

AUG 26 2010

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Budget & Fiscal Services



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
8/17/2010

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).

PRODUCER Barney & Barney LLC CA License: 0C03950 1999 Harrison Suite 1230 Oakland CA 94612		CONTACT NAME: Marie Peralta PHONE (A/C No. Ext): (510)273-8888 FAX (A/C No.): (510)273-8867 E-MAIL ADDRESS: marie.peralta@barneyandbarney.com PRODUCER CUSTOMER ID #: 00002598															
INSURED The Springstone School 1035 Carol Lane Lafayette CA 94549		<table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A North American Elite Insurance</td> <td></td> </tr> <tr> <td>INSURER B State Comp Ins. Fund</td> <td>35076</td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </tbody> </table>		INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A North American Elite Insurance		INSURER B State Comp Ins. Fund	35076	INSURER C:		INSURER D:		INSURER E:		INSURER F:	
INSURER(S) AFFORDING COVERAGE	NAIC #																
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INSURER C:																	
INSURER D:																	
INSURER E:																	
INSURER F:																	

COVERAGES CERTIFICATE NUMBER: 2010 GL, Auto & WC 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.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR WVO	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	X	201014018NPO	8/15/2010	8/15/2011	EACH OCCURRENCE \$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 20,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS		201014018NPO	8/15/2010	8/15/2011	COMBINED SINGLE LIMIT (Ea accident) \$
						BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ NonOwned & Hired Auto \$ 1,000,000
	UMBRELLA LIAB EXCESS LIAB DEDUCTIBLE RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/>	N/A 5678282010	8/15/2010	8/15/2011	WC STATUTORY LIMITS OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ included E.L. DISEASE - POLICY LIMIT \$ included

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
 Mt. Diablo Unified School District, it's officers & employees are named as additional insured only with respect to general liability arising out of their contract agreement with the insured.
 * 10 day Notice of Cancellation for non-payment of premium

CERTIFICATE HOLDER

CANCELLATION

Mt. Diablo Unified 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 V. Stock/PER



COMMERCIAL GENERAL LIABILITY

CARRIER

Nonprofits' Insurance Alliance of California
A.M. Best Rating: A-, V (Excellent)

POLICY NUMBER

2009-14018-NPO

POLICY PERIOD

12:01 a.m., August 15, 2010 – August 15, 2011

COVERAGE

The Commercial General Liability Occurrence Form is designed to provide in a single contract, insurance needed to cover liability for injuries or property damage sustained by any member of the public.

LIMITS OF INSURANCE

General Aggregate	\$	2,000,000
Products – Completed Operations Aggregate	\$	2,000,000
Each Occurrence	\$	1,000,000
Personal & Advertising Injury	\$	1,000,000
Fire Damage – Any One Fire	\$	500,000
Medical Expenses – Any One Person	\$	20,000
Employee Benefit Liability (Claims Made)		Included
Employee Benefit Liability – Retro Date: 08/15/2003		
Liquor Liability	\$	1,000,000

DEDUCTIBLE

Employee Benefit Liability only	\$	1,000
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Insure your success



CA Insurance Lic 0C03950

This document is for presentation purposes only. The precise coverage afforded is subject to the terms, conditions and exclusions of the policies as issued. Barney & Barney makes no representations, either expressed or implied, as to the adequacy of any limits of protection. Determination of the adequacy of the limits of protection is your responsibility.



COMMERCIAL GENERAL LIABILITY (CONTINUED)

EXCLUSIONS

- Per Policy Form; Including But Not Limited To:
 - Social Service Professional Liability
 - Improper Sexual Conduct
 - Trampoline and Rebounding Equipment
 - Coverage for Claims by and related to Past and Present Employees
 - Fireworks
 - Blood Testing
 - Personal Property in the Care, Custody or Control
 - Mold, Fungus or Microbial Contamination
 - Athletic or Sports Participants
 - Corporal Punishment
 - Health or Cosmetic Services
 - Nuclear, Chemical and Biological Hazard Exclusion
 - Asbestos
 - Designated Professional Services
 - Terrorism
 - Lead

AUTOMOBILE

Non-Owned and Hired Liability	\$	1,000,000
Hired Physical Damage – Limit	\$	25,000
Comprehensive Deductible	\$	500
Collision Deductible	\$	500

EXCLUSIONS

- Per Policy Form; Including But Not Limited To:
 - Expected or Intended Injury
 - Contractual
 - Workers' Compensation
 - Employee Indemnification & Employer's Liability
 - Fellow Employee
 - Care, Custody or Control
 - Handling of Property
 - Movement of Property by Mechanical Device
 - Pollution
 - War
 - Racing
 - Nuclear Hazard
 - War or Military Action

