

**Certificate of Insurance (Proof of Coverage)      Date Issued: (4/22/2011)**

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.

Insured Name and Mailing Address*		Program Administrator
Name	Cherri duffy	Administered By: CPH and Associates 711 S. Dearborn, Suite 205 Chicago, IL 60605
Street	3101 Scott St. Apt. Apt. 101	
City	San Francisco	Underwritten By: Philadelphia Indemnity Insurance Company
State	California	
Zip	94123	

*\*Additional insured locations are often requested by individual business owners who have more than one office.  
Your coverages are portable, meaning that you are covered at any location for practice under the occupation(s) listed on your policy.*

**Coverage**

Policy #: PHCPE88965      Effective Date: (4/22/2011)      Expiration Date: (4/22/2012)

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

Limits of Liability		Coverage Part
Each Occurrence (Per individual claim)	Aggregate (Total amount per policy year)	
\$1,000,000.00	\$3,000,000.00	Professional Liability
\$1,000,000.00	\$3,000,000.00	General Liability <small>Includes: General Liability, Fire &amp; Water Legal Liability and Personal Liability</small>
N/A	N/A	Property Coverage
\$1,000,000.00	\$3,000,000.00	Supplemental Liability
Unlimited	Unlimited	Defense Expense Coverage
\$35,000	\$35,000	State Licensing Board Investigation Expense Coverage
\$15,000	\$15,000	Assault Coverage
\$10,000	\$35,000	Deposition Expense Benefit
\$5,000/person	\$50,000	Medical Expense Coverage
\$15,000	\$15,000	First Aid Coverage

**Description/Special Provisions:**

**General Liability Insured Location(s):**

1) 3101 Scott St. Apt. 101 San Francisco, CA 94123

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.
<p>Holder has also been added to the policy as an additional insured:** <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No</p> <p>**If the certificate holder is an ADDITIONAL INSURED, the policy (ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).</p>	<p align="center"><i>C. Philip Hodson</i></p> <p>Authorized Representative C. Philip Hodson</p>

**DISCLAIMER:** The Certificate of Insurance 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.





### Certificate of Professional Liability Insurance

This certificate is issued for informational purposes only.

It certifies that the policies listed in this document have been issued to the Named Insured. It does not grant any rights to any party nor can it be used, in any way, to modify coverage provided by such policies. Alteration of this certificate does not change the terms, exclusions or conditions of such policies.

Coverage is subject to the provisions of the policies, including any exclusions or conditions, regardless of the provisions of any other contract, such as between the certificate holder and the Named Insured. The limits shown below are the limits provided at the policy inception. Subsequent paid claims may reduce these limits.

Named Insured:	PHOENIX EDUCATION SPECIALIST		
Insurer Name:	Hiscox Insurance Company Inc.		
Policy Number:	UDC-1229461-EO-11		
Policy Effective Date:	August 05, 2011	Policy Expiration Date:	August 05, 2012

#### Limits of Insurance

Each Claim:	\$ 1,000,000	Each Claim
Aggregate for all Claims:	\$ 1,000,000	Aggregate for all Claims
Deductible:	\$ 1,000	Each Claim
Retroactive Date:	August 01, 2007	

The policy referred to in this certificate was issued on a claims made and reported basis.

#### Description of Endorsements/Special Provisions

Not applicable
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Authorized Representative

August 05, 2011

Date



## Certificate of Professional Liability Insurance

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Coverage is subject to the provisions of the policies, including any exclusions or conditions, regardless of the provisions of any other contract, such as between the certificate holder and the Named Insured. The limits shown below are the limits provided at the policy inception. Subsequent paid claims may reduce these limits.

Named Insured:	PHOENIX EDUCATION SPECIALIST		
Insurer Name:	Hiscox Insurance Company Inc.		
Policy Number:	UDC-1229461-EO-11		
Policy Effective Date:	August 05, 2011	Policy Expiration Date:	August 05, 2012

### Limits of Insurance

Each Claim:	\$ 1,000,000	Each Claim
Aggregate for all Claims:	\$ 1,000,000	Aggregate for all Claims
Deductible:	\$ 1,000	Each Claim
Retroactive Date:	August 01, 2007	

**The policy referred to in this certificate was issued on a claims made and reported basis.**

### Description of Endorsements/Special Provisions

Not applicable



**HISCOX INSURANCE COMPANY INC. (A Stock Company)**

233 North Michigan Avenue, Suite 1840 Chicago Illinois 60601

**Additional Insured Status**

Certificate holder maintains Additional Insured Status if this boxed checked

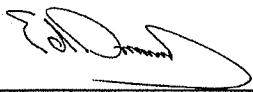
This certificate does not grant any coverage or rights to the certificate holder. If this certificate indicates that the certificate holder is an additional insured, the policy(ies) must either be endorsed or contain specific language providing the certificate holder with additional insured status. The certificate holder is an additional insured only to the extent indicated in such policy language or endorsement.

