1/2012	EACH OCCURRENCE DANAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMPIOP AGG COMBINED SINGLE LIMIT	\$ 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	5,000 5,000 1,000,000 3,000,000 3,000,000
A	GENERAL LIABILITY X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR GENT. AGGREGATE LIMIT APPLIES PER: X POLICY PRO- JECT LOC	ADDL SUBR	PHPK778640	RE FISCAL	10/1/2011 CEIVED 1 6 2012 - ANALYST	10		EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	\$ 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	000,000 5,000 C00,000,1 3,000,000
A	GENERAL LIABILITY X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR GENT AGGREGATE LIMIT APPLIES PER: X POLICY PRO- AUTOMOBILE LIABILITY ANY AUTO ALL DYNNEO SCHEDULED	ADDL SUBR	PHPK778640	RE FISCAL	10/1/2011 CEIVED 1 6 2012 - ANALYST	10	/1/2012	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one parson) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG COMBINED SINGLE LIMIT (Ea accident)	\$ 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	5,000 5,000 1,000,000 3,000,000 3,000,000
A	GENERAL LIABILITY X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR GENT AGGREGATE LIMIT APPLIES PER: X POLICY JECT LOC AUTOMOBILE LIABILITY ANY AUTO	ADDL SUBR	PHPK778640	RE FISCAL	10/1/2011 CEIVED 1 6 2012 - ANALYST	10	/1/2012	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person)	\$ 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	5,000 5,000 1,000,000 3,000,000 3,000,000
A	GENERAL LIABILITY X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR GENL AGGREGATE LIMIT APPLIES PER: X POLICY PRO- JECT LOC AUTOMOBILE LIABILITY ANY AUTO ALL OWNED X AUTOS	ADDL SUBR	PHPK778640	RE FISCAL	10/1/2011 CEIVED 1 6 2012 - ANALYST	10	/1/2012	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) PROPERTY DAMAGE	\$ 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	5,000 5,000 1,000,000 3,000,000 3,000,000
A	GENERAL LIABILITY X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR GENL AGGREGATE LIMIT APPLIES PER: X POLICY PRO- JECT LOC AUTOMOBILE LIABILITY ANY AUTO ALL OWNED X AUTOS	ADDL SUBR	PHPK778640	RE FISCAL	10/1/2011 CEIVED 1 6 2012 - ANALYST	10	/1/2012	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	\$ 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	5,000 5,000 1,000,000 3,000,000 3,000,000
A	GENERAL LIABILITY X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR GENT AGGREGATE LIMIT APPLIES PER: X POLICY PRO- JECT LOC AUTOMOBILE LIABILITY ANY AUTO ALL OWNED X AUTOS X HIRED AUTOS X AUTOS X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE	ADDL SUBR	PHPK778640 PHPK778640	RE FISCAL	10/1/2011 CEIVED 162012 - ANALYST /SP-010/1/2010/	10	1/2012	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) Comp/Cell Ded: \$1,000	\$ 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	000,001 5,002 500,000,1 500,000,00 3,000,000 3,000,000
A	GENERAL LIABILITY X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR GENL AGGREGATE LIMIT APPLIES PER: X POLICY JECT LOC AUTOMOBILE LIABILITY ANY AUTO ALL OWNED X SCHEDULED AUTOS X HIRED AUTOS X AUTOS X HIRED AUTOS X AUTOS X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DED X RETENTIONS 10,000	ADDL SUBR	PHPK778640 PHPK778640	RE FISCAL	10/1/2011 CEIVED 162012 - ANALYST /SP-010/1/2010/	10	1/2012	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMPIOP AGG COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) Comp/Coll Ded: \$1,000 EACH CCCURRENCE	\$ 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	100,000 5,003 1,000,003 3,000,003 3,000,000 1,000,000
A	GENERAL LIABILITY X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR GENT AGGREGATE LIMIT APPLIES PER: X POLICY PRO- JECT LOC AUTOMOBILE LIABILITY ANY AUTO ALL OWNED X AUTOS X HIRED AUTOS X AUTOS X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DED X RETENTIONS 10,000 MORKERS COMPENSATION AND EMPLOYERS' LIABILITY	ADDL SUBR	PHPK778640 PHPK778640	RE FISCAL	10/1/2011 CEIVED 162012 - ANALYST /SP-010/1/2010/	100	1/2012	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) Comp/Coll Ded: \$1,000 EACH OCCURRENCE AGGREGATE X WC STATU- TORY LIMITS ER	\$ 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	1,000,000 1,000,000 1,000,000 1,000,000 1,000,000
A	GENERAL LIABILITY X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR GENT AGGREGATE LIMIT APPLIES PER: X POLICY PRO- JECT LOC AUTOMOBILE LIABILITY ANY AUTO ALL OWNED X AUTOS X HIRED AUTOS X AUTOS X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DED X RETENTIONS 10,000 WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETE OR-PARTMER EXECUTIVE OFFICER MILETORY-PARTMER EXECUTIVE	ADDL SUBR INSR WVD	PHPK778640 PHPK778640 PHPK778640	RE FISCAL	10/1/2011 CEIVED 1 6 2012 ANALYST SP 0/6/1/2010	100	1/2012	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) Comp/Coll Ded: \$1,000 EACH OCCURRENCE AGGREGATE X WC STATU- TORY LIMITS ER E.L. EACH ACCIDENT	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	100,000 5,000 1,000,000 3,000,000 3,000,000 1,000,000 1,000,000 1,000,000
A	GENERAL LIABILITY X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR GENT AGGREGATE LIMIT APPLIES PER: X POLICY PRO- JECT LOC AUTOMOBILE LIABILITY ANY AUTO ALL OWNED X AUTOS X HIRED AUTOS X AUTOS X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DED X RETENTIONS 10,000 MORKERS COMPENSATION AND EMPLOYERS' LIABILITY	INSR WVD	PHPK778640 PHPK778640 PHPK778640	RE FISCAL	10/1/2011 CEIVED 1 6 2012 ANALYST SP 0/6/1/2010	100	1/2012	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) Comp/Coll Ded: \$1,000 EACH OCCURRENCE AGGREGATE X WC STATU- TORY LIMITS ER	\$ 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	1,000,000 1,000,000 1,000,000 1,000,000 1,000,000

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

PHPK778640

Certificate holder is included as an Additional Insured per form #CG2026 07/04 attached to the policy, but only as respects liability arising from Named Insured's Operations.

