

To Whom it May Concern,

Attached please find an updated certificate for Family Life Center evidencing their renewed Workers Compensation coverage. Please add this evidence of renewed Workers Compensation coverage to your certificate of insurance on file for Family Life Center.

If you have any questions regarding coverages please contact the manager of this account, Graham Stearns, at 415-493-2500 x 115 or via email at <a href="mailto:gstearns@fp-ins.com">gstearns@fp-ins.com</a>.

Thank you,

Courtney Massa x 145
Account Technician

FAMIL-2 OP ID: CMA

ACORD	CERTIFICATE OF I	LIABILITY INSURANCE	DATE (MM/DD/YYYY)
	OLIVIII IOATE OF I	LIABILITI INSURANCE	01/03/11
FARALLONE Pacific Insurance Services, LLC 0F84441 859 Diablo Avenue	415-493-2500 ce	THIS CERTIFICATE IS ISSUED AS A MATTER ONLY AND CONFERS NO RIGHTS UPON THOUSEN. THIS CERTIFICATE DOES NOT AMIT ALTER THE COVERAGE AFFORDED BY THE I	THE CERTIFICATE END. EXTEND OR
Novato, CA 94947  Daniel J. Costello  INSURED Family Life Co	enter	INSURERS AFFORDING COVERAGE INSURER A: Ulico Casualty Company	NAIC#
365 Kuck Lan Petaluma, CA	94952	INSURER B: Riverport Insurance Company	36684
		INSURER C:	
	•	INSURER D:	
		INSURER E:	
COVERAGES			
MAY PERTAIN, THE INSURANCE	R CONDITION OF ANY CONTRACT OR OTH	IE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. HER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE ED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND C IAID CLAIMS.	MAV BE ISSUED OF

INS	R ADD'	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMI	T\$
В	X	GENERAL LIABILITY  X COMMERCIAL GENERAL LIABILITY	RIC0011365	11/01/10	11/01/11	EACH OCCURRENCE	\$ 1,000,00
		CLAIMS MADE X OCCUR		11/01/10	11/01/11	PREMISES (Ea occurence)	s 100,00
В		X Prof \$1M/\$3M				MED EXP (Any one person)	\$ 5,00
В		X Sexual Abuse				PERSONAL & ADV INJURY	\$ 1,000,00
		GEN'L AGGREGATE LIMIT APPLIES PER:				GENERAL AGGREGATE	\$ 2,000,00
		POLICY PRO- LOC				PRODUCTS - COMP/OP AGG Emp Ben.	\$ 2,000,00
		AUTOMOBILE LIABILITY				Emp Ben.	1M/2I
В		X ANY AUTO	RIC0011365	11/01/10	11/01/11	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,00
		ALL OWNED AUTOS SCHEDULED AUTOS				BODILY INJURY (Per person)	\$
B		X HIRED AUTOS NON-OWNED AUTOS		CEIVED		BODILY INJURY (Per accident)	\$
B B		X Comp Ded \$500 X Coll Ded \$500	JAN	102011		PROPERTY DAMAGE (Per accident)	\$
		GARAGE LIABILITY	FISCA	L ANALYST		AUTO ONLY - EA ACCIDENT	\$
		ANY AUTO	PUPIL SERVICE	S/SPECIAL EDUCAT	inn l	F4 400	\$
				0,01 2011 12 200011	1011	OTHER THAN AUTO ONLY:  AGG	\$
		EXCESS / UMBRELLA LIABILITY				EACH OCCURRENCE	\$ 4,000,000
В		X OCCUR CLAIMS MADE	REL0011366	11/01/10	11/01/11	AGGREGATE	\$ 4,000,000
					ļ		\$
		DEDUCTIBLE			Ì		\$
<u> </u>		X RETENTION \$					\$
		KERS COMPENSATION EMPLOYERS' LIABILITY				X WC STATU- TORY LIMITS OTH- ER	
Α	ANYF	PROPRIETOR/PARTNER/EXECUTIVE PROPRIETOR/PARTNER/EXECUTIVE	UWIC485-000534-110	01/01/11	01/01/12	E.L. EACH ACCIDENT	s 1,000,000
	(Mano	datory in NH)			Ī	E.L. DISEASE - EA EMPLOYEE	s 1,000,000
		describe under IAL PROVISIONS below				E.L. DISEASE - POLICY LIMIT	4 000 000
	OTHE		_				
В	Crime	<b>9</b>	RIC0011365	11/01/10	11/01/11	EE Dishon	200,000
					ļı	Ded	500

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS \*Except 10 days notice for nonpayment of premium. It is agreed that Mt. Diablo Unified School District is named as an additional insured with respect to liability arising out of insureds operations per form RPCG74120805.

