



CALIFORNIA
DEPARTMENT OF
EDUCATION

TOM TORLAKSON
STATE SUPERINTENDENT OF PUBLIC INSTRUCTION

NOTICE OF NONPUBLIC, NONSECTARIAN AGENCY CERTIFICATION

DATE: 3/10/2014

SITE ADMINISTRATOR: Susan Stark

AGENCY: The Speech Pathology Group, Inc.- Walnut Creek

NPA CODE: 1A-07-033

ADDRESS: 2021 Ygnacio Valley Road, C202
Walnut Creek, CA 94598

**SITE(S) AUTHORIZED TO SERVE
BY THIS CERTIFICATION:** NPA Site Only

MAXIMUM # OF STUDENTS: 76+

CERTIFICATION STATUS:

APPROVED

EFFECTIVE DATES:

1/1/2014 through 12/31/2014

SERVICES AND RELATED SERVICES AUTHORIZED: The following related services are certified to be provided by the NPA as stated in Individualized Education Programs:

- | | |
|--------------------------------------------------|-------------------------------------------------|
| No: Adapted Physical Education | No: Orientation and Mobility Instruction |
| No: Assistive Technology Services | No: Parent Counseling and Training |
| No: Audiological Services | No: Physical Therapy Services |
| No: Behavior Intervention—Design or Planning | No: Psychological Services |
| No: Behavior Intervention—Implementation | No: Recreation Services |
| No: Counseling and Guidance | No: Social Worker |
| No: Early Education Program | No: Specialized Driver Training |
| No: Educational Interpreter | No: Transcriber Services |
| No: Health and Nursing Services | No: Vision Services |
| No: Instruction—Home/Hospital | No: Vocational Education and Career Development |
| No: Low Incidence | No: Other Services: |
| Yes: Language/Speech Development and Remediation | No: Other Services: |
| No: Occupational Therapy | No: Non-Medical Care and Room and Board |

The Speech Pathology Group, Inc.- Walnut Creek
3/10/2014
Page 2

Certification is not an endorsement of the services offered by the NPA, but states only that the NPA meets minimum standards. Certification is subject to timely submission of an annual application and accompanying fee.

JESSICA GRAY

Jessica Gray, Associate Governmental Program Analyst
Interagency-Nonpublic Schools/Agencies Unit
Special Education Division

Certification that is "Approved" or "Conditional" authorizes the nonpublic school or agency to contract with local educational agencies under Section 56366 et seq. of the Education Code.

1430 N STREET, SACRAMENTO, CA 95814.5901 • 916.319.0800 • WWW.CDE.CA.GOV



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
10/25/2013

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 Arthur J. Gallagher & Co. Insurance Brokers of California, Inc. 3697 Mt. Diablo Blvd., Suite 300 Lafayette, CA 94549 www.ajg.com 0726293		CONTACT NAME: PHONE (A/C, No, Ext): 925-299-1112 FAX (A/C, No): 925-299-0328 E-MAIL ADDRESS: INSURER(S) AFFORDING COVERAGE NAIC #	
INSURED The Speech Pathology Group, Inc. 2021 Ygnacio Valley Road, #C103-202 Walnut Creek CA 94598		INSURER A: American Economy Ins. Co. 19690 INSURER B: Republic Indemnity Company of America INSURER C: American States Insurance Co 19704 INSURER D: INSURER E: INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** 18152895 **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
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	<input checked="" type="checkbox"/>	02BP65788070	11/1/2013	11/1/2014	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 2,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 4,000,000 PRODUCTS - COMP/OP AGG \$ 4,000,000
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		02BP65788070	11/1/2013	11/1/2014	COMBINED SINGLE LIMIT (Ea accident) \$ Included BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ \$
C	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$0		01CT11199170	11/1/2013	11/1/2014	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000 \$ \$ \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/>	18629501	10/1/2013	10/1/2014	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
Mt. Diablo Unified School District is included as additional insured per attached BP7032 0702.
The Excess Liability policy includes the Workers Compensation/Employers Liability policy as an underlying policy. Therefore, the total Employers Liability limits are \$2,000,000.

CERTIFICATE HOLDER Mt. Diablo Unified School District 1936 Carlotta Dr., Wing D 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.
	AUTHORIZED REPRESENTATIVE Jamie Yaudes

MEMORANDUM OF INSURANCE				Date Issued 02/26/2014	
Producer Marsh U.S. Consumer a service of Seabury & Smith, Inc. P.O. Box 14576 Des Moines, IA 50306-3576 1-800-503-9230		This memorandum is issued as a matter of information only and confers no rights upon the holder. This memorandum does not amend, extend or alter the coverages afforded by the Certificate listed below.			
Insured Speech Pathology Group Inc Suite C-103 2021 Ygnacio Valley Road Walnut Creek CA 94598		Company Affording Coverage Liberty Insurance Underwriters Inc			
This is to certify that the Certificate listed below has 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 memorandum may be issued or may pertain, the insurance afforded by the Certificate described herein is subject to all the terms, exclusions and conditions of such Certificate. The limits shown may have been reduced by paid claims.					
Type of Insurance	Certificate Number	Effective Date	Expiration Date	Limits	
Professional Liability SpeechLangH SE Speech Language Pathologist	AHY-603734003	03/01/2014	03/01/2015	Per Incident/ Occurrence	\$2,000,000
				Annual Aggregate	\$5,000,000
Memorandum Holder is added as an Additional Insured but only as respects to claims arising out of the sole negligence of the named insured subject to the terms and provisions of the policy.					
Memorandum Holder: Mt. Diablo Unified School District 1936 Carlotta Drive Concord CA 94519		Should the above describe Certificate be cancelled before the expiration date thereof, the issuing company will endeavor to mail 30 days written notice to the Memorandum 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 Mark Brostowitz			
					