



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
04/21/2021

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Bowthorpe and Associates 1110 E. Eaglewood Dr. Suite 5 North Salt Lake UT 84054		CONTACT NAME: Salt Lake Client PHONE (A/C, No, Ext): (801) 487-2300 FAX (A/C, No): (801) 487-2393 E-MAIL ADDRESS: george@bowthorpeinsurance.com	
		INSURER(S) AFFORDING COVERAGE	
		INSURER A: General Star Indemnity Company	
		INSURER B:	
		INSURER C:	
		INSURER D:	
		INSURER E:	
		INSURER F:	

COVERAGES CERTIFICATE NUMBER: CL213802898 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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY			IJG931649	03/19/2021	03/19/2022	EACH OCCURRENCE	\$ 2,000,000
	<input checked="" type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR	Y	Y				DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 50,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						MED EXP (Any one person)	\$ 2,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PERSONAL & ADV INJURY	\$ 2,000,000
	OTHER:						GENERAL AGGREGATE	\$ 4,000,000
A	AUTOMOBILE LIABILITY			IJG931649	03/19/2021	03/19/2022	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY						BODILY INJURY (Per person)	\$
	<input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY						BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
	UMBRELLA LIAB						EACH OCCURRENCE	\$
	EXCESS LIAB						AGGREGATE	\$
	DED						RETENTION \$	\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				OTHER	
A	Professional Liability			IJG931649	03/19/2021	03/19/2022	E.L. EACH ACCIDENT	\$
							E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$
							Each Claim	1,000,000
							Aggregate	3,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 THOSE USUAL TO THE INSURED'S OPERATIONS. MOUNT DIABLO SCHOOL DISTRICT IS AN ADDITIONAL INSURED PER FORM 06-MHCF-2987 (06/2005) ATTACHED TO THE POLICY. WAIVER OF SUBROGATION ATTACHED PER FORM MHF 24 0006 (06/13)

CERTIFICATE HOLDER		CANCELLATION	
MOUNT DIABLO SCHOOL DISTRICT 1936 CARLOTTA DR CONCORD CA 04610-1368		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	

GENERAL STAR INDEMNITY COMPANY

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

This endorsement # 5, effective March 19, 2021 forms a part of Policy # IJG931649
issued to Skezics Corp dba Right Direction Crisis Intervention

ADDITIONAL INSURED

This endorsement modifies insurance provided under your policy.

Subject to all terms, conditions and exclusions in the policy, the person(s) or organization(s) shown below are hereby included as additional **Insured(s)** under this policy, but only with respect to liability arising solely out of:

1. the actual or alleged providing or failing to provide **Professional Services** to others by any **Insured**;
2. **Bodily Injury and/or Property Damage** arising from a covered **Incident** or **Medical Incident**; or
3. **Personal and Advertising Injury** caused by an offense arising out of your business.

The inclusion of the listed additional **Insured(s)** shall not increase the limits of insurance afforded by this policy.

In addition, with respect to the additional **Insured(s)** identified below, the following exclusion is added:

With respect to any Professional Liability Coverage and General Liability Coverage provided by this policy, we will not defend or pay for any **Claim**, including any injury, **Damages**, legal liability or **Claim Expenses**, arising out of, resulting from, caused by or contributed to by:

1. any **Claim(s)** or **Potential Claims** made by any additional **Insured** against any **Insured** or any other additional **Insured**;
2. any **Claim(s)** or **Potential Claims** made against any additional **Insured** arising from any **Incident** or **Medical Incident** that took place prior to the applicable Retroactive Date noted on this endorsement;
3. any **Claim(s)** or **Potential Claims** made against any additional **Insured** while acting on the behalf of any person or organization other than any **Insured**;
4. any **Claim(s)** or **Potential Claims** arising out of the sole negligence of the person or organization shown in the Schedule.

SCHEDULE

Name of Person or Organization:	Retroactive Date:
Mt. Diablo Unified School District	03/19/2020

ALL OTHER TERMS, CONDITIONS AND EXCLUSIONS OF THIS POLICY REMAIN UNCHANGED.

06-MHCF-298 (06/2005)

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GENERAL STAR INDEMNITY COMPANY

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY



WAIVER OF SUBROGATION

This endorsement modifies insurance provided under your policy.

SCHEDULE

Person(s) or Organization(s): Mt. Diablo Unified School District
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It is hereby understood and agreed that Item 15. Subrogation, in the GENERAL CONDITIONS SECTION of the MISCELLANEOUS HEALTHCARE FACILITIES COMMON POLICY PROVISIONS does not apply to the person(s) or organization(s) listed above.

ALL OTHER TERMS, CONDITIONS AND EXCLUSIONS OF THIS POLICY REMAIN UNCHANGED.

<i>The premium for this endorsement is included within the premium shown on the Declarations unless a specific amount is shown here.</i>	<i>Additional Premium \$</i> <i>Return Premium \$</i>
<i>This endorsement takes effect upon the Policy Effective Date, unless another Endorsement Effective Date is shown here:</i>	<i>Endt. Effective Date:</i>
<i>Named Insured: Skezics Corp dba Right Direction Crisis Intervention</i>	<i>For attachment to</i> <i>Policy No. IJG931649</i>
<i>Date Issued (if other than Policy Effective Date): March 10, 2021</i>	<i>Endorsement</i> <i>No.: 6</i>



P.O. BOX 8192, PLEASANTON, CA 94588

CERTIFICATE OF WORKERS' COMPENSATION INSURANCE

ISSUE DATE: 01-27-2022

GROUP:
POLICY NUMBER: **9151320-2022**
CERTIFICATE ID: **1**
CERTIFICATE EXPIRES: **01-27-2023**
01-27-2022/01-27-2023

MT. DIABLO UNIFIED SCHOOL DISTRICT NF
1936 CARLOTTA DR
CONCORD CA 94519-1358

This is to certify that we have issued a valid Workers' Compensation insurance policy in a form approved by the California Insurance Commissioner to the employer named below for the policy period indicated.

This policy is not subject to cancellation by the Fund except upon **10** days advance written notice to the employer.

We will also give you **10** days advance notice should this policy be cancelled prior to its normal expiration.

This certificate of insurance is not an insurance policy and does not amend, extend or alter the coverage afforded by the policy listed herein. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate of insurance may be issued or to which it may pertain, the insurance afforded by the policy described herein is subject to all the terms, exclusions, and conditions, of such policy.

Authorized Representative

President and CEO

EMPLOYER'S LIABILITY LIMIT INCLUDING DEFENSE COSTS: \$1,000,000 PER OCCURRENCE.

EMPLOYER

SKEZICS CORPORATION DBA: RIGHT DIRECTION NF
CRISIS INTERVENTION
PO BOX 712024
SALT LAKE CITY UT 84171

[P19,HO]