

ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)
AUG 8 16

PRODUCER
COMMERCIAL BUSINESS INSURANCE AGENCY
P. O. BOX 9742
RAPID CITY SD 57709-9742
PHONE: 866-573-7772
FAX: 866-451-1953

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.

COMPANIES AFFORDING COVERAGE

INSURED
HERITAGE SCHOOLS, INC.
DBA: HERITAGE BEHAVIORAL HEALTH SYSTEMS, INC.
5600 NO. HERITAGE SCHOOL DR.
PROVO UT 84604

COMPANY A: MARKEL INSURANCE CO. RATING A12
COMPANY B:
COMPANY C:
COMPANY D:
COMPANY E:

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.

INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> PROFESSIONAL LIABILITY GEN'L AGGREGATE LIMIT APPLIES PER <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC	8502SS310559-8	MAR 12 16	MAR 12 17	EACH OCCURRENCE \$ 1,000,000 FIRE DAMAGE (Any One Fire) \$ 200,000 MED. EXP (Any One Person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS-COMP/OP AGG \$ 3,000,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE \$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: AGG \$
	EXCESS LIABILITY <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input checked="" type="checkbox"/> RETENTION \$ 10,000	4602SS310560-8	MAR 12 16	MAR 12 17	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000 AUTO LIABILITY \$ 10,000,000 EMPLOYER'S LIABILITY \$ 10,000,000 ABUSE EXCESS \$ 5,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				WC STATUS: <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE-EA EMPLOYEE \$ E.L. DISEASE-POLICY LIMIT \$
	OTHER: SEXUAL/PHYSICAL ABUSE	8502SS310559-8	MAR 12 16	MAR 12 17	SEXUAL ABUSE SUBLIMIT: \$1,000,000. OCCURRENCE \$2,000,000. AGGREGATE

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS INSURED WITH RESPECT TO THE LIMITS LISTED IN SECTIONS ABOVE.

CERTIFICATE HOLDER IS LISTED AS "ADDITIONAL"

CERTIFICATE HOLDER

ADDITIONAL INSURED; INSURER LETTER: CANCELLATION

MT. DIABLO UNIFIED SCHOOL DISTRICT
1936 CARLOTTA DRIVE
CONCORD, CA 94519-1307

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED 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 DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, IT'S AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE
PHONE: 866-573-7772

Attention: SPECIAL EDUCATION DEPT

Signature: Robin L. Patterson, Agen

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED-OWNERS, LESSEES OR CONTRACTORS (Form A)

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY

SCHEDULE

Name of Person or Organization (Additional Insured):

MT. DIABLO UNIFIED SCHOOL DISTRICT
1936 CARLOTTA DRIVE
CONCORD, CA 94519-1307

Location of
Covered Operations

	Premium Basis	Rates (Per \$1000 of cost)	Advance Premium
Bodily Injury and Property Damage Liability	Cost	Total Advance Premium	\$ \$

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

- | | |
|---|--|
| <p>1. WHO IS AN INSURED (Section II) is amended to include as an insured the person or organization (called "additional insured") shown in the Schedule but only with respect to liability arising out of:</p> <p>A. Your ongoing operations performed for the additional insured(s) at the location designated above; or</p> <p>B. Acts or omissions of the additional insured(s) in connection with their general supervision of such operations.</p> <p>2. With respect to the insurance afforded these additional insureds, the following additional provisions apply:</p> <p>A. Exclusions b., c., g., h.(1), j., k., l. and n. under COVERAGE A - BODILY INJURY AND PROPERTY DAMAGE LIABILITY (Section I - Coverages) do not apply.</p> <p>B. Additional Exclusions. This insurance does not apply to:</p> <p>(1) "Bodily injury" or "property damage" for which the additional insured(s) are obligated to pay damages by reason of the assumption of liability in a contract or agreement. This exclusion does not apply to liability for damages that the additional insured(s) would have in the absence of the contract or agreement.</p> <p>(2) "Bodily injury" or "property damage" occurring after:</p> <p>(a) All work, including materials, parts or equipment furnished in connection with</p> | <p>such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the site of the covered operations has been completed; or</p> <p>(b) That portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.</p> <p>(3) "Bodily injury" or "property damage" arising out of any act or omission of the additional insured(s) or any of their "employees", other than the general supervision by the additional insured(s) of your ongoing operations performed for the additional insured(s).</p> <p>(4) "Property damage" to:</p> <p>(a) Property owned, used or occupied by or rented to the additional insured(s);</p> <p>(b) Property in the care, custody, or control of the additional insured(s) or over which the additional insured(s) are for any purpose exercising physical control; or</p> <p>(c) Any work, including materials, parts or equipment furnished in connection with such work, which is performed for the additional insured(s) by you.</p> |
|---|--|