Insure your success



CA Insurance Lic 0C03950

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UMBRELLA LIABILITY

CARRIER

Nonprofits' Insurance Alliance of California
A.M. Best Rating: A-, V (Excellent)

POLICY NUMBER

2010-14018-UMB-NPO

POLICY PERIOD

12:01 a.m., August 15, 2010 to August 15, 2011

COVERAGE

Excess Liability insurance protects against claims in excess of the limits of primary policies or for claims not covered by the primary insurance program

LIMITS OF LIABILITY

Each Occurrence	\$	1,000,000
Products – Completed Operations	\$	1,000,000
General Aggregate	\$	1,000,000
Retained Limit	\$	10,000

LIMITATIONS

- Per Policy Form; Including But Not Limited To:
 - Improper Sexual Conduct
 - Directors & Officers Liability
 - Prior Acts Exclusion

Note: Higher limits of liability may be available. Let us know if you would like a quote for increased coverage.

Insure your success



CA Insurance Lic 0C03950

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ACORD®

CERTIFICATE OF INSURANCE

ISSUE DATE:
7/30/2010

PRODUCER:

Wells Fargo Insurance Services USA, Inc.
45 Fremont Street, Suite 800
San Francisco CA 94105
CA DOI License #0D08408

RECEIVED

AUG 05 2010

FISCAL ANALYST

PUPIL SERVICES/SPECIAL EDUCATION

INSURED:

SHINING STAR FOUNDATION dba: STAR ACADEMY
4470 Redwood Highway
San Rafael, CA 94903

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 OTHER COVERAGE AFFORDED BY THE POLICIES BELOW.

COMPANIES AFFORDING COVERAGE

COMPANY LETTER A	MARKEL INS. CO.
COMPANY LETTER B	EMPLOYERS COMPENSATION INS. CO.
COMPANY LETTER C	
COMPANY LETTER D	
COMPANY LETTER E	

COVERAGES AND LIMITS

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CO. LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFF. DATE	POLICY EXP. DATE	DESCRIPTION	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMM. GENERAL LIAB. <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCURRENCE <input type="checkbox"/> OWNER'S & CONTRACT'S PROT <input type="checkbox"/> _____	8502CC301149-3	8/01/10	8/01/11	GENERAL AGGREGATE PROD-COMP/OP AGG. PERS & ADV. INJURY EACH OCCURRENCE FIRE DAMAGE (One Fire) MEDICAL EXPENSE (One Per)	3,000,000 1,000,000 1,000,000 1,000,000 100,000 5,000
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/> GARAGE LIABILITY	8502CC301149-3	8/01/10	8/01/11	COMBINED SINGLE LIMIT BODILY INJURY (Per Person) BODILY INJURY (Per Accident) PROPERTY DAMAGE	1,000,000
A	EXCESS LIABILITY <input checked="" type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM	4102CC301151-3	8/01/10	8/01/11	EACH OCCURRENCE AGGREGATE	1,000,000 1,000,000
B	WORKERS' COMPENSATION AND EMPLOYER'S LIABILITY	IS0323308-07	7/01/10	7/01/11	<input checked="" type="checkbox"/> STATUTORY LIMITS EACH ACCIDENT DISEASE - POLICY LIMIT DISEASE - EACH EMPLOYEE	1,000,000 1,000,000 1,000,000
A	OTHER INSURANCE Professional Liability	8502CC301149-3	8/01/10	8/01/11	Each Wrongful Act Aggregate	1,000,000 3,000,000

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS:

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.

NAME AND ADDRESS OF CERTIFICATE HOLDER:

Mt. Diablo Unified School District
James W. Dent Education Center
1936 Carlotta Drive
Concord, California 945190-1397

CANCELLATION:

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

AUTHORIZED REPRESENTATIVE:

Stephanie Ruppenstein

IMPORTANT

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

IF SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement (s).

DISCLAIMER

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

POLICY NUMBER: RIC0009151

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 Organization(s)
MT. DIABLO UNIFIED SCHOOL DISTRICT JAMES W. DENT EDUCATION CENTER 1936 CARLOTTA DRIVE CONCORD, CA 94519-±397
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.



CERTIFICATE OF LIABILITY INSURANCE

OP ID: PC

DATE (MM/DD/YYYY)

01/28/11

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.