10/1/2011

CERTIFICATE HOLDER	
--------------------	--

Mt. Diablo Unified School District James W. Dent Education Center

Professional Aggregate Defense Reimbursement Defense Reim. Aggregate

1936 Carlotta Drive Concord, CA 94519 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.

10/1/2012

AUTHORIZED REPRESENTATIVE

© 1988-2010 ACORD CORPORATION. All rights reserved.

1,000,000 300,000

The ACORD name and logo are registered marks of ACORD



DATE (MWDD/YYYY) 5/16/2012

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(les) 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)

TOTAL HOLD HOLD IN BED OF	3001161	naoisement(s).							
PRODUCER				CONTACT Sharon Bilof					
L/B/W Insurance &	Finan	cial Services,	Inc.	PHONE (661) 702-6000 FAX (A/C, No. Ext): (661) 702-6060					
28055 Smyth Drive				E-MAIL ADDRESS: sharone@lbwinsurance.co	om.				
				INSURER(S) AFFORDING COVER	AGE	NAIC #			
Valencia	CA	91355		INSURER A: Philadelphia Insurar	ice Co.				
INSURED				INSURERB:Cypress Insurance Co	***************************************				
Tobinworld				INSURER C:Admiral Ins. Co.		<u> </u>			
920 East Broadway				INSURER D:					
				INSURER E :		Ţ			
Glendale	CA	91205-1291		INSURER F:					
COVERAGES		CERTIFICATE NUMBE	R:CL12516080	128 05/16/04	MUMDEO.				

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,

E.	XCLUSIONS AND CONDITIONS OF SUCH			LIMITS SHOWN MAY HAVE BEEN	REDUCED BY	PAID CLAIMS	D HEKEM 10 GODJECT TO	ALL	THE TENNIO,
INSR LTR	TYPE OF INSURANCE	ADDL S	UBR WD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMITS	-	
	X COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ \$	1,000,000 50,000
A	CLAIMS-MADE X OCCUR			PHPK798979	12/5/2011	12/5/2012		\$	10,000
							PERSONAL & ADV INJURY	\$	1,000,000
					İ		GENERAL AGGREGATE	\$	2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	\$	2,000,000
	X POLICY PRO- JECT LOC				<u>.</u>]			\$	
	AUTOMOBILE LIABILITY				}		COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
Α	X ANY AUTO						BODILY INJURY (Per person)	\$	
	ALL OWNED SCHEDULED AUTOS			PHPK500567	12/5/2011	12/5/2012	BODILY INJURY (Per accident)	\$	
	X HIRED AUTOS X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$	
ļ								\$	
	X UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	10,000,000
Α	EXCESS LIAB CLAIMS-MADE				i		AGGREGATE	\$	10,000,000
<u> </u>	DED X RETENTION\$ 10,000			PHUB365730	12/5/2011	12/5/2012		\$	
В	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						X WC STATU- TORY LIMITS ER		
	I ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A			İ		E.L. EACH ACCIDENT	\$	1,000,000
	(Mandatory in NH) If yes, describe under			3300060711-121	2/1/2012	2/1/2013	£ L. DISEASE - EA EMPLOYEE	\$	1,000,000
<u> </u>	DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000
С	Professional			E000000179309	3/25/2012	3/25/2013	Each Incident		\$2,000,000
	Liability (E & O)						Deductible		2,500
DESC	CRIPTION OF OPERATIONS IS OCATIONS WELLS	FD 144		10000 101 11111 15	<u> </u>	<u> </u>			

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
The certificate holder is named as an additional insured as respects the operations of the named insured.

CERTIFICATE HOLDER	CANCELLATION
Mt. Diablo Unified School District 1936 Carlotta Drive	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Concord, CA 94818	AUTHORIZED REPRESENTATIVE
	Sharon Bilof/SHARON