CERTIFICATE HOLDER		CANCELLATION
	CMAMTD2	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION
		DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30* DAYS WRITTEN
		NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL
Mount Diablo Unified		IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR
School District		REPRESENTATIVES.
1936 Carlotta Drive		AUTHORIZED REPRESENTATIVE
Concord, CA 94519		Jeg-

ACORD 25 (2009/01)

## **IMPORTANT**

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).

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).

#### **DISCLAIMER**

This 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.

ACORD.

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 03/02/2011

**2HEARING** 

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).

Willis of Greater Kansas, Inc. P.O. Box 206		CONTACT Susan Kempton  PHONE (A/C, No, Ext): 316 263-3211  E-MAIL ADDRESS; susan.kempton@willis.com	316-263-6995
Wichita, KS 67201 316 263-3211	•	INSURER(S) AFFORDING COVERAGE INSURER A: Philadelphia Indemnity Insuranc	NAIC#
Heartspring, Inc. Attn: David Dorf 8700 E. 29th St. N.		INSURER B : Accident Fund General Insurance INSURER C : INSURER D :	12304
Wichita, KS 67226	CERTIFICATE NUMBER:	INSURER E: INSURER F:  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

	EXCLUSIONS AND CONDITIONS OF SUCI				N REDUCED	BY PAID CLAI	MS.	
INS	TR TYPE OF INSURANCE			POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s .
A	GENERAL LIABILITY			PHPK690488	03/01/2011	03/01/2012	EACH OCCURRENCE	\$1,000,000
ĺ	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$100,000
1	CLAIMS-MADE X OCCUR						MED EXP (Any one person)	\$5,000
							PERSONAL & ADV INJURY	\$1,000,000
1					ļ		GENERAL AGGREGATE	\$3,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:				· .		PRODUCTS - COMP/OP AGG	\$3,000,000
<u></u>	POLICY PRO- JECT LOC	<u> </u>					•	\$
Α	AUTOMOBILE LIABILITY			PHPK690488	03/01/2011	03/01/2012	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
l	X ANY AUTO ALL OWNED SCHEDULED				1		BODILY INJURY (Per person)	\$
İ	AUTOS AUTOS	1 .					BODILY INJURY (Per accident)	\$
	X HIRED AUTOS X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$
								\$
Α	X UMBRELLA LIAB OCCUR			PHUB337715	03/01/2011	03/01/2012	EACH OCCURRENCE	\$5,000,000
ł	EXCESS LIAB CLAIMS-MADE	1					AGGREGATE	\$5,000,000
	DED X RETENTION \$10000						•	\$
В.	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N			2000001081	03/01/2011	03/01/2012	X WC STATU- TORY LIMITS ER	
	OFFICER/MEMBER EXCLUDED?	N/A		*	.*		E.L. EACH ACCIDENT	\$500,000
	(Mandatory in NH) If yes, describe under			<u>.</u>		.[	E.L. DISEASE - EA EMPLOYEE	\$500,000
	DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$500,000
Α	Professional			PHPK690488	03/01/2011	03/01/2012	\$1,000,000 Each Occ	;
	Liability						\$3,000,000 Aggregat	
				•				
DEGG	PURTION OF OPERATIONS // OCATIONS /VICTIO							·

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)

C	E	R	T	IF	IC	Α	T	Ε	Н	O	LD	ER	

Mt. Diablo USD 1936 Carlotta Dr Concord, CA 94519-1358

## RECEIVED

MAR 07 9811

General Counsel MDUSD

### 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** 

Cullus

© 1988-2010 ACORD CORPORATION. All rights reserved.