Markel Insurance Company

EXCESS/UMBRELLA DECLARATIONS

POLICY NUMBER: 4602SS310560 - 8	RENEWAL OF POLICY:	4602SS310560-7
Named Insured and Mailing Address: Heritage Schools, Inc. Heritage Behavioral Health Systems, Inc. 5600 N. Heritage School Dr. Provo, UT 84604		
Policy Period From: 03-12-2016 To: 03-12-2017 At 12:01 a.m. standard time at your mailing address shown above		
This policy provides <input type="checkbox"/> Excess Liability coverage only or <input checked="" type="checkbox"/> Umbrella Liability coverage only. <i>Only the policy provisions applicable to the type of coverage checked in the above box will apply. Please refer to the appropriate sections of the policy for what is and is not covered according to the coverage type.</i>		
IN RETURN FOR THE PAYMENT OF THE PREMIUM AND SUBJECT TO ALL THE TERMS OF THIS POLICY, WE AGREE TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.		
Policy Premium: \$ 28,025.00		
<input checked="" type="checkbox"/> Direct Billed <input type="checkbox"/> Agency Billed		
Limits of Insurance: General Aggregate \$ 10,000,000 Products-Completed Operations Aggregate \$ 10,000,000 Each Occurrence \$ 10,000,000 Each Person - Personal And Advertising Injury \$ 10,000,000 Self Insured Retention - Each Occurrence \$ 10,000		
THIS POLICY PROVIDES CLAIMS-MADE COVERAGE FOR THE UNDERLYING INSURANCE SHOWN AS CLAIMS-MADE IN THE SCHEDULE OF UNDERLYING INSURANCE. PLEASE READ THE ENTIRE FORM CAREFULLY. This insurance does not apply to Coverage A - Bodily Injury And Property Damage Liability and Coverage B - Personal And Advertising Injury written under Section II - Umbrella Liability Coverage which occurs before the Retroactive Date shown below. N/A in New York Retroactive Date: Per Underlying Claims-made Coverage, if applicable. (Enter a date only when one or more underlying insurance coverages are claims-made.)		

Producer Number, Name and Mailing Address

52691 / Commercial Business Insurance Agency, Inc
P.O. Box 9742
Rapid City, SD 57709

Forms and Endorsements attached to this policy at time of issuance:

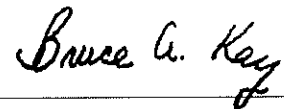
MJIL 1000(06/10), MDUB1000(03/14), MUB0001(03/14), MUB 200(08/03), MUB1204(03/14), MUB1324(03/14), MUB1343(03/14), MUB205(07/05), MUB310(08/03), MUB314(08/03), MUB315(08/03), MUB403(08/03), MUB419(08/03), MUB424(08/03), MUB431(08/03), MUB433(08/03), MUB476(08/03), MUB478(08/03), MUB485(08/03), MUB492(08/03), MUB-TERR-2(01/15), MUB-UT(08/03), MUB1359(01/15), MUB500(07/05)

These declarations, together with the Coverage Form(s) and any Endorsement(s), complete the above numbered policy.

Issue Date: 03-14-2016

At: Glen Allen, VA

By: Bruce A. Kay



(Authorized Representative)

Named Insured: Heritage Schools, Inc.

Policy Number: 4602SS310560 - 8

**EXCESS/UMBRELLA POLICY
SCHEDULE OF UNDERLYING INSURANCE**

(An "X" in the Type of Coverage boxes below () indicates these coverages are provided by the underlying policies.)