DATE (MM/DD/YYYY) 12/21/2011

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(les) must be endorsed. If SUBROGATION IS WAIVED, subject ३६० 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). CONTACT Katherine Berkman No): (415) 978-3825 PHONE (415) 978-3800 Calender-Robinson Company, Inc. E-MAIL ADDRESS: kberkman@calrob.com FB0267063 NAIC# INSURER(S) AFFORDING COVERAGE 300 Montgomery St., Suite 888 INSURER A: Nonprofits' Insurance Alliance CA 94104 San Francisco 33 INSURER B: INSURED INSURER C: Via Center 1113 INSURER D 2126 Sixth Street ចារា មៗខ្លួន INSURER E INF RED 94710 INSURER F Berkeley REVISION NUMBER: CERTIFICATE NUMBER:CL11122106580 CÓVERAGES THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY BERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHIGH 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. ADDL SUBR LIMITS POLICY NUMBER TYPE OF INSURANCE 1,0007000 **EACH OCCURRENCE** GENERAL LIABILITY DAMAGE TO RENTED 500,000 PREMISES (Ea occurrence) Х COMMERCIAL GENERAL LIABILITY 20,7000 12/31/2011 12/31/2012 MED EXP (Any one person) 2011-10322-NPO CLAIMS-MADE X OCCUR 1,000,000 PERSONAL & ADV INJURY Improper Sexual Conduct х 2,000,000 GENERAL AGGREGATE Lia @ \$ 1,000,000 2,000 7000 PRODUCTS - COMP/OP AGG GEN'L AGGREGATE LIMIT APPLIES PER: 115 X POLICY LÒC COMBINED SINGLE LIMIT 1,000,000 **AUTOMOBILE LIABILITY** (Ea accident) BODILY INJURY (Per person) ANY AUTO A 12/31/2011 12/31/2012 s **BODILY INJURY (Per accident)** SCHEDULED AUTOS : NON-OWNED ALL OWNED AUTOS 2011-10322-NPO 100 PROPERTY DAMAGE (Per accident) BINT PER $\overline{\mathbf{x}}$ Х HIRED AUTOS AUTOS ì iE TERMS. \$ EACH OCCURRENCE **UMBRELLA LIAB** OCCUR AGGREGATE 131 **EXCESS LIAB** CLAIMS-MADE DED RETENTION \$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY E.L. EACH ACCIDENT ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER (Mandatory in NH) FICER/MEMBER EXCLUDED? E.L. DISEASE - EA EMPLOYEE if yes, describe under DESCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT 1,000;000 12/31/2011 12/31/2012 Each occurrence 2011-10322-NPO Α Social Services Policy aggregate Professional Liability DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required) Certificate holder is included as additional insured as per the attached endorsement 2015 1147 CANCELLATION CERTIFICATE HOLDER SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. •),000 Mt. Diablo Unified School District james W. Dent Education Center AUTHORIZED REPRESENTATIVE 1036 Carlotta Avenue Concord, CA 94519

ACORD 25 (2010/05)

@ 1988-2010 ACORD CORPORATION. All rights reserved

INS025 (201005).01

The ACORD name and logo are registered marks of ACORD



DATE (MM/DD/YYYY) 05/18/2012

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(les) must be endorsed. If SUBROGATION IS WAIVED, subject to

the terms and conditions of the policy	, certa	in p	olicies may require an en	dorser	nent. A state	ement on thi	s certificate does not confi	er rights to the	
certificate holder in lieu of such endor	Semei 1	-80	0-807-0300	CONTACT Christian Brothers Services					
PRODUCER Artex Risk Solutions, Inc. (CB)				PHONE (A/C, No): 1-800-807-0300 (A/C, No): 1-630-378-2508					
Two Pierce Place				ADDRESS:					
					INSU	JRER(S) AFFOR	DING COVERAGE	10786	
Itasca, IL 60143-3141				INSURE	RA: PRINCE	TON EXCESS	& SURPLUS LINES INS	10/86	
INSURED			lista Including	INSURE	RB:				
Brothers of the Christian School Loc. #: 1084001, SRS OF THE HOLD	P Incidence	INSURER C:							
JESUS & MARY US-ONTARIO PROVINCE				INSURER D:					
1205 Windham Parkway				INSURER E:					
Romeoville, IL 60446 INSURERF:									
COVERAGES CERTIFICATE NUMBER: 27181594 REVISION NUMBER: THIS IS TO CERTIFY THAT THE POLICES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY THIS IS TO CERTIFY THAT THE POLICES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY THIS IS TO CERTIFY THAT THE POLICES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY THIS IS TO CERTIFY THAT THE POLICES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY THIS IS TO CERTIFY THAT THE POLICES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY THIS IS TO CERTIFY THAT THE POLICES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY THIS IS TO CERTIFY THAT THE POLICES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY THIS IS TO CERTIFY THAT THE POLICES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY THIS IS TO CERTIFY THAT THE POLICES OF INSURANCE PROPERTY OF THE POLICY THE POLICE OF THE POLICE OF THE POLICY OF							POLICY PERIOD		
THIS IS TO CERTIFY THAT THE POLICIE INDICATED. NOTWITHSTANDING ANY R	OF I	NSUF	RANCE LISTED BELOW HAY	/E BEE	N ISSUED TO	OR OTHER F	OCUMENT WITH RESPECT	TO WHICH THIS	
INDICATED. NOTWITHSTANDING ANY H	EQUIK	EME	NI, IERM OR CONDITION	ED RY	THE POLICIES	DESCRIBED	HEREIN IS SUBJECT TO A	LL THE TERMS,	
EXCLUSIONS AND CONDITIONS OF SUCH	PULIC	JIEO.	FIMILS SUCKER MY LINKS	BEEN F		PAID CLAIMS.			
INSR TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER		ואיאיססטאאי	(MM/DD/YYYY)	LIMI12		
À GENERAL LIABILITY	X	17.12	G2-A3-EX-0000019-06		06/15/12	06/15/13		2,000,000	
X COMMERCIAL GENERAL LIABILITY							PREMISES (Ea DECUMBROS)	Included	
CLAIMS-MADE X OCCUR								15,000	
CLAIMS-MADE 1 OCCOR							LEMOONING & UP 1 11/4 (1/1)	Included	
								N/A	
							PRODUCTS - COMP/OP AGG \$	Included	
GEN'L AGGREGATE LIMIT APPLIES PER:	1						\$		
X POLICY PRO- JECT LOC	+						COMBINED SINGLE LIMIT (Ea accident) \$		
							BODILY INJURY (Per person) \$		
ANY AUTO ALL OWNED SCHEDULED							BODILY INJURY (Per accident) \$		
AUTOS AUTOS NON-OWNED							PROPERTY DAMAGE \$ (Per accident)		
HIRED AUTOS AUTOS							(Fer accident)		
	-						EACH OCCURRENCE \$		
UMBRELLA LIAB OCCUR							AGGREGATE \$		
EXCESS LIAB CLAIMS-MAD	Ē						s s		
DED RETENTION\$		-					WC STATU- OTH- TORY LIMITS ER		
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/							E.L. EACH ACCIDENT \$		
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A				1		E.L. DISEASE - EA EMPLOYEE \$		
(Mandatory in NH)	1						E.L. DISEASE - POLICY LIMIT \$		
If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT 3		
		1							
	Ш				<u> </u>	<u> </u>			
DESCRIPTION OF OPERATIONS / LOCATIONS / VEH	CLES (A	Attach	ACORD 101, Additional Remarks	Schedul	e, if more space is	s required)	is took attached endo	rsement) if	
Only the General Liability Cove required by fully executed writ	rage	wil]	l apply on a Primary	and I	non-contri	Additiona	l Insured (per attach	ed endorsement	
required by fully executed writ for General Liability coverage	ten c	onti	ract.Certilicate nor	cally	with regat	rds to:	• ······ · · · •		
	77		it. Dackan Day Schoo	1					
Services provided by Holy Names Additional insureds added: Mt	Diabl	o Ui	nified School Distri	ct, i	ts subsidi	aries, off	icials, and employees		
Additional impartable datas									
					<u></u>				
CERTIFICATE HOLDER				CAN	CELLATION				
							ESCRIBED POLICIES BE CAN	CELLED BEFORE	
				SHO	DULD ANY OF	THE ABOVE I	EREOF, NOTICE WILL BE	DELIVERED IN	
Mt Diablo Unified School Distri	et			AC	CORDANCE W	ITH THE POLI	CY PROVISIONS.		
James W Dent Education Ctr									
1936 Carlotta Drive				AUTHO	ORIZED REPRESI		A		
						0	askun Cyf-		
Concord, CA 94519-1397		1	USA			>-	70		