## **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.

RECEIVEL

MARUTZUER

General Counsel MDUSD

	ACORD. CERTIFICA	TE OF LIABIL	ITY INS	SURA	NCE	and the discount of the state of	DATE (MM/DD/YY) MAR 10 11				
R C P	RODUCER COBIN PATTERSON COMMERCIAL BUSINESS INSURANCE CO. BOX 9742	E AGENCY	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.								
R	APID CITY SD 57709-9742		COMPANIES AFFORDING COVERAGE								
<u> </u>			001101101								
1/	NSURED IERITAGE SCHOOLS, INC.		COMPANY		KEL INSURAN	ICE CO. RATING A13					
	BA: HERITAGE BEHAVORAL HEALT	H SYSTEMS, INC.	COMPANY	*****************	THE REAL PROPERTY AND ADDRESS OF THE REAL PROPERTY OF THE PROPERTY OF THE REAL PROPERTY OF THE PROPERTY OF THE PRO						
	600 NO. HERITAGE SCHOOL DR.		COMPANY		s productiment general ( g a haj manageur socialistic appropriate a statute south state						
١٢	PROVO UT 84604		COMPANY								
Ļ	OVERAGES		COMPANY	=:							
TNO	HIS IS TO CERTIFY THAT THE POLICIES OF I OTWITHSTANDING ANY REQUIREMENT, TERM R MAY PERTAIN, THE INSURANCE AFFORDED MITS SHOWN MAY HAVE BEEN REDUCED BY	OR CONDITION OF ANY CONT BY THE POLICIES DESCRIBED	TRACT OR OTHE	R DOCUME	FNT WITH RESPE	CT TO WHICH THIS CERTIFICA	ATE MAY BE ISSUED				
INS LT	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFEC		POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS					
	GENERAL LIABILITY	8502SS310559-3	MAR 12		MAR 12 12	EACH OCCURRENCE	\$ 1,000,000				
	X COMMERCIAL GENERAL LIABILITY					FIRE DAMAGE (Any One Fire)	\$ 200,000				
	CLAIMS MADE X OCCUR					MED. EXP (Any One Person)	\$ 10,000				
Α	X PROFESSIONAL LIABILITY					PERSONAL & ADV INJURY	\$ 1,000,000				
						GENERAL AGGREGATE	\$ 3,000,000				
	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PROJECT LOC					PRODUCTS-COMP/OP AGG.	\$ 3,000,000				
	ANY AUTO	المعاور ومسمور ومعارر	i de de de la constanta de la			COMBINED SINGLE LIMIT (Ea accident)	\$				
	ALL OWNED AUTOS SCHEDULED AUTOS	RECE				BODILY INJURY (Per person)	\$				
	HIRED AUTOS NON-OWNED AUTOS	FISCAL A	NAIVOT	-		BODILY INJURY (Per accident)	\$				
	And the second s	PUPIL SERVICES/SPI	CIAL EDUCATION	)N	general forces	PROPERTY DAMAGE	\$ 1 1 1 1 2 1 2 2 2 2 2 2 2 2 2 2 2 2 2				
	GARAGE LIABILITY			. 1		AUTO ONLY - EA ACCIDENT	\$				
	ANY AUTO		AL PATTERN TO			OTHER THAN EA ACC AUTO ONLY: AGG	\$				
	EXCESS LIABILITY	4602SS310560-3	MAR 12 1	1	MAR 12 12	EACH OCCURRENCE	s 10,000,000				
A	X OCCUR CLAIMS MADE		EIVED			AGGREGATE	s 10,000,000				
	DEDUCTIBLE X RETENTION \$ 10,000	MAR	4 2011		en e		\$				
	X RETENTION \$ 10,000 WORKERS COMPENSATION AND	FISCAL	2011		·	WC STATU- OTHER	\$				
	EMPLOYERS' LIABILITY	PUPIL SERVICECIÓ	ANALYST			TORY LIMITS					
		- 05/11/1050/3/	ANALYST PECIAL EQUCAT	TON .		E.L. EACH ACCIDENT	3				
				HOIV 7	to the same comme.	E.L. DISEASE-EA EMPLOYEE E.L. DISEASE-POLICY LIMIT	\$ EMBREGATION				
	OTHER:	070000040550	****				12				
A	OTTEN.	8502SS310559-3	MAR 12 1		MAR 12 12	\$1,000,000. OCCURREN \$2,000,000. AGGREGAT	ICE				
Di	ESCRIPTION OF OPERATIONS/LOCA	TIONS/VEHICLES/SPECI	AL ITEMS	SE	EE ATTACHED	PADDITIONAL INSURED	O" ENDORSEMENT.				
-											
CI	RTIFICATE HOLDER ADDIT	IONAL INSURED; INSURER LETT	ER:CAN	CELLAT	ION						
193	. DIABLO UNIFIED SCHOOL DISTRIC 36 CARLOTTA DRIVE NCORD, CA 94519-1397	T	EXPII DAYS FAILU	RATION DA S WRITTEN URE TO DO	ATE THEREOF, TI I NOTICE TO THE	DESCRIBED POLICIES BE CAN HE ISSUING COMPANY WILL E E CERTIFICATE HOLDER NAMI E NO OBLIGATION OR LIABILITY ESENTATIVES.	NDEAVOR TO MAIL 30 ED TO THE LEFT, BUT				
Aŧ	tention: MARIE ANTONETTE U. F	-ABIE	PHON FAX:	NE: 866-779 866-451-19 Iture: Robin		souther Buid	^				

