

# Commercial Certificate of Liability Insurance



**FARMERS**

Agency Gary Campbell Insurance

Issue Date (MM/DD/YY) 09/19/13

Name 130 N. Akers St., Ste B  
& Visalia, Ca 93291  
Address

**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 shown below. This certificate of insurance does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder.**

St. 95 Dist. 18 Agent 391

Insured Medical Billing Technologies

**Companies Providing Coverage (NAIC #):**

Name 525 W. Main St., Ste F  
& Visalia, Ca 93291  
Address

Company Letter **A** Truck Insurance Exchange 21709  
Company Letter **B** Farmers Insurance Exchange 21652  
Company Letter **C** Mid-Century Insurance Company 21687  
Company Letter **D** \_\_\_\_\_

**Coverages**

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.

| Co. Ltr. | Add'l. Insr. | Type of Insurance   | Policy Number | Policy Effective Date (MM/DD/YY) | Policy Expiration Date (MM/DD/YY) | Policy Limits                          |              |
|----------|--------------|---|---------------|----------------------------------|-----------------------------------|--|--------------|
| A        | X            | <b>General Liability</b><br>_____ Commercial General Liab.<br><input checked="" type="checkbox"/> Businessowners Liability<br><hr/> _____ Claims Made<br>_____ Occurrence<br>General Aggregate Limit Applies:<br>_____ Per Location<br>_____ Per Project<br><b>Policy</b> | 60218 64 54   | 7/6/13                           | 7/6/14                            | Each Occurrence                        | \$ 2,000,000 |
|          |              |   |               |                                  |                                   | Damage To Rented Premises (Ea. Occur.) | \$ 100,000   |
|          |              |   |               |                                  |                                   | Medical Expenses (Any one person)      | \$ 5,000     |
|          |              |   |               |                                  |                                   | Personal & Adv. Injury                 | \$ 2,000,000 |
|          |              |   |               |                                  |                                   | General Aggregate                      | \$ 4,000,000 |
|          |              |   |               |                                  |                                   | Prod./Comp. Ops. Aggr.                 | \$ 2,000,000 |
| A        | X            | <b>Automobile Liability</b><br>_____ Any Auto<br>_____ All Owned Autos<br>_____ Scheduled Autos<br><input checked="" type="checkbox"/> Hired Autos<br><input checked="" type="checkbox"/> Non-Owned Autos   | 60218 64 54   | 7/6/13                           | 7/6/14                            | Combined Single Limit (Each accident)  | \$ 2,000,000 |
|          |              |   |               |                                  |                                   | Bodily Injury (Per person)             | \$           |
|          |              |   |               |                                  |                                   | Bodily Injury (Per accident)           | \$           |
|          |              |   |               |                                  |                                   | Property Damage (Per accident)         | \$           |
|          |              | <b>Garage Liability</b><br>_____ Any Auto   |               |                                  |                                   | Auto Only-Ea. Accident                 | \$           |
|          |              |   |               |                                  |                                   | Other Than Auto Only: Each Accident    | \$           |
|          |              |   |               |                                  |                                   | Aggregate                              | \$           |
| A        | X            | <b>Umbrella Liability</b><br>Retention \$   | 60261 68 98   | 7/6/13                           | 7/6/14                            | Limit                                  | \$ 8,000,000 |
| A        |              | <b>Workers' Compensation and Employers' Liability</b>   | A1950 31 44   | 1/1/13                           | 1/1/14                            | Statutory                              |              |
|          |              |   |               |                                  |                                   | Each Accident                          | \$ 1,000,000 |
|          |              |   |               |                                  |                                   | Disease - Ea. Employee                 | \$ 1,000,000 |
|          |              |   |               |                                  |                                   | Disease - Policy Limit                 | \$ 1,000,000 |

**Description of Operations/Vehicles/Restrictions/Special items:**

Mount Diablo Unified School District, its officers, officials, agents, employees and volunteers listed as additional insured.