,	AGE	NCY CUSTOMER ID:		
		LOC #:		
ACORD [®] ADDITIONA	L REMA	ARKS SCHEDULE	Page	of
AGENCY Artex Risk Solutions, Inc. (CB)	Navye	NAMEDINSURED Brothers of the Christian Schools & Ai Loc. #: 1084001, SRS OF THE HOLY NAME:	ffiliates,	Including
POLICY NUMBER		JESUS & MARY US-ONTARIO PROVINCE	3 OF	
CARRIER	NAIC CODE	Romeoville, IL 60446		
ADDITIONAL REMARKS	<u> </u>	EFFECTIVE DATE.		
THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACC	ORD FORM,	W-1-50-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-		
FORM NUMBER: FORM TITLE:				
			•	

ACORD 101 (2008/01)



DATE (MM/DD/YYYY) 7/11/2012

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

POLICIE G ANY R OR MAY	S O EQUI PER POLI	F INS REMI TAIN,	E NUMBER: SURANCE LISTED BELOW ENT, TERM OR CONDITION THE INSURANCE AFFORI LIMITS SHOWN MAY HAVE POLICY NUMBER	INSURER A : NONDI INSURER B : AMERI INSURER C : NORTH INSURER E : INSURER F : HAVE BEEN ISSUED N OF ANY CONTR DED BY THE POLI BEEN REDUCED B'	ASURER(S) AFFOR OFITS' INSURA CAN HOME A American E	RDING COVERAGE nce Alliance of Califo ssurance Co lite Insurance REVISION NUMBER: RED NAMED ABOVE FOR T	29700A THE POLICY PERIOD
CER E POLICIE G ANY R OR MAY DF SUCH	S O EQUI PER POLI ADDL INSR	F INSTREM! TAIN, CIES.	SURANCE LISTED BELOW ENT, TERM OR CONDITION THE INSURANCE AFFOR LIMITS SHOWN MAY HAVE	INSURER A : NONDI INSURER B : Ameri INSURER C : NORTH INSURER C : INSURER F : INSURER F : HAVE BEEN ISSUED N OF ANY CONTR DED BY THE POLI BEEN REDUCED B'	ofits' Insura can Home A American E	nce Alliance of Califo ssurance Co lite Insurance REVISION NUMBER:	rnia 011845 29700A THE POLICY PERIOD
CER E POLICIE G ANY R OR MAY DF SUCH	S O EQUI PER POLI ADDL INSR	F INSTREM! TAIN, CIES.	SURANCE LISTED BELOW ENT, TERM OR CONDITION THE INSURANCE AFFOR LIMITS SHOWN MAY HAVE	INSURER B: Ameri INSURER C: North INSURER D: INSURER E: INSURER F: HAVE BEEN ISSUED N OF ANY CONTR DED BY THE POLI BEEN REDUCED B'	CAN HOME A AMERICAN E O TO THE INSUITACT OR OTHER	ssurance Co lite Insurance REVISION NUMBER: RED NAMED ABOVE FOR T	29700A THE POLICY PERIOD
CER E POLICIE G ANY R OR MAY DF SUCH	S O EQUI PER POLI ADDL INSR	F INSTREM! TAIN, CIES.	SURANCE LISTED BELOW ENT, TERM OR CONDITION THE INSURANCE AFFOR LIMITS SHOWN MAY HAVE	INSURER C: NOrth INSURER D: INSURER E: INSURER F: HAVE BEEN ISSUED N OF ANY CONTR DED BY THE POLI BEEN REDUCED B'	American E TO THE INSUITACT OR OTHER	lite Insurance REVISION NUMBER: RED NAMED ABOVE FOR T	THE POLICY PERIOD
CER E POLICIE G ANY R OR MAY DF SUCH	S O EQUI PER POLI ADDL INSR	F INSTREM! TAIN, CIES.	SURANCE LISTED BELOW ENT, TERM OR CONDITION THE INSURANCE AFFOR LIMITS SHOWN MAY HAVE	INSURER D: INSURER E: INSURER F: HAVE BEEN ISSUED N OF ANY CONTR DED BY THE POLI BEEN REDUCED B'	O TO THE INSUI	REVISION NUMBER:	THE POLICY PERIOD
CER E POLICIE G ANY R OR MAY DF SUCH	S O EQUI PER POLI ADDL INSR	F INSTREM! TAIN, CIES.	SURANCE LISTED BELOW ENT, TERM OR CONDITION THE INSURANCE AFFOR LIMITS SHOWN MAY HAVE	INSURER E: INSURER F: HAVE BEEN ISSUEE N OF ANY CONTR DED BY THE POLI BEEN REDUCED B'	ACT OR OTHER	RED NAMED ABOVE FOR T	HE POLICY PERIOD