POLICY NUMBER: 8502SS310559-3

COMMERCIAL GENERAL LIABILITY

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

# ADDITIONAL INSURED-OWNERS, LESSEES OR CONTRACTORS (Form B)

This endorsement modifies insurance provided under the following:

**COMMERCIAL GENERAL LIABILITY** 

#### **SCHEDULE**

Name of Person or Organization;

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

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

WHO IS AN INSURED (Section II) is amended to include as an insured the person or organization shown in the Schedule, but only with respect to liability arising out of "your work' for that insured by or for you

THE CERTIFICATE HOLDER IS AN "ADDITIONAL INSURED" WITH RESPECT TO THE LIABILITY COVERAGES PROVIDED IN THIS POLICY.

PROD			CATE OF LIABI			•	DATE (MM/DD/YY) 04/22/2011
	DUCER	ERNEST BLOOMFIELD & A	Serial # 1004 ASSOCIATES VERY INSURANCE AGENCY, IN TE 503, SAN FRANCISCO, CA 941	ONLY AND HOLDER	D CONFERS N THIS CERTIFICA	UED AS A MATTER OF O RIGHTS UPON THE ATE DOES NOT AMENI AFFORDED BY THE POI	CERTIFICATE D. EXTEND OR
:		PHONE :415-956-2130/FAX	: #15 956-2944 F I I I I		FFORDING COVE	ERAGE	NAIC#
INSUF	RED	,	REPEINT		HILADELPHIA INS	URANCE COMPANY	
		LA CHEIM SCHOOL, INC	: [] []	NSURER B:			
		2853 GROOM DRIVE	APR 28 2011	INSURER C:			
		RICHMOND, CA 94806		INSURER D:			
COV	EDAC	256	ASSISTANT SUPERINTENDENT	INSURER E:			
IT IA M	TE PC NY RE AY PE	DLICIES OF INSURANCE LISTED BE EQUIREMENT, TERM OR CONDITION ERTAIN, THE INSURANCE AFFORDS	PIIPIL SERVICES AND SPECIAL EDUC LOW HAVE BEEN ISMOSSITO THE IN N OF ANY CONTRACT OR OTHER D ED BY THE POLICES DESCRIBED HE AY HAVE BEEN REDUCED BY PAID (	SURED NAMED ABO OCUMENT WITH R REIN IS SUBJECT 1	ESPECT TO WHICH	THIS CERTIFICATE MAY F	SE IGGLIED OD
NSR LTR	ADD'L NSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	;
		GENERAL LIABILITY					\$ 1,000,000
Α		X COMMERCIAL GENERAL LIABILITY	1			DAMAGE TO RENTED PREMISES (Ea occurence)	s 1,000,000
	L	CLAIMS MADE X OCCUR	PHPK711171	04/25/11	04/25/12		\$ 20,000
					1	PERSONAL & ADV INJURY	s 1,000,000
1	L					GENERAL AGGREGATE	\$ 2,000,000
	1 i-	GEN'L AGGREGATE LIMIT APPLIES PER:				PRODUCTS - COMP/OP AGG	s 2,000,000
В		X POLICY PRO- AUTOMOBILE LIABILITY  X ANY AUTO	PHPK711171	04/25/11	04/25/12	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
