A	Ĉ			-10			T \/ INI				OP ID: JN (MM/DD/YYYY)
					ATE OF LIA	BILI	IYIN	SURA	NCE	0	7/23/14
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).											
PRODUCER Phone: 801-984-6100 CONTACT Jenny Noel											
Universal Business Insurance P O Box 709210 Fax: 801-984-6060						PHONE FAX					
Sandy, UT 84070 Donnette M Mayer						E-MAIL ADDRESS: jnoel@ubinsurance.com					
											NAIC #
							INSURER A : Arch Specialty Insurance Co.				
INSURED Change Academy at Lake of the Ozarks							INSURER B : Travelers				
PO Box 1810											
Lake Ozark, MO 65409											
							INSURER E :				
COVERAGES CERTIFICATE NUMBER:											
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERI/ INDICATED. NOTWITHSTANDING ANY REQUIREMENT. TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH TH											
C E	ERTI	ATED. NOTWITHSTANDING ANY RE IFICATE MAY BE ISSUED OR MAY JSIONS AND CONDITIONS OF SUCH	PER	TAIN, CIES.	THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	ED BY T BEEN RE	HE POLICIES	S DESCRIBEI PAID CLAIMS			
INSR LTR		TYPE OF INSURANCE	ADDI INSR	SUBF	POLICY NUMBER	(POLICY EFF MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
									EACH OCCURRENCE	\$	1,000,000
A	X	COMMERCIAL GENERAL LIABILITY	X		NTPKG0073802		10/25/13	10/25/14	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:								MED EXP (Any one person)	\$	20,000
									PERSONAL & ADV INJURY	\$	1,000,000
									GENERAL AGGREGATE	\$	3,000,000 3,000,000
									PRODUCTS - COMP/OP AGG Emp Ben.	\$ \$	1,000,000
A					NTAUT0028402				COMBINED SINGLE LIMIT	\$	1,000,000
	x	X ANY AUTO				.	10/25/13	10/25/14	(Ea accident) BODILY INJURY (Per person)	\$ \$	
		ALL OWNED SCHEDULED						BODILY INJURY (Per accident)	\$		
		AUTOS AUTOS HIRED AUTOS AUTOS AUTOS							PROPERTY DAMAGE (Per accident)	\$ \$	
	X	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$	3,000,000
A		EXCESS LIAB CLAIMS-MADE			NTUMB0035202		10/25/13	10/25/14	AGGREGATE	\$	3,000,000
		DED X RETENTION \$ 10,000								\$	
_		RKERS COMPENSATION D EMPLOYERS' LIABILITY Y / N							X WC STATU- TORY LIMITS OTH- ER		
В	AN) OFF	PROPRIETOR/PARTNER/EXECUTIVE	N / A		6JUB5B458406-12		06/26/13	06/26/14	E.L. EACH ACCIDENT	\$	100,000
	If ye	ndatory in NH)							E.L. DISEASE - EA EMPLOYEE		100,000
A		SCRIPTION OF OPERATIONS below			NTPKG0073802		10/25/13	10/25/14	E.L. DISEASE - POLICY LIMIT	\$	500,000 1,000,000
	FIU				NTFRG0073002		10/25/15	10/23/14	Aggregate		3,000,000
Cer Sex	tif	TION OF OPERATIONS/LOCATIONS/VEHICI Ficate holder as additio L molestation and abuse gate	nal	ins	sured with respect	to Ge	eneral Li	ability.			
CE	RTIF	FICATE HOLDER				CANC	CANCELLATION				
MTDIA-1 Mt. Diablo Unified School Dist							SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.				
1936 Carlotta Drive Concord, CA 94519-1397						AUTHORIZED REPRESENTATIVE					

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