**Cancellation**

In the event of cancellation of any policy described above, the insurer will attempt to mail 10 days written notice to the certificate holder prior to the effective date of cancellation. However, failure to do so will not impose any duty or liability upon the insurer, its agents or representatives, nor will it delay cancellation.

MT Diablo Unified School District  
\_\_\_\_\_  
**Certificate Holder**

August 05, 2011  
\_\_\_\_\_  
**Date**

  
\_\_\_\_\_  
**Authorized Representative**

August 05, 2011  
\_\_\_\_\_  
**Date**

**Endorsement 3**

NAMED INSURED: PHOENIX EDUCATION SPECIALIST

**E5000.1 Additional Insured**

Page 1 of 1

In consideration of the premium charged, it is understood and agreed that the Policy is amended as follows:

1. In Clause VI. **DEFINITIONS**, paragraph V., "'You' or 'Your'," is amended to include the following at the end thereof:

**You** or **Your** shall also include the below listed "**ADDITIONAL INSURED(S)**," but only for the **Wrongful Acts** of those contemplated in paragraphs 1., 2. or 3. of the definition of "**You**" or "**Your**":

**ADDITIONAL INSURED(S)**

MT Diablo Unified School District 1936 Carlotta Drive Concord, CA, 94519

All other terms and conditions remain unchanged.

Endorsement effective: August 05, 2011

Policy No.: UDC-1229461-EO-11

Endorsement No: 3



By : Ed Donnelly  
(Appointed Representative)

DPL E5000 CW (01/10)



ACE American Insurance Company

Psychologists' Professional Liability  
 Claims Made Insurance  
 Policy Declarations

PRODUCER NUMBER

273865

DATE OF ISSUE

June 01, 2011

**PSYCHOLOGISTS' PROFESSIONAL LIABILITY  
 CLAIMS MADE INSURANCE POLICY**

THIS POLICY/CERTIFICATE IS ISSUED IN ASSOCIATION WITH THE PSYCHOLOGISTS PURCHASING  
 GROUP ASSOCIATION

Item	<b>POLICY/CERTIFICATE NUMBER: 78G22368205</b>		
1.	<b>Named Insured:</b>	<b>Pediatric Neuropsychology Group</b>	
	<b>Address:</b>	2372 Ellsworth St Ste F	
	<b>City, State &amp; Zip Code:</b>	Berkeley, CA 94704 1550	
2.	<b>Policy Period:</b>	From: 07/01/2011	To: 07/01/2012
	12:01 A.M. local time at the address shown in item 1.		
3.	<b>COVERAGE</b>	<b>LIMITS OF LIABILITY</b>	<b>PREMIUM</b>
	Professional Liability Wrongful Employment Practices	\$2,000,000 Each Incident \$4,000,000 Aggregate \$5,000 Aggregate	\$4,030.00
	<b>REIMBURSEMENTS</b>		
	Licensing Board Defense Other Governmental Regulatory Body Defense Deposition Expense Premises Medical Payment Assault and/or Battery Loss of Earnings	\$50,000 per Proceeding \$10,000 per Proceeding \$5,000 per Insured \$2,500 per Person \$500 per Day, per Insured	\$45.00 \$75,000 Aggregate \$1,000 Aggregate \$15,000 Aggregate Per Incident
	Surcharge(s)		
	Total Premium		\$4,075.00
4.	Retroactive Date 07/01/2002		
5.	This policy is made and accepted subject to the printed conditions in this policy together with the provisions, stipulations and agreements contained in the following form(s) or endorsement(s). PF15215a, PF15217a, CC-1K11g (01/11), PF15245a, PF15235a, PF7U49a .		
6.	<b>Notice of claim should be sent to:</b> Trust Risk Management Services, Inc. 181 W Madison St Suite 2900, Chicago, IL 60602	<b>All other correspondence should be sent to:</b> Trust Risk Management Services, Inc. 1791 Paysphere Circle Chicago, IL 60674	
7.	<b>REPRESENTATIVE:</b>	<b>Agent or broker:</b>	Trust Risk Management Services, Inc. doing business in CA as TRMS Insurance Agency
		<b>Office address:</b>	1791 Paysphere Circle
		<b>City, State, Zip</b>	Chicago, IL 60674
		<b>Website:</b>	www.apait.org
		<b>Phone:</b>	1.877.637.9700

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

Named Insured Pediatric Neuropsychology Group			Endorsement Number
Policy Symbol CRL	Policy Number 78G22368205	Policy Period 07/01/2011 to 07/01/2012	Effective Date 07/01/2011
Issued By (Name of Insurance Company) ACE American Insurance Company			