-		ALL OWNED AUTOS SCHEDULED AUTOS				BODILY INJURY (Per person)	\$
	-	X HIRED AUTOS X NON-OWNED AUTOS	RECE	VED	·	BODILY INJURY (Per accident)	\$
	_		APR 29	2011		PROPERTY DAMAGE (Per accident)	\$ .
- 1	9	GARAGE LIABILITY	FISCAL A	NAIYST	· .	AUTO ONLY - EA ACCIDENT	\$
ı	L	ANY AUTO	PUPIL SERVICES/SF	ECIAL FOLICATION		OTHER THAN EA ACC	\$
-	_		PUPIL DENVIOLO/OI	LOWE EDOCUTION		AUTO ONLY: AGG	
.	_ ⊢	EXCESS/UMBRELLA LIABILITY				EACH OCCURRENCE	\$ 3,000,000
A	- 12	X OCCUR CLAIMS MADE	PHUB342889	04/25/11	04/25/12	AGGREGATE	\$ 3,000,000
		7		•	,		\$
	$\perp$	DEDUCTIBLE					\$
		RETENTION \$				LWC STATIL OTH	\$
		R'S COMPENSATION AND YERS' LIABILITY	RECE!V	<b>ED</b>		WC STATU- OTH- TORY LIMITS ER	
A	NY PR	OPRIETOR/PARTNER/EXECUTIVE	Marie Committee			EL EACH ACCIDENT	\$
l If	ves, de	R/MEMBER EXCLUDED? escribe under	0 0 20	11			\$
		L PROVISIONS below	MAY 0320	11.	·	EL DISEASE - POLICY LIMIT	\$
A P	MPL	FESSIONAL LIABILITY OYEE DISHONESTY	PHPK71 B171get & Fiscal S	04/25/11	04/25/12 04/25/12	\$1,000,000 OCCUR/\$ \$200,000 LIMIT-\$2,50	•
ERT ESP ORM	TFIC ECT II CG	ATE HOLDER, ITS OFFICER TO THE OPERATIONS OF -2026).	S/EXCLUSIONS ADDED BY ENDORSEMEI RS, AGENTS, EMPLOYEES A THE NAMED INSURED.LOCA I FOR NON PAYMENT OF PR	AND COMMISSI ATION: 1413 "F"	ONÈRS ARE IN		
FRTI	FICA	TE HOLDER		CANCELLATIO	ON	<u></u>	
	_ ,		F STUDENT SVCS/ SPECIAL RED BROWN	SHOULD ANY OF DATE THEREOF, NOTICE TO THE C	THE ABOVE DESCRIBI THE ISSUING INSURE CERTIFICATE HOLDER	ED POLICIES BE CANCELLED BE R WILL XXXXXXXX MAIL_ NAMED TO THE LEFT, BUT FAIL OF ANY KIND UPON THE INSURI	DAYS WRITTEN URE TO DO SO SHALL

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

## ADDITIONAL INSURED - DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

**SCHEDULE** 

Name Of Additional Insured Person(s) Or Organization(s)

Mt. Diablo Unified School District
Director of Student Services / Special Education
1936 Carlotta Drive
Concord, CA 94519

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

**Section II - Who Is An Insured** is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:

A. In the performance of your ongoing operations; or

B. In connection with your premises owned by or rented to you.

INSURED: LA CHEIM SCHOOL, INC.

