## Client#: 10784

## ACORD.

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 03/01/2013

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).

certificate holder in fied of such endorsement(s).						
PRODUCER	CONTACT Susan Kempton					
Willis of Greater Kansas, Inc.	PHONE (A/C, No, Ext): 316 494-6173 FAX (A/C, No): 3					
245 N. Waco St., Ste. 300	E-MAIL ADDRESS: susan.kempton@willis.com					
Wichita, KS 67202	INSURER(S) AFFORDING COVERAGE					
316 263-3211	INSURER A: Philadelphia Indemnity Insuranc					
INSURED	INSURER B : Accident Fund General Insurance RECEI	12304				
Heartspring, Inc.	INSURER C:					
Attn: David Dorf	INSURER D: SEP 2.4	2013				
8700 E. 29th St. N.	INSURER E:					
Wichita, KS 67226	INSURER F: FISCAL AN	VALYST				

COVERAGES

CERTIFICATE NUMBER:

REVISION NOMBER/ICES/SPECIAL FOLICATION

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.

ISR TR	TYPE OF INSURANCE	ADDL INSR	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	(MM/DD/YYYY)	LIMITS	
A	GENERAL LIABILITY			PHPK986886	03/01/2013		EACH OCCURRENCE	\$1,000,000
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$100,000
	CLAIMS-MADE X OCCUR						MED EXP (Any one person)	\$5,000
						]	PERSONAL & ADV INJURY	\$1,000,000
							GENERAL AGGREGATE	\$3,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	\$3,000,000
	POLICY PRO- JECT LOC							\$
1	AUTOMOBILE LIABILITY			PHPK986886	03/01/2013	03/01/2014	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
	X ANY AUTO						BODILY INJURY (Per person)	\$
	ALL OWNED SCHEDULED AUTOS							\$
	X HIRED AUTOS X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$
	77-100-100-100-100-100-100-100-100-100-1							\$
Α	X UMBRELLA LIAB X OCCUR			PHUB413020	03/01/2013	03/01/2014	EACH OCCURRENCE	\$5,000,000
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$5,000,000
	DED X RETENTION \$10000							\$
В	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	200		2000003850	03/01/2013	03/01/2014	X WC STATU- TORY LIMITS ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE N OFFICER/MEMBER EXCLUDED?		N/A				E.L. EACH ACCIDENT	\$500,000
							E.L. DISEASE - EA EMPLOYEE	\$500,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$500,000
1	Professional			PHPK986886	03/01/2013	03/01/2014	\$1,000,000 Each Oc	С
	Liability						\$3,000,000 Aggrega	te

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, If more space is required)
The following are Additional Insureds as respects General Liability only if required by written contract and coverage applies only as respects ongoing operations performed by the Insured for the Additional Insureds. All coverage terms, conditions and exclusions of the policy apply.

Additional Insureds: LEA, its subsidiaries, officials and employees (See Attached Descriptions)

CERTIFICATE HOLDER	CANCELLATION
Mt. Diablo USD 1936 Carlotta Dr Concord, CA 94519-1358	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Contactal, art of the contact	AUTHORIZED REPRESENTATIVE
1	Construe

DESCRIPTIONS (Continued from Page 1)									
The General Liability coverage is Primary per the policy terms & conditions only if required by written contract.									
This Certificate of Insurance represents coverage currently in effect and may or may not be in compliance with any written contract.									