Carrier, Policy Number, Policy Period (If Applicable)	Type of Coverage	Underlying Limits of Insurance
Carrier: Markel Insurance Company Policy Number: 8502SS310559 Policy Period: 03/12/2016 03/12/2017	<input checked="" type="checkbox"/> Occurrence <input type="checkbox"/> Claims-Made <input checked="" type="checkbox"/> Commercial General Liability <input type="checkbox"/> Liquor Liability <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ 3,000,000 General Aggregate \$ 3,000,000 Products-Completed Operations Aggregate \$ 1,000,000 Each Occurrence \$ 1,000,000 Personal And Advertising Injury - Each Person Or Organization \$ \$
Carrier: Markel Insurance Company Policy Number: 8502SS310559 Policy Period: 03/12/2016 03/12/2017	<input checked="" type="checkbox"/> Occurrence <input type="checkbox"/> Claims-Made <input checked="" type="checkbox"/> Professional Liability	\$ 1,000,000 Each Wrongful Act \$ 3,000,000 Aggregate
Carrier: Markel Insurance Company Policy Number: 8502SS310559 Policy Period: 03/12/2016 03/12/2017	<input checked="" type="checkbox"/> Occurrence <input type="checkbox"/> Claims-Made <input checked="" type="checkbox"/> Employee Benefits Liability	\$ 1,000,000 Each Employee \$ 3,000,000 Aggregate
Carrier: Policy Number: Policy Period:	<input type="checkbox"/> Occurrence <input type="checkbox"/> Claims-Made <input type="checkbox"/> Liquor Liability	\$ \$ Each Common Cause Aggregate
Carrier: Policy Number: Policy Period:	<input type="checkbox"/> Stop Cap - Employers Liability	\$ Bodily Injury by Accident \$ Bodily Injury by Disease - Each Person \$ Bodily Injury by Disease - Policy Limit
Carrier: State Farm Mutual Auto Ins Co Policy Number: 14 3189-C23-44O Policy Period: 03/23/2016 03/23/2017	<input checked="" type="checkbox"/> Business Automobile Liability <input checked="" type="checkbox"/> Owned Automobiles <input checked="" type="checkbox"/> Non-Owned Automobiles <input checked="" type="checkbox"/> Hired Automobiles	\$ 1,000,000 Each Accident
Carrier: Policy Number: Policy Period:	<input type="checkbox"/> Garage Liability <input type="checkbox"/> Owned Automobiles <input type="checkbox"/> Non-Owned Automobiles <input type="checkbox"/> Hired Automobiles	\$ Each Accident - Garage Operations - Auto Only \$ Other than Auto Only \$ Aggregate - Garage Operations - Other than Auto Only

Carrier, Policy Number, Policy Period (If Applicable)	Type of Coverage	Underlying Limits of Insurance
Carrier: Markel Insurance Company Policy Number: 8502SS310559 Policy Period: 03/12/2016 03/12/2017	<input checked="" type="checkbox"/> Occurrence <input type="checkbox"/> Claims-Made <input checked="" type="checkbox"/> Sexual Abuse & Molestation	\$ 2,000,000 Aggregate \$ 1,000,000 Per Person, Per Occurrence \$
Carrier: Policy Number: Policy Period:	<input type="checkbox"/> Occurrence <input type="checkbox"/> Claims-Made <input type="checkbox"/> <input type="checkbox"/>	\$ Per Occurrence \$ Per Occurrence \$
Carrier: Policy Number: Policy Period:	<input type="checkbox"/> Occurrence <input type="checkbox"/> Claims-Made <input type="checkbox"/>	\$ Each Wrongful Act \$ Aggregate \$
Carrier: Policy Number: Policy Period:	<input type="checkbox"/> Occurrence <input type="checkbox"/> Claims-Made <input type="checkbox"/>	\$ Aggregate \$ Each Occurrence \$
Carrier: Policy Number: Policy Period:	<input type="checkbox"/> Occurrence <input type="checkbox"/> Claims-Made <input type="checkbox"/>	\$ Aggregate \$ Each Occurrence \$
Carrier: Policy Number: Policy Period:	<input type="checkbox"/> Occurrence <input type="checkbox"/> Claims-Made <input type="checkbox"/>	\$ Aggregate \$ Personal & Advertising Injury \$ Each Occurrence
Carrier: Policy Number: Policy Period:	<input type="checkbox"/> Occurrence <input type="checkbox"/> Claims-Made <input type="checkbox"/>	\$ General Aggregate \$ Each Occurrence
Carrier: Workers Compensation Fund Policy Number: 1703605 Policy Period: 01/01/2016 01/01/2017	<input checked="" type="checkbox"/> Occurrence <input type="checkbox"/> Claims-Made <input checked="" type="checkbox"/> Employer's Liability	\$ 1,000,000 Bodily Injury by Accident \$ 1,000,000 Bodily Injury by Disease - Each Person \$ 1,000,000 Bodily Injury by Disease - Policy Limit