1	A	ارا	UKU CEKIIF	ICATE OF LIAE	311_	ITY IN	SIIRAN	CF. NO. 7217-	T'	UF	AIE (MM/DD/YY
	RODU	CER	ERNEST BLOOMFIELD & REHABILITATION & REC 22 BATTERY STREET, SL	Serial # 100 & ASSOCIATES COVERY INSURANCE AGENCY, I UITE 503, SAN FRANCISCO, CA 9	0418	THIS CER ONLY AN HOLDER.	RTIFICATE IS IS ND CONFERS THIS CERTIFIE	SUED AS A MATTER NO RIGHTS UPON CATE DOES NOT A AFFORDED BY THE	HIII Naeni	INF	04/23/2010 FORMATION CERTIFICATE
15	SURE	<u>,                                     </u>	PHONE :416-956-2130/FA	X : 415-956-2944		INSURERS	AFFORDING CO	VERAGE		- 1	NAIC#
		-	LA CHEIM SCHOOL, IN	10	_	INSURER A: P		ISURANCE COMPANY		+	10, 0. 4.
			2853 GROOM DRIVE	₹C.	}	INSURER B:				I	
			RICHMOND, CA 94806		r	INSURER C: INSURER D:				$\dashv$	
Ļ	~, ,==				-	INSURER D: INSURER E:			<del></del>	+	
اب	OVER THE	POLI	CIES OF INSURANCE LISTED B			-					
INS	IVID I	CIES,	, AGGREGATE LIMITS SHOWN I	BELOW HAVE BEEN ISSUED TO THE I ION OF ANY CONTRACT OR OTHER DED BY THE POLICES DESCRIBED H MAY HAVE BEEN REDUCED BY PAID	HEREIN D CLAIM	N IS SUBJECT T MS.	TO ALL THE TERMS	S, EXCLUSIONS AND CO	NOT IAY E	WIT BE IS TION	HSTANDING SSUED OR 1S OF SUCH
L	R NS	GE	TYPE OF INSURANCE ENERAL LIABILITY	POLICY NUMBER	POL	ICY EFFECTIVE TE (MM/00/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	î i	.imits		
А		X		<b>,</b>	1			EACH OCCURRENCE		\$	1,000,00
				R PHPK558935		04/25/10	04/05/44	DAMAGE TO RENTED PREMISES (Es occurence)		s	200,00
				N. Fill Flooring	'	U4IZULIU	04/25/11	MED EXP (Any one person)			10,000
				-		.		PERSONAL & ADV INJURY			1,000,000
			N'L AGGREGATE LIMIT APPLIES PER	1	1	į		GENERAL AGGREGATE PRODUCTS - COMPIOP AG	. S		2,000,000
	╂—	1	POLICY PRO- JECT LOC					PRODUCTO - COMPTOR AC	3G \$	<u></u>	2,000,000
В			TOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS	PHPK558935		04/25/10	04/25/11	COMBINED SINGLE LIMIT (Ea accident)	\$	;	1,000,000
			SCHEDULED AUTOS HIRED AUTOS	RECEIVED				BODILY INJURY (Fer parson)	s		
		$\overline{}$	NON-OWNED AUTOS	JUL 2 0 2010				BODILY INJURY (Per accident)	5		