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PRODUCER Chapman License #0522024 P. O. Box 5455 Pasadena, CA 91117-0455		626-405-8031 626-405-0585	CONTACT NAME: PHONE (A/C, No, Ext): E-MAIL ADDRESS: PRODUCER CUSTOMER ID #: TIMOT-1	FAX (A/C, No):
INSURED Timothy Murphy School 1 Saint Vincent Drive San Rafael, CA 94903	INSURER(S) AFFORDING COVERAGE		NAIC #	
	INSURER A: Chartis-Granite State Ins. Co.			
	INSURER B: Philadelphia Indemnity		18058	
	INSURER C:			
	INSURER D:			
	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. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL/SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
B	GENERAL LIABILITY	X	PHPK621180	09/01/10	09/01/11	EACH OCCURRENCE	\$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GENL AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC					DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000	
A	AUTOMOBILE LIABILITY		PHPK621180	09/01/10	09/01/11	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	<input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS					BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$	
B	UMBRELLA LIAB		PHUB320781	09/01/10	09/01/11	EACH OCCURRENCE	\$ 2,000,000
	<input checked="" type="checkbox"/> EXCESS LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> DEDUCTIBLE RETENTION \$ 10,000					AGGREGATE \$ 2,000,000	
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	N/A	5564366	09/01/10	09/01/11	WC STATUTORY LIMITS	00
	<input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000	
B	Sexual Abuse		PHPK621180	09/01/10	09/01/11	Ea/Aggr	\$1MM/\$2MM
B	Prof. Liab.		PHPK621180	09/01/10	09/01/11	Ea/Aggr	\$1MM/\$2MM

RECEIVED
FEB 09 2011
FISCAL ANALYST
PUPIL SERVICES/SPECIAL EDUCATION

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
Certificate Holder is named additional insured with respect to the operations of the named insured. Workers compensation coverage excluded, evidence only.

CERTIFICATE HOLDER

CANCELLATION

Mt. Diablo Unified School District, It's Officers, Agents and Employees
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

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CERTIFICATE OF LIABILITY INSURANCE

OP ID: MC

DATE (MM/DD/YYYY)

01/05/11

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.

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PRODUCER Chapman License #0522024 P. O. Box 5455 Pasadena, CA 91117-0455 Nelson DeBasa		626-405-8031 626-405-0585	CONTACT NAME: PHONE (A/C, No, Ext): E-MAIL ADDRESS: PRODUCER CUSTOMER ID #: TIMOT-1	FAX (A/C, No):
INSURED Timothy Murphy School 1 Saint Vincent Drive San Rafael, CA 94903		INSURER(S) AFFORDING COVERAGE		NAIC #
		INSURER A : Chartis-Granite State Ins. Co.		
		INSURER B : Philadelphia Indemnity		18058
		INSURER C :		
		INSURER D :		
		INSURER E :		
		INSURER F :		

RECEIVED
 JAN 10 2011
 FISCAL ANALYST
 PUPIL SERVICES/SPECIAL EDUCATION

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

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INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
B	GENERAL LIABILITY			PHPK621180	09/01/10	09/01/11	EACH OCCURRENCE	\$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person)	\$ 5,000
							PERSONAL & ADV INJURY	\$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 2,000,000
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG	\$ 2,000,000
A	AUTOMOBILE LIABILITY			PHPK621180	09/01/10	09/01/11	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)	\$
	<input type="checkbox"/> ALL OWNED AUTOS						BODILY INJURY (Per accident)	\$
	<input checked="" type="checkbox"/> SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	\$
	<input checked="" type="checkbox"/> HIRED AUTOS							\$
<input checked="" type="checkbox"/> NON-OWNED AUTOS				\$				
B	<input checked="" type="checkbox"/> UMBRELLA LIAB			PHUB320781	09/01/10	09/01/11	EACH OCCURRENCE	\$ 2,000,000
	<input type="checkbox"/> EXCESS LIAB						AGGREGATE	\$ 2,000,000
	<input type="checkbox"/> REDUCTIBLE							\$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			5564366	09/01/10	09/01/11	WC STATU-TORY LIMITS	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y/N	N/A				E.L. EACH ACCIDENT	\$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
							E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
B	Sexual Abuse			PHPK621180	09/01/10	09/01/11	Ea/Aggr	\$1MM/\$2MM
B	Prof. Liab.			PHPK621180	09/01/10	09/01/11	Ea/Aggr	\$1MM/\$2MM

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

10 days notice of cancellation for non-payment of premium.

CERTIFICATE HOLDER**CANCELLATION**

Mt. Diablo Unified School
 District, It's Officers, Agents
 and Employees
 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

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NOTEPAD

INSURED'S NAME **Timothy Murphy School**

TIMOT-1
OP ID: MC

PAGE 2
DATE 01/05/11

Employee Benefits Liability - \$1,000,000 each claim / \$1,000,000 aggregate