

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 3/13/2014

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).

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PRODUCER		CONTACT Joel Starke				
BayPoint Benefits		PHONE (A/C, No, Ext): (415)520-1080 FAX (A/C, No):				
1700 Montgomery Str	reet	E-MAIL ADDRESS: joel.starke@baypointbenefits.com				
Suite 240		INSURER(S) AFFORDING COVERAGE	NAIC #			
San Francisco	CA 94111	INSURER A :James River Insurance Company				
INSURED		INSURER B: Landmark American Insurance Co				
Ed Support Services	s, LLC	INSURER C:				
1942 Embarcadero		INSURER D:				
		INSURER E :				
Oakland	CA 94606	INSURER F:				
ACCUED A DEC.						

## COVERAGES CERTIFICATE NUMBER:CL1431300597

**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 S	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	GENERAL LIABILITY					EACH OCCURRENCE \$	1,000,000
	X COMMERCIAL GENERAL LIABILITY		00060797	01/17/2014	01/17/2015	DAMAGE TO RENTED PREMISES (Ea occurrence) \$	300,000
A	CLAIMS-MADE X OCCUR	х				MED EXP (Any one person) \$	10,000
						PERSONAL & ADV INJURY \$	1,000,000
						GENERAL AGGREGATE \$	2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					PRODUCTS - COMP/OP AGG \$	
	X POLICY PRO- JECT LOC					\$	
	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident) \$	
	ANY AUTO					BODILY INJURY (Per person) \$	
	ALL OWNED SCHEDULED AUTOS					BODILY INJURY (Per accident) \$	
	HIRED AUTOS NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident) \$	
						\$	
A	X UMBRELLA LIAB X OCCUR		00060800-0	01/17/2014	01/17/2015	EACH OCCURRENCE \$	2,000,000
	EXCESS LIAB CLAIMS-MADE					AGGREGATE \$	2,000,000
	DED X RETENTION\$ 10,000					\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					X WC STATU- TORY LIMITS OTH- ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE					E.L. EACH ACCIDENT \$	
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)					E.L. DISEASE - EA EMPLOYEE \$	
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT \$	
В	B Professional Liability		LHR823015	01/17/2014	01/17/2015	Per Claim	\$1,000,000
						Aggregate	\$1,000,000
1							

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
Certificate Holder is named additional insured as their interest may appear. Certificate Holder is listed as Additional Insured.

CERTIFICATE HOLDER	CANCELLATION

Mount Diablo Unified School District 1936 Carlotta Drive Concord, CA 94519-1397 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

Joel Starke/JOELS

gal IA