CER E POLICIE G ANY R OR MAY DF SUCH	S O EQUI PER POLI ADDL INSR	F INSTREM! TAIN, CIES.	SURANCE LISTED BELOW ENT, TERM OR CONDITION THE INSURANCE AFFOR LIMITS SHOWN MAY HAVE	HAVE BEEN ISSUED N OF ANY CONTR DED BY THE POLI BEEN REDUCED B	ACT OR OTHER	RED NAMED ABOVE FOR T	HE POLICY PERIOD
E POLICIE G ANY R OR MAY DF SUCH	S O EQUI PER POLI ADDL INSR	F INSTREM! TAIN, CIES.	SURANCE LISTED BELOW ENT, TERM OR CONDITION THE INSURANCE AFFOR LIMITS SHOWN MAY HAVE	HAVE BEEN ISSUED N OF ANY CONTR DED BY THE POLI BEEN REDUCED B	ACT OR OTHER	RED NAMED ABOVE FOR T	HE POLICY PERIOD
E POLICIE G ANY R OR MAY DF SUCH	S O EQUI PER POLI ADDL INSR	F INSTREM! TAIN, CIES.	SURANCE LISTED BELOW ENT, TERM OR CONDITION THE INSURANCE AFFOR LIMITS SHOWN MAY HAVE	HAVE BEEN ISSUED N OF ANY CONTR DED BY THE POLI BEEN REDUCED B'	ACT OR OTHER	RED NAMED ABOVE FOR T	HE POLICY PERIOD
G ANY R OR MAY OF SUCH	EQUI PER POLI ADDL INSR	REMI TAIN, CIES. ISUBR	ENT, TERM OR CONDITION THE INSURANCE AFFORM LIMITS SHOWN MAY HAVE	N OF ANY CONTR DED BY THE POLI BEEN REDUCED B'	ACT OR OTHER	RED NAMED ABOVE FOR T	HE POLICY PERIOD
	INSR	WVD	POLICY NUMBER		Y PAID CLAIMS	IED HEREIN IS SUBJECT T	
	х			(MM/DD/YYYY	POLICY EXP (MM/DD/YYYY)	LIMIT	,
		201200557NPO		7/1/2012	7/1/2013	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,0 \$ 500,0
				İ		MED EXP (Any one person)	\$ 20,0
						PERSONAL & ADV INJURY	\$ 1,000,0
						GENERAL AGGREGATE	\$ 2,000,0
 PER:					****	PRODUCTS - COMP/OP AGG	\$ 2,000,0
ос						Deductible	\$
						COMBINED SINGLE LIMIT (Ea accident)	s 1,000,0
	20		201200557NPO	7/1/2012	7/1/2013	BODILY INJURY (Per person)	\$
ULED						BODILY INJURY (Per accident)	\$
WNED						PROPERTY DAMAGE (Per accident)	\$
		į				Deductible	\$
CUR						EACH OCCURRENCE	s 4,000,0
IMS-MADE			201200557NPOUMB	7/1/2012	7/1/2013	AGGREGATE	\$ 4,000,0
10,000							\$
						X WC STATU- TORY LIMITS ER	
OVERS' LIABILITY RIETOR/PARTNER/EXECUTIVE EMBER EXCLUDED? In NH) ibe under ON OF OPERATIONS below WC 015684189		WC 015684189	11/1/2011	11/1/2012	E.L. EACH ACCIDENT	\$ 1,000,0	
					E.L. DISEASE - EA EMPLOYEE	\$ 1,000,0	
w						E.L. DISEASE - POLICY LIMIT	\$ 1,000,0
			CWB000122709	7/1/2012	7/1/2013	Blanket Contents	3,829,1
			CWB000122709	7/1/2012	7/1/2013	Actual Loss Sustaine	
	CUR AIMS-MADE 10,000 TIVE Y/N DOW	CUR AIMS-MADE 10,000 TIVE Y/N N/A DOW	CUR AIMS-MADE 10,000 TIVE N/A DW DNS/VEHICLES (Attach	CUR AIMS-MADE 10,000 TIVE Y/N N/A CWB000122709 CWB000122709 CWB000122709 CWB000122709	CUR AIMS-MADE 10,000 TIVE Y/N N / A CWB000122709 CWB000122709 CWB000122709 7/1/2012 CWB000122709 7/1/2012 CWB000122709 7/1/2012	CUR AIMS-MADE 10,000 TIVE N / A WC 015684189 11/1/2011 11/1/2012 CWB000122709 7/1/2012 7/1/2013 CWB000122709 7/1/2012 7/1/2012 CWB000122709 7/1/2012 7/1/2012 CWB000122709 7/1/2012 7/1/2012 7/1/2012 CWB000122709 7/1/2012 7/1/20	PROPERTY DAMAGE Per accident Deductible