FCR 2017 Mar 2016
 2017 2016
 2017 2016

Workers Compensation and Employers Liability Insurance Policy



NCCI Co No.: 19933	INFORMATION PAGE	Policy No.: 1703605																				
<p>1. INSURED/MAILING ADDRESS: HERITAGE SCHOOLS INC 5600 HERITAGE SCHOOL DRIVE PROVO, UT 84604 (801)226-4600</p> <p>Other workplaces not shown above: See Schedule WC 200 A Other named insured (if applicable) See Schedule WC 200 B</p>	<p>Insured Is: Corporation Renewal of Policy No.: 1703605 F.E.I.N.# 870514958 Risk ID# 430319396</p>																					
<p>2. POLICY PERIOD: From 01/01/2016 To 01/01/2017 at 12:01 A M at the Insured's mailing address</p>																						
<p>3. COVERAGE:</p> <p>A. Workers Compensation Insurance: Part One of the policy applies to the Workers Compensation Law of the state listed here: Utah</p> <p>B. Employers Liability Insurance: Part Two of the policy applies to work in each state listed in item 3.A. The limits of our liability under Part Two are</p> <table style="width:100%; border:none;"> <tr> <td style="padding-left: 20px;">Bodily Injury by Accident</td> <td style="padding-left: 20px;">\$1,000,000 Each Accident</td> </tr> <tr> <td style="padding-left: 20px;">Bodily Injury by Disease</td> <td style="padding-left: 20px;">\$1,000,000 Policy Limit</td> </tr> <tr> <td style="padding-left: 20px;">Bodily Injury by Disease</td> <td style="padding-left: 20px;">\$1,000,000 Each Employee</td> </tr> </table> <p>C. Other States Insurance: Part Three of the policy applies to the states, if any, listed here: None</p> <p>D. This policy includes these endorsements and schedules See Schedule WC 200 C</p>			Bodily Injury by Accident	\$1,000,000 Each Accident	Bodily Injury by Disease	\$1,000,000 Policy Limit	Bodily Injury by Disease	\$1,000,000 Each Employee														
Bodily Injury by Accident	\$1,000,000 Each Accident																					
Bodily Injury by Disease	\$1,000,000 Policy Limit																					
Bodily Injury by Disease	\$1,000,000 Each Employee																					
<p>4. PREMIUM: The premium for this policy will be determined by our Manuals of Rules, Classifications, Rates and Rating Plans. All information required below is subject to verification and change by audit</p> <table border="1" style="width:100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="width:15%;">Classifications</th> <th style="width:15%;">Code No</th> <th style="width:35%;">Premium Basis Total Estimated Annual Remuneration</th> <th style="width:15%;">Rates Per \$100 of Remuneration</th> <th style="width:20%;">Estimated Annual Premium</th> </tr> </thead> <tbody> <tr> <td colspan="4" style="text-align:center;">See Schedule WC 200 D</td> <td></td> </tr> <tr> <td colspan="4" style="text-align:right;">Expense Constant Total Estimated Annual Cost</td> <td style="text-align:center;">\$107,383.60</td> </tr> <tr> <td colspan="2"> Minimum Premium: \$400.00 Utah Deposit Premium: </td> <td colspan="3"> If indicated below, interim adjustments of premium shall be made: . . . Semi-annually: . . . Quarterly: . . . Monthly. </td> </tr> </tbody> </table>			Classifications	Code No	Premium Basis Total Estimated Annual Remuneration	Rates Per \$100 of Remuneration	Estimated Annual Premium	See Schedule WC 200 D					Expense Constant Total Estimated Annual Cost				\$107,383.60	Minimum Premium: \$400.00 Utah Deposit Premium:		If indicated below, interim adjustments of premium shall be made: . . . Semi-annually: . . . Quarterly: . . . Monthly.		
Classifications	Code No	Premium Basis Total Estimated Annual Remuneration	Rates Per \$100 of Remuneration	Estimated Annual Premium																		
See Schedule WC 200 D																						
Expense Constant Total Estimated Annual Cost				\$107,383.60																		
Minimum Premium: \$400.00 Utah Deposit Premium:		If indicated below, interim adjustments of premium shall be made: . . . Semi-annually: . . . Quarterly: . . . Monthly.																				
<p>PRODUCER: ERIC TORGENSEN (801)852-4603</p> <p style="text-align:right; margin-top: 20px;">Countersigned By _____</p>																						
Issue Date 01/04/2016	Issuing Office Sandy, UT	WC 00 00 01 A																				

