



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
12/5/2012

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).

<b>PRODUCER</b> Altus Partners, Inc 919 Conestoga Road Building 3, Suite 111 Rosemont PA 19010	<b>CONTACT NAME:</b> Krista Dean <b>PHONE (A/C, No, Ext):</b> (610) 526-9130 <b>FAX (A/C, No):</b> (610) 526-2021 <b>E-MAIL ADDRESS:</b> certificates@altuspartners.com <b>PRODUCER CUSTOMER ID #:</b> 00000042													
	<table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A: Lloyd's of London</td> <td></td> </tr> <tr> <td>INSURER B: ACE American Ins Co.</td> <td>22667</td> </tr> <tr> <td>INSURER C: Indemnity Ins Co of NA</td> <td>43575</td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </tbody> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Lloyd's of London		INSURER B: ACE American Ins Co.	22667	INSURER C: Indemnity Ins Co of NA	43575	INSURER D:		INSURER E:		INSURER F:
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**COVERAGES** CERTIFICATE NUMBER: 12-13 Healthcare Std+XS 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 INSR	SUBR/ YVO	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS			
A	GENERAL LIABILITY			PH1203478	11/30/2012	11/30/2013	EACH OCCURRENCE \$ 3,000,000			
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input checked="" type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/> \$3,000,000 SIR									DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
	GENL AGGREGATE LIMIT APPLIES PER:									
	<input checked="" type="checkbox"/> POLICY	<input type="checkbox"/> PRO-JECT	<input type="checkbox"/> LOC				PERSONAL & ADV INJURY \$ 2,000			
							GENERAL AGGREGATE \$ 3,000,000			
							PRODUCTS - COM/OP AGG \$ 3,000,000			
B	AUTOMOBILE LIABILITY			H08711999 H08712001 (Owned)	11/30/2012	11/30/2013	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000			
	<input checked="" type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS									BODILY INJURY (Per person) \$
A	UMBRELLA LIAB			PH1203478	11/30/2012	11/30/2013	EACH OCCURRENCE \$ 7,000,000			
	<input type="checkbox"/> EXCESS LIAB <input checked="" type="checkbox"/> CLAIMS-MADE DEDUCTIBLE RETENTION \$ 4,000,000									AGGREGATE \$ 7,000,000
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			G47128031	11/30/2012	11/30/2013	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER			
	<input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A							E.L. EACH ACCIDENT \$ 1,000,000
										E.L. DISEASE - EA EMPLOYEE \$ 1,000,000
A	Professional Liability			PH1203478 (SIR)	11/30/2012	11/30/2013	\$4,000,000 per claim \$4,000,000LMT			

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
 Certificate is issued as evidence of insurance per the policy terms, conditions, and exclusions. Contra Costa SELPA and the LEA, its subsidiaries, officials, and employees are to be covered as additional insured on the general liability insurance policy per the written agreement and on the automobile liability insurance policy per the policy terms, conditions and exclusions. The general and automobile liability insurance policies referenced above and/or

<b>CERTIFICATE HOLDER</b>  Contra Costa SELPA Attn: Laura VanDuyn, Ed.D 2520 Stanwell Drive Suite 270 Concord, CA 94520	<b>CANCELLATION</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.
	AUTHORIZED REPRESENTATIVE  Krista Dean/KMD 