DATE (MM/DD/YYYY) 06/28/2012

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS ND 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) most be endorsed. If SUBROGATION IS WAIVED, subject to

	terms and conditions of the policy, ificate holder in lieu of such endors				ndorsei	ment. A stati	ement on thi	is certificate does not confer	rights to the	
	incate nolder in help of such endors DER 0726293			5-546-9300	CONTACT					
Arthu	r J. Gallagher & Co.				NAME: PHONE			FAX (A/C, No):		
	ance Brokers of California,	Inc	., Ł	icense #0726293	PHONE FAX (A/C, No, Exil): (A/C, No): (A/C,					
Suite	arket Flaza, Spear Tower 200				ADDRE				1	
San Francisco, CA 94105						INSURERA; WESTERN CATROLIC INS CO RRG INC 14122				
INSURE	t)				,			nce Company	10786	
Catho	lic Charities CYÓ				INSURE					
100 A	oward Street			,	INBURER D :					
					INSURE					
San F	rancisco, CA 94105				INSURE	***************************************				
COVERAGES CERTIFICATE NUMBER: 27992619 REVISION NUMBER:										
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PE INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TE EXCLUSIONS AND CONDITIONS OF SUCH POLICIES, LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.									WHICH THIS	
INER LTR	TYPE OF INSURANCE	ADDL Insr	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMÍTS		
	ENERAL LIABILITY	Х		WCGAL-002-12		07/01/12	07/01/13	EAGH OCCURRENCE \$ 1,0	000,000	
К	COMMERCIAL GENERAL LIABILITY							DAMAGE TO RENTED \$ 50,		
	CLAIMS-MADE X OCCUR							MED EXP (Any one person) \$ 5,0	000	
Γ								PERSONAL & ADVINJURY 5 1,0	000,000	
								GENERAL AGGREGATE 5 2,0	000,000	
G	EN'L AGGREGATE LIMIT APPLIES PER:							PRODUCTS - COMP/OP AGG \$ 2,0	000.000	
Х	POLICY PRO: LOC							l l		
A A	UTOMOBILE LIABILITY			WCGAD-002-12		07/01/12	07/01/13	COMBINED SINGLE LIMIT [5 1,0	000,000	
x	ANY AUTO							BODILY INJURY (Per person) 5	~	
<u> </u>	ALLOWNED SCHEDULED AUTOS							BOBILY INJURY (Per accident) \$		
х								FROPERTY DAMAGE 5		
						•	{	\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE S		
	EXCESS LIAB CLAIMS-MADE			-				AGGREGATE \$		
	DED RETENTION \$							\$		
	ORKERS COMPENSATION NO EMPLOYERS LIABILITY							WC STATU- OTH- TORY LIMITS ER		
	Y/N AAA BURGETON BURGET AND THE THE THE THE THE THE THE THE THE THE	NIA				1		E.L. EACH ACCIDENT 5		
1 (6	(andstory in NH)	11.5						el disease - ea employee \$		
16	yes, describe under ESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT S	*	
	althcare Professional			6796684		07/01/12	07/01/13	Rach Mod. Incident 1.00	000,000	
A C	ounselors E&O			WCGAL-002-12		07/01/12	07/01/13	Per Claim/3MM Agg 1,00	000.000	
	PTION OF OPERATIONS / LOCATIONS / VEHICL				achednie	, if more space is	rącjulrąd)			
See S	upplement Page for additions ficate Holder is named as Ac	as sa Idibbi	iona	mation. ? Indured Ad readed	La Cen	eval Tilehi	liky ner s	sttached CG2026 endorgen	nent.	
	St. Vincent's School for Boy									
	incent's School for Boys wil									
along	with Mental Health Services	ŧ.								
ひばわゲ	ICICATE HOLDED			•	CANC	ELLATION				
ŲCK1	IFICATE HOLDER				CANU	ELLATION	····	······································		
Mt. D	isble Unified School Distric	٤Ŀ			THE	EXPIRATION	DATE THE	ESCRIBED POLICIES BE CANCEL REOF, NOTICE WILL BE DE LY PROVISIONS.		
1936	Carlotta Drive				AUTHO	RIZEO REPRESEI				
Concord, CA 94519						Jemit Office				

© 1988-2010 ACORD CORPORATION. All rights reserved,



DATE (MM/DD/YYYY) 5/16/2012

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).

certificate flotder itt iteti of	such endorsement(s).		
PRODUCER		CONTACT Sharon Bilof	
L/B/W Insurance & 28055 Smyth Drive	Financial Services, 1	Inc. PHONE (661) 702-6000 FAX (A/C, No); (661) 702- E-MAIL ADORESS; sharone@lbwinsurance.com	6060
Valencia	CA 91355	INSURER(S) AFFORDING COVERAGE INSURER A: Philadelphia Insurance Co.	NAIC#
INSURED			
Tobinworld		MSURER B: Cypress Insurance Company	
		INSURER C: Admiral Ins. Co.	
920 East Broadway		INSURER D :	
at 1-1		INSURER E :	
Glendale	CA 91205-1291	INSURER F:	
COVERAGES	CERTIFICATE NUMBER	R:CL1251608028 REVISION NUMBER:	
TUIC IC TO ACCUTICA THAT T	117 00:101		