Workers Compensation and Employers Liability Insurance Policy

SCHEDULE OF OTHER WORKPLACES

Name of Insured: HERITAGE SCHOOLS INC
Name of Insurer: WORKERS COMPENSATION FUND
Policy Number: 1703605
Policy Period: 01/01/2016 To 01/01/2017 at 12:01 a.m.

State: UT

Name/Address:

HERITAGE SCHOOLS INC
5600 HERTIAGE SCHOOL DRIVE
PROVO, UT 84604

FEIN:

870514958

Employees

325

HERITAGE CENTER
5600 N HERITAGE SCHOOLS DR
PROVO, UT 84604

870514958

HERITAGE RESIDENTIAL TREATMENT CENTER
5600 N HERITAGE SCHOOLS DR
PROVO, UT 84604

870514958

HERITAGE BEHAVIORAL HEALTH SYSTEMS
5600 N HERITAGE SCHOOL DRIVE
PROVO, UT 84604

870574417

Workers Compensation and Employers Liability Insurance Policy

SCHEDULE OF OTHER NAMED INSURED(S)

Name of Insured: HERITAGE SCHOOLS INC
Name of Insurer: WORKERS COMPENSATION FUND
Policy Number: 1703605
Policy Period: 01/01/2016 To 01/01/2017 at 12:01 a.m

<u>Name:</u>	<u>Legal Status</u>	<u>FEIN:</u>
HERITAGE BEHAVIORAL HEALTH SYSTEMS	Corporation	870574417

Workers Compensation and Employers Liability Insurance Policy

SCHEDULE OF ENDORSEMENTS

Name of Insured: **HERITAGE SCHOOLS INC**
Name of Insurer: **WORKERS COMPENSATION FUND**
Policy Number: **1703605**
Policy Period: **01/01/2016 To 01/01/2017 at 12:01 a.m.**

<u>Endorsement Number.</u>	<u>Description</u>
WC 00 00 00 C	Conditions
WC 00 00 01 A	Information Page
WC 200 C	Schedule of Endorsements
WC 00 04 14	Notification of Change in Ownership Endorsement
WC 00 04 22 B	Terrorism Risk Insurance Program Reauthorization Act
WC 00 04 21 D	Catastrophe (Other Than Certified Acts of Terrorism) Premium
WC 00 04 06 A	Premium Discount Endorsement
WC 200 A	Schedule of Other Workplaces
WC 200 B	Schedule of Other Named Insured(s)
WC 200 D	Schedule of Operations
WCF 107-0	Installment Schedule
WC 43 06 02	Utah Cancellation Endorsement
WCF 108-0	Audit Estimate Endorsement

WC 200 C

Workers Compensation and Employers Liability Insurance Policy

SCHEDULE OF OPERATIONS

Name of Insured: **HERITAGE SCHOOLS INC**
 Name of Insurer: **WORKERS COMPENSATION FUND**
 Policy Number: **1703605**
 Policy Period **01/01/2016 To 01/01/2017** at 12:01 a.m.