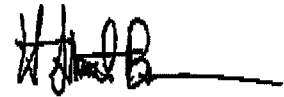
**Additional Insured**

It is agreed that in consideration of the premium charged, the individual(s) or entity(ies) designated below shall be an **Insured**, under Section III. PERSONS INSURED, but only with respect to such individual's or entity's liability arising solely out of an **Incident** caused by the sole negligence of another **Insured**:

Additional Insured	Address
The Mt Diablo Unified School District	1936 Carlotta Drive Concord CA 94519

The premium for this endorsement is included in the premium shown on the Declarations unless a specific amount is shown here:	Additional Premium:	
	Return Premium:	

All other terms and conditions of this policy remain unchanged.



Authorized Agent



**Certificate of Insurance (Proof of Coverage)      Date Issued: (6/2/2011)**

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THIS CERTIFICATE DOES NOT AMEND, EXTEND, OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

Insured Name and Mailing Address*	Program Administrator
<b>Name</b> Deiredre Ryan <b>Street</b> 205 2nd Avenue #4  <b>City</b> San Francisco <b>State</b> California <b>Zip</b> 94118	<b>Administered By:</b> CPH and Associates 711 S. Dearborn, Suite 205 Chicago, IL 60605  <b>Underwritten By:</b> Philadelphia Indemnity Insurance Company

*\*Additional insured locations are often requested by individual business owners who have more than one office.  
Your coverage is portable, meaning that you are covered at any location for practice under the occupation(s) listed on your policy.*

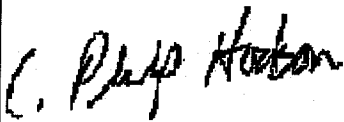
**Coverage**

<b>Policy #:</b> PHCPE26595	<b>Effective Date:</b> (7/27/2011)	<b>Expiration Date:</b> (7/27/2012)
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Limits of Liability		Coverage Part
<i>Each Occurrence (Per individual claim)</i>	<i>Aggregate (Total amount per policy year)</i>	
\$1,000,000.00	\$5,000,000.00	<b>Professional Liability</b>
N/A	N/A	<b>General Liability</b> <small>Includes: General Liability, Fire &amp; Water Legal Liability and Personal Liability</small>
N/A	N/A	<b>Property Coverage</b>
\$1,000,000.00	\$5,000,000.00	<b>Supplemental Liability</b>
<b>Unlimited</b>	<b>Unlimited</b>	<b>Defense Expense Coverage</b>
<b>\$35,000</b>	<b>\$35,000</b>	<b>State Licensing Board Investigation Expense Coverage</b>
<b>\$15,000</b>	<b>\$15,000</b>	<b>Assault Coverage</b>
<b>\$10,000</b>	<b>\$35,000</b>	<b>Deposition Expense Benefit</b>
<b>\$5,000/person</b>	<b>\$50,000</b>	<b>Medical Expense Coverage</b>
<b>\$15,000</b>	<b>\$15,000</b>	<b>First Aid Coverage</b>

**Description/Special Provisions:**

Certificate Holder	Cancellation
<b>Proof of Coverage</b>	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Holder has also been added to the policy as an additional insured:** _Yes / <input checked="" type="checkbox"/> N0  **If the certificate holder is an ADDITIONAL INSURED, the policy (ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).	 Authorized Representative C. Philip Hodson

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**THIS ENDORSEMENT CHANGED THE POLICY. PLEASE READ IT CAREFULLY**

**Additional Insured Endorsement**

This endorsement modifies insurance provided under the following:

ALLIED HEALTHCARE PROVIDERS PROFESSIONAL  
AND SUPPLEMENTAL LIABILITY POLICY

In consideration of the premium paid, this policy is amended as follows:

**Mt. Diablo Unified School District** is hereby added as an Additional Insured, solely for **Damages** arising out of a **Professional Incident** covered under this policy. The **Professional Incident** must arise out of services provided by the **Insured**, under contract with **Mt. Diablo Unified School District**.

Additional Insured Name and Mailing Address:

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

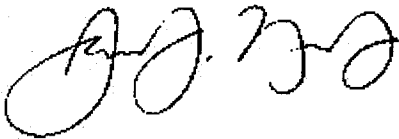
All other terms and conditions of this policy remain unchanged. This endorsement is part of your policy and takes effect on the effective date of your policy unless another effective date is shown below.

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Policy: PHCPE26595  
Effective on and after: 7/27/2011  
Issued to: Deiredre Ryan  
Expiration date: 7/27/2012

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PI-PHCP-03(03/01)



By:

Jamie Maguire, Authorized Representative