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

INICO	EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.								
INSR LTR		ADDL SU INSR W	POLICY NUMBER	POLICY EFF (MM/DD/YYYY	POLICY EXP (MM/DD/YYYY)	Limits			
	X COMMERCIAL GENERAL LIABILITY					EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000			
A	CLAIMS-MADE X OCCUR		PHPK798979	12/5/2011	12/5/2012	MED EXP (Any one person) \$ 10,000			
			•			PERSONAL & ADV INJURY \$ 1,000,000			
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE \$ 2,000,000			
	PRO-					PRODUCTS - COMP/OP AGG \$ 2,000,000			
	AUTOMOBILE LIABILITY				ļ	\$			
	v					COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000			
A	ANY AUTO ALL OWNED SCHEDULED		L	1		BODILY INJURY (Per person) \$			
	AUTOS AUTOS		PHPK500567	12/5/2011	12/5/2012	BODILY INJURY (Per accident) \$			
	X HIRED AUTOS X NON-OWNED AUTOS				•	PROPERTY DAMAGE (Per accident) \$			
	X UMBRELLA LIAB X GOOLID					\$			
	EVOESE LIAD			l		EACH OCCURRENCE \$ 10,000,000			
A	CLAIMS-MADE	1]			AGGREGATE \$ 10,000,000			
-	DED X RETENTIONS 10,000		PHUB365730	12/5/2011	12/5/2012	\$			
В	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N					X WC STATU- OTH- TORY LIMITS ER			
	ANY PROPRIETOR/PARTNER/EXECUTIVE N	N/A				E.L. EACH ACCIDENT \$ 1,000,000			
	(Mandatory in NH)		3300060711-121	2/1/2012	2/1/2013	E.L. DISEASE - EA EMPLOYEE \$ 1,000,000			
_	DESCRIPTION OF OPERATIONS below	-				E.L. DISEASE - POLICY LIMIT \$ 1,000,000			
С	Professional		E000000179309	3/25/2012	3/25/2013	Each Incident \$2,000,000			
	Liability (E & O)					Deductible 2,500			
DESC	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL	EC (040-	L 1007D 444 4 440		<u> </u>				

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
The certificate holder is named as an additional insured as respects the operations of the named insured.

CERTIFICATE HOLDER	CANCELLATION
Mt. Diablo Unified School District 1936 Carlotta Drive	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Concord, CA 94818	AUTHORIZED REPRESENTATIVE
	Sharon Bilof/SHARON Share Ede Rig
A CODD OF (OA40)	

ACORD 25 (2010/05)

	<u>ACOR</u>	P. C	ERT	IFICA'	TE OF LIABIL	ITY IN	JSUF		DATE (MM/DD/YY) JUN 21 11					
PRODUCER BRYAN BAILEY CBI INSURANCE AGENCY, INC. PO BOX 1120 EDEN UT 84310							THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.							
EL	PEN UI	84310		Aganauli	4. 403500		COMPANIES AFFORDING COVERAGE							
Agency Lic#: 102586 INSURED							SY A: MA	ARKEL INSURAN	CE COMPANY			····		
		TONE BO	YS AND	GIRLS RA	NCH		COMPANY A: MARKEL INSURANCE COMPANY COMPANY B: PHILADELPHIA INSURANCE COMPANIES							
	32 S 72N					COMPAN	IY C:							
.	LLINGO	LINGS MT 59106-3599 COMPANY D:								,				
		COMPANY E:												
TH NO MA	ITWITHSTAN Y PERTAIN	ERTIFY TH IDING ANY I, THE INSI	REQUIREM JRANCE AF	ENT, TERM C FORDED BY	ISURANCE LISTED BELOW HAVE R CONDITION OF ANY CONTRAC THE POLICIES DESCRIBED HER PAID CLAIMS.	OT OR OTHER	R DOCUME	INT WITH RESPECT 1	TO WHICH THIS CERTIFI	ICATE M	AY BE ISS	SLED CR		
NSR	Т	YPE OF INS	URANCE		POLICY NUMBER	POLICY EF	FECTIVE	POLICY EXPIRATION		LIMITS				
	GENERAL	LIABILITY	•		8502SS315179-6	JUL 1	12	JUL 1 13	EACH CCCURRENCE		\$	1,000,000		
	\vdash		ENERAL LIA						FIRE DAMAGE (Any One	₃ Fire)	\$	50,000		
	\longrightarrow	CLAIMS MA	DE X	OCCUR					MED. EXP (Any Crie Per		\$	10,000		
			MOLESTA	fI1M/2M					PERSONAL & ADV INJU		\$	1,000,000		
		ESSIONAL	1M/3M MIT APPLIE:	C DED:					GENERAL AGGREGATE		\$	3,000,000		
	POLI		1						PRODUCTS-COMP/OP /	166	ŧ	1,000,000		
	АСТОМОВ	AUTO	PROJECT TY	LOC	PHPK889566	JUL [,]	1 12	JUL 1 13	COMBINED SINGLE LIM	ıπ	\$	1,000,000		
В	\vdash	OWNED AU EDULED AL						chevritic for any factor of the factor of th	BODILY INJURY (Per person)		\$			
_	HIRED AUTOS NON-OWNED AUTOS							BODILY INJURY (Per accident)		\$				
									PROPERTY DAMAGE		\$			
	GARAGE L	.iability Auto							AUTO ONLY - EA ACCIE		\$			
	HANT	AUTO							OTHER THAN		\$			
	EXCESS L	IABILITY			4602SS315180-6	JUL 1	1 12	JUL 1 13	EACH OCCURRENCE		\$	2,000,000		
	X occ		CLAIM	IS MADE	400203010100-0	JOL	- 112	002113	AGGREGATE		\$	2,000,000		
											\$			
	DED	UCTIBLE									\$			
	X RETE	NOITME	\$	10,000							\$			
		S COMPENS	ATION AND						WC STATU- TORY LIMITS	OTHER				
	EMPLOTE	TO LUMBILII	r						E L EACH ACCIDENT		\$			
									E.L. DISEASE-EA EMPL		\$			
									E.L. DISEASE-POLICY L	.IMIT	\$			
	OTHER:													
	DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS CERTIFICATE HOLDER LISTED AS ADDITIONAL INSURED IF REQUIRED BY WRITTEN CONTRACTEMPLOYEE BENEFITS LIMIT 10000000 BENEFITS LIMIT 10000000													
	DTIES .	TENA		ADDO	TOMAL INCUDED- Members Fran	<u> </u>	A NAME :	ATION						
MT DIABLO UNIFIED SCHOOL DISTRICT 1936 CARLOTTA DRIVE CONCORD, CA 94519					\$ P. F. F. F. F. F. F. F. F. F. F. F. F. F.	EXPIRATION DAYS WRI FAILURE TO NSURER, IT	NY OF THE ABOVE C N DATE THEREOF, TH TTEN NOTICE TO THE D DO SO SHALL IMPOSI I,'S AGENTS OR REPRE	DESCRIBED POLICIES B WE ISSUING COMPANY 'I E CERTIFICATE HOLDER E NO CELIGATION CR LIA ESENTATIVES.	WILL END NAMED	DEAVOR TO	D MAIL 10 LEFT, BUT			
At	tention:					Į(AUTHORIZED REPRESENTATIVE (866) 977-4555 Ph. (866)211-7419 Fax							