Classifications	Code No	Premium Basis Total Estimated Annual Remuneration	Rates Per \$100 of Remuneration	Estimated Annual Premium
STATE: UT				
DRIVERS CHAUFFEURS AND THEIR HELPERS	7380	90,000	4.42	\$3,978.00
STABLE OR BREEDING FARM & DRIVERS	8279	125,000	10.84	\$13,550.00
COLLEGE PROFESSIONAL EMPLOYEES & CLERICAL	8868	5,000,000	32	\$16,000.00
COLLEGE OR SCHOOL ALL OTHER EMPLOYEES	9101	4,500,000	3.00	\$135,000.00
MANUAL PREMIUM				
EMPLOYERS LIABILITY	9812	1000/1000/1000	1.10%	\$1,853.81
EXPERIENCE MODIFICATION	9898		77	-\$39,187.82
SCHEDULE RATING (CR)	9887		90	-\$13,119.40
TOTAL STANDARD PREMIUM				
PREMIUM SIZE DISCOUNT	0063		10.70%	-\$12,633.99
TERRORISM	9740	9,715,000	01	\$971.50
CATASTROPHE-OTHER THAN CERTIFIED ACTS OF TERRORISM	9741	9,715,000	01	\$971.50
ESTIMATED ANNUAL PREMIUM				
Total Due For: UT				\$107,383.60



CERTIFICATE OF INSURANCE

SUCH INSURANCE AS RESPECTS THE INTEREST OF THE CERTIFICATE HOLDER NAMED BELOW WILL NOT BE CANCELED OR OTHERWISE TERMINATED WITHOUT GIVING 10 DAYS PRIOR WRITTEN NOTICE TO THE CERTIFICATE HOLDER, BUT IN NO EVENT SHALL THIS CERTIFICATE BE VALID MORE THAN 30 DAYS FROM THE DATE WRITTEN. THIS CERTIFICATE OF INSURANCE DOES NOT CHANGE THE COVERAGE PROVIDED BY ANY POLICY DESCRIBED BELOW.

- This certifies that: STATE FARM MUTUAL AUTOMOBILE INSURANCE COMPANY of Bloomington, Illinois
 STATE FARM FIRE AND CASUALTY COMPANY of Bloomington, Illinois
 STATE FARM COUNTY MUTUAL INSURANCE COMPANY OF TEXAS of Dallas, Texas , or
 STATE FARM INDEMNITY COMPANY of Bloomington, Illinois

has coverage in force for the following Named Insured as shown below:

NAMED INSURED: Heritage Schools Inc							
5600 Heritage School Dr Provo, Utah 84604-7701							
ADDRESS OF NAMED INSURED:							
POLICY NUMBER	014 3189-C23-44I9						
EFFECTIVE DATE OF POLICY	03/23/2001	expiration				continuous	
DESCRIPTION OF VEHICLE (Including VIN)	Fleet						
LIABILITY COVERAGE	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
LIMITS OF LIABILITY							
a. Bodily Injury	1 Million						
Each Person	1 Million						
Each Accident	1 Million						
b. Property Damage							
Each Accident	1 Million						
c. Bodily Injury & Property Damage Single Limit							
Each Accident	1 Million						
PHYSICAL DAMAGE COVERAGES							
a. Comprehensive	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
	\$ 250 Deductible	\$ Deductible	\$ Deductible	\$ Deductible	\$ Deductible	\$ Deductible	\$ Deductible
b. Collision	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
	\$ 500 Deductible	\$ Deductible	\$ Deductible	\$ Deductible	\$ Deductible	\$ Deductible	\$ Deductible
EMPLOYERS NON-OWNED CAR LIABILITY COVERAGE	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
HIREN CAR LIABILITY COVERAGE	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
FLEET - COVERAGE FOR ALL OWNED AND LICENSED MOTOR VEHICLES	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

Calvin K Blohm

State Farm Agent

44-1472

08/18/2016

Signature of Authorized Representative

Title

Agent's Code Number

Date

Name and Address of Certificate Holder

Name and Address of Agent

Mt Diablo Unified School District
 1936 Carlotta Drive
 Concord, Ca 94520

Calvin K Blohm
 State Farm Ins
 720 N Main
 Payson, Utah 84651