		CAR	AGE LIABILITY	FISCAL ANALYS	<u> </u>			PROPERTY DAMAGE (Per accident)	3		
			ANY AUTO	PUPIL SERVICES/SPECIAL EDU	CATIC	IN		AUTO ONLY - EA ACCIDENT	-   5		
				I UI IL ULITTIONOJ 4			İ	OTHER THAN EA AC			
_			SS/UMBRELLA LIABILITY		<del> </del>			EDA	G 5		2 200 000
A		X	OCCUR CLAIMS MADE	PHUB305081	1 4	1/25/10	AMEIAA	EACH OCCURRENCE AGGREGATE	8		3,000,000
	;	~~,_		110200001	7	//25/10	4/25/11	AGGREGATE	5		3,000,000
	. }		DEDUCTIBLE		i	1	·		1,		
-			RETENTION \$		·				5	···	
1			COMPENSATION AND S' LIABILITY					WC STATU- TORY LIMITS ER			
	OFFICE		IETOR/PARTNER/EXECUTIVE				Į.	EL EACH ACCIDENT	\$		
- 1	ff vac a	lastrib	o under OVISIONS below					EL DISEASE - EA EMPLOYEE		_	
	OTHER		A TOTOLOGICA					EL DISEASE - POLICY LIMIT	3		
	EMPI	LOY	EE DISHONESTY	PHPK558935 PHPK558935	04	1/25/10 1/25/10	<i>DNIDEMA</i> 10	\$1,000,000 OCCUR/ \$200,000 LIMIT-\$1,0	\$3,0	)00,	,000 AGG
SCF	IPTION	OFC	PERATIONS/LOCATIONS/VEHICLES	S/EXCLUSIONS ADDED BY ENDORSEMEN	IT/CDEA	MAL BEOMESIANO					
=r. =s	סבר. חבור	/Ale	: HULUER, ITS OFFICER THE ODERATIONS OF T	RS, AGENTS, EMPLOYEES AND THE NAMED INSURED LOCAL	'ND C	OMMISSION	NERS ARE NA	MED AS ADDITION	AL IN	<b>JS</b> V	JREDS AS
<b>DR</b>	M CO	-202	26).	THE TO WILD MODINED.EGGA	VIION	4. 1413 F S	TREET, PORT	ABLE 1, ANTIOCH (	À 9	459	9 (SEE
0 [	YA(	10T	ICE OF CANCELLATION	FOR NON PAYMENT OF PRE	FMIU	ħ/I					•
				· · · · · · · · · · · · · · · · · · ·	-1411-2.	1417					
RT	IFICA	TEH	IOLDER		CAN	NCELLATION					
								POLICIES BE CANCELLED B	CCOB	FTE	IC EVEIDATION
		М	F DIARIO LIŜD. DIR OF	STUDENT SVCS/ SPECIAL	DAT	E THEREOF, THE	ISSUING INSURER	WILL XXXXXXXXXX MAIL_	*30	DA∵ DA∵	AS INDITTEN
		EL	JUCATION, ATTN: MILDR	SED BEUNN	NOT	TCE TO THE CER	TIFICATE HOLDER NA	AMED TO THE LEFT, BUT FA	ILURE	_U,	TO SO SHALL
		19	36 CARLOTTA DRIVE	The bitter of the	IMPC	OSE NO OBLIGATI	10N OR LIABILITY OF	ANY KIND UPON THE INSUR	FRIT	 ) A 27	DENTE OD
		CC	DNCORD, CA 94519	!	REPF	RESENTATIVES.			1644 1,		JENIO OK
					AUTH	ORIZED REPRES	ENTATIVE				
					10	a sol	EL.	1			į