08/01/2012

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.

CONTACT

NAME:

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(les) 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 fleu of such endorsement(s).

PRODUCER Phone: (801) 392-7516 Fax: 801-621-1147

BLACKBURN JONES COMPANY PO BOX 1479 (COPY

INSURED WATERFALL CANYON ACADEMY INC & OAK GROVE SCHOOL INC 3375 HARRISON BLVD OGDEN UT 84403

PHONE (A/C, No, Ext): FAX (A/C, No): 801-621-1147 (801) 392-7516 bbj@bbjco.com ADDRESS PRODUCER CUSTOMER ID: 20875 INSURER(S) AFFORDING COVERAGE NAIC # American Alternative Insurance Co INSURER A American Alternative Insurance Co INSURER B : American Alternative Insurance Co INSURER C : American Alternative Insurance Co INSURER D: INSURER E INSURER F :

Blackburn Jones Company

COVERAGES

OGDEN UT 84402

CERTIFICATE NUMBER: 75911

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.

E	XCLUSIONS AND CONDITIONS OF SUCH P	OLICIES	<u>. LIMITS SHOWN MAY HAVE BEEN RE</u>	DUCED BY PAI	D CLAIMS.			
INSR		ADD'L SU	POLICY NUMBER	POLICY EFF (MINDDIYYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S	
A	GENERAL LIABILITY	X	99A2CP0001079-01	08/01/12	06/01/13	EACH OCCURRENCE	\$	1,000,000
	X COMMERCIAL GENERAL LIABILITY					DAMAGE TO DENTED	\$	100,000
1	X CLAIMS-MADE X OCCUR					MED. EXP (Any one person)	\$	5,000
			J.L.			PERSONAL & ADV INJURY	\$	1,000,000
			I			GENERAL AGGREGATE	5	3,000,000
1	GEN'L AGGREGATE LIMIT APPLIES PER:					PRODUCTS - COMP/OP AGG	s	3,000,000
	POLICY PRO-					EMPLOYEE BENEFITS LI	s	1,000,000
В	AUTOMOBILE LIABILITY	X	99A2CA0001462-01	08/01/12	06/01/13	COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
1	ANY AUTO		50			BODILY INJURY (Per person)	\$	
1	ALL OWNED AUTOS					BODILY INJURY (Per accident)	. \$	
	X SCHEDULED AUTOS					PROPERTY DAMAGE	s	
	X HIRED AUTOS	ř	Î			(Per accident)		
	X . NON-OWNED AUTOS	E					S	
		E					. s	
С	UMBRELLA LIAB X OCCUR	X	99A2FF0000643-02	08/01/12	06/01/13	EACH OCCURRENCE	\$	1,000,000
	EXCESS LIAB CLAIMS-MADE					AGGREGATE	, S	1,000,000
	DEDUCTIBLE						; \$	
	RETENTION \$	ľ.					s	
_	WORKERS COMPENSATION	i -		1		WC STATU- OTH TORY LIMITS ER	\$	
	AND EMPLOYERS' LIABILITY YIN			!		E.L. EACH ACCIDENT	s	
l	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	AIN		<u> </u>	i	E.L. DISEASE-EA EMPLOYEE	1 \$	
	(Mandatory In NH) If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE-POLICY LIMIT	s	
D		X	99A2PL0002514-03	08/01/12	06/01/13	ea. Professional Incide	nt	1,000,000
0	FIGURES SIGNAL CLASSING					Aggregate		3,000,000

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

Certificate Holder listed as additional insured.

Excess Liability Policy provides \$1,000,000 Excess Following Form Limits over the following Policies: General Liability, Automobile Liability, Professional Liability and Employers Liability. The Employers Liability policy # 2820808 is under a seperate Certificate.

CERT	IFICATE	E HOL	DEK

CANCELLATION

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

AUTHORIZED REPRESENTATIVE

ACCORDANCE WITH THE POLICY PROVISIONS.

Attention:

Tol To

© 1988-2009 ACORD CORPORATION. All rights reserved.

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN

ACORD 25 (2009/09)