COMMERCIAL GENERAL LIABILITY CG 20 26 07 04

NV. 1211

THIS ENDORSEMENT CHANGES THE POLICY, PLEASE READ IT CAREFULLY.

# ADDITIONAL INSURED - DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s)

Mt. Diablo USD – Dir. Of Student Svcs Special Education, Attn: Mildred Brown 1936 Carlotta Drive Concord, CA 94519

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

Section II - Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:

A. In the performance of your ongoing operations; or

B. In connection with your premises owned by or rented to you.

INSURED: LA CHEIM SCHOOL, INC.

	40	6	CERTIF	ICATE OF LIAB	ILITY IN	SURANC	E OPID PC CONTR-1	DATE (MM/OD/YYYY) 07/02/10
	OUCE		1,7,01114				DAS A MATTER OF IN	ORMATION
Ļì	Ö.	50 Bo	#0522024 ox 5455		HOLDER.	THIS CERTIFICATE	GHTS UPON THE CERT DOES NOT AMEND, E ORDED BY THE POLIC	XTEND OR
			: CA 91117-0455 26-405-8031    Fax:6	26-405-0585	INSURERS A	FFORDING COVE	RAGE	NAIC#
MSt	RED				INSURER A:	Mivesport Insurano	: Company	36684
					INSURER 8:	Liberty Mut	ual	
			Contra Costa Arc		INSURER C:			
			Contra Costa Arc 1340 Arnold Drive Martinez CA 94553	Sta. 127	INSURER D:			
					INSURER E:			
	VER.		1.7.150.00		Land to	17. N. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10		
Al M	Y AE	HTAN	EMENT, TERM OR CONDITION OF ANY	/g BEEN ISSUED TO THE INSURED NAME / CONTRACT OR OTHER DOCUMENT WIT E POLICIES DESCRIBED HEREIN IS SUBJI : BEEN REDUCED BY FAID CLAIMS.	H RESPECT TO WHIC	H THIS CERTIFICATE M	ay be issued or	
	NBRI		TYPE OF INSURANCE	POLICY NUMBER	POLICY ESPECTIVE	POLICY EXPIRATION DATE (MINUDE/TYYY)	Low	тв
-10	Marce (4)		NERAL LIABILITY	1022			EACH OCCURRENCE	s 1000000
A	x	X	COMMERCIAL GENERAL LIABILITY	RIC0011089	07/01/10	07/01/11	DAMAGE TO RENTED PREMISES (Ex occurence)	\$ 100000
# M		-	CLAIMS MADE X OCCUR				MED EXP (Any one person)	\$ 5000
		x	Prof. Liab.	\$3106/\$1100	Ł		PERSONAL & ADV INJURY	s 1000000
	Ì	X	Abuse Liab.	INCLUDED		Į.	GENERAL AGGREGATE	3 2000000
			N'L AGGREGATE LIMIT APPLIES PER:				PRODUCTS - COMP/OP AGG	s 2000000
		-	POLICY PRO- LOC				Emp Ben.	1000000
A		AU X	FORNORILE LIABILITY	RIC0011089	07/01/10	07/01/11	COMBINED SINGLE LIMIT (Ex accident)	\$ 1000000
			ALL OWNED AUTOS SCHEDULED AUTOS				BODILY INJURY (Per person)	\$
			HIRED AUTOS NON-OWNED AUTOS				BODILY INJURY (Per accident)	*
							PROPERTY DAMAGE (Per accident)	\$
		GAI	RAGE LIABILITY				AUTO ONLY - EA ACCIDENT	5
			ANY AUTO				OTHER THAN EA ACC	1
		EXC	ESS / UMBRELLA LIABILITY				EACH OCCURRENCE	\$ 2000000
A			OCCUR CLAIMS MADE	REL0011090	07/01/10	07/01/11	AGGREGATE	\$ 2000000
-			<u></u>					\$
			DEDUCTIBLE					\$
		X	RETENTION \$					\$
		KER	COMPENSATION				X TORY LIMITS ER	
8	ANY	EMPI PROF	LOYERS LIABILITY PRIETOR/PARTNER/EXECUTIVE	WC7641441542010	07/01/10	07/01/11	E.L. EACH ACCIDENT	s 1000000
_	OFF1	ÇERV daflor	PHETORPARTNEAUEXECUTIVE				E.L. DISEASE - EA EMPLOYE	E \$ 1000000
	lf yes	des	afbe under PROVISIONS below				E.L. DISEASE - POLICY LIMIT	\$ 1000000
	OTH							
	40 <u>5439</u>	-	TOCOLTON !! ACATOM ! VINE	LES / EXCLUSIONS ADDED SY INDORSE	MENT / SPECIAL PRO	MOISIONE		1000
		734	which Unified School	i Dietrict is named	additional	. insurad Wi	th	
		مغمد	to the ownerstions	of the named insured	i Workers	Compensatio	n.	
70	věr	acre	excluded, evidence ent of premium.	e only. 10 days not	ice of canc	ellation fo	E.	
\E-	TE	CAT	E HOLDER	,	CANCELLAT	ION		
154		wri!				1 (100000000000000000000000000000000000	SED POLICIES HE CANCELLE	D BEFORE THE EXPIRATION
				s. A. C. Pris American		A.	R WILL ENDEAVOR TO MAIL	
				MOUNTD			R NAMED TO THE LEFT, BUT	
			Mount Diablo Unifi	ed School			Y OF ANY KIND UPON THE IM	
District Risk Management Department				REPRESENTAT			,	
					PRESENTATIVE			
			1936 Carlotta Dr		Red	}		
			<u>Concord, CA 94519</u> 2009/01)		619	88-2009 ACORD C	ORPORATION. All rigi	its reserved.