**Certificate Holder**

Name Mount Diablo Unified School District  
& 1936 Carlotta Drive  
Address Concord, Ca 94519

**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.

*Gary Campbell*  
Authorized Representative



PROFESSIONAL LIABILITY POLICY DECLARATIONS  
(Claims-Made Form)

Landmark American Insurance Company  
(An Oklahoma Stock Co.)  
(hereinafter called "the Company")

EXECUTIVE OFFICES: 945 East Paces Ferry Road, Suite 1800, Atlanta, GA 30326-1160

Policy Number: LCY821588

RENEWAL OF: LCY819072 00

Named Insured and Mailing Address:  
MEDICAL BILLING TECHNOLOGIES INC  
3828 W CALDWELL  
VISALIA, CA 93277

Producer Name:

Policy Period: From: 8/6/2013 To: 8/6/2014 12:01 A.M. Standard Time at the Named Insured address as stated herein.

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.

THIS POLICY CONSISTS OF THE FOLLOWING COVERAGES FOR WHICH A PREMIUM IS INDICATED. THIS PREMIUM MAY BE SUBJECT TO ADJUSTMENT.

|  |   |             |
|--|---|-------------|
| 1. PROFESSIONAL SERVICES:  | MEDICAL BILLING   |             |
| TECHNOLOGY SERVICES:   | NA  |             |
| SCHEDULED MEDIA CONTENT:   | ALL CONTENT CREATED BY THE INSURED AND DISSEMINATED ON THE INSURED'S OWNED WEBSITE(S) |             |
| 2. COVERAGES   |   | PREMIUM     |
| A. Professional and Technology Services Errors and Omissions Liability |   | \$ 4,000.00 |
| B. Media Activities Liability  |   | \$ 2,000.00 |
| C. Network Security and Privacy Liability                              |   | \$ 4,525.00 |
| D. Privacy Breach  |   | \$ 3,500.00 |
| E. Data Assets Breach  |   | \$ 1,000.00 |
| F. Cyber Extortion Threat  |   | \$ 750.00   |

Total Advance Policy Premium  
Minimum Earned Premium  
Not Subject to Audit

Forms and Endorsements made a part of this policy at time of issue: Please see SCHEDULE OF ATTACHMENTS.

(Omits applicable forms and endorsements if shown in specific Coverage Form Declarations.)

THESE DECLARATIONS TOGETHER WITH THE COMMON POLICY CONDITIONS, COVERAGE FORM(S) AND ENDORSEMENTS, IF ANY, ISSUED TO FORM A PART THEREOF, COMPLETE THE ABOVE NUMBERED POLICY

08/28/2013  
Date

By: Nancy A. Davis  
Authorized Representative

SubID#: 115563 BinderID# Created By:

DECLARATIONS

Policy Number: LCY821588

Effective Date: 8/6/2013  
At 12:01 A.M. Standard Time

3. LIMITS OF INSURANCE:

- Policy Aggregate Limit \$ 2,000,000
- A. Professional and Technology Services Errors & Omissions Liability
  - 1. Each Claim Limit of Insurance \$ 2,000,000
  - 2. Aggregate Limit of Insurance \$ 2,000,000
- B. Media Activities Liability
  - 1. Each Claim Limit of Insurance \$ 2,000,000
  - 2. Aggregate Limit of Insurance \$ 2,000,000
- C. Network Security & Privacy Liability
  - 1. Each Claim Limit of Insurance \$ 2,000,000
  - 2. Aggregate Limit of Insurance \$ 2,000,000
  - 3. Each Regulatory Claim Sub-Limit of Insurance \$ 250,000
  - 4. Aggregate Regulatory Claim Sub-Limit of Insurance \$ 250,000
- D. Privacy Breach
  - 1. Each Event Limit of Insurance \$ 2,000,000
  - 2. Aggregate Limit of Insurance \$ 2,000,000
- E. Data Assets Breach
  - 1. Each Event Limit of Insurance \$ 2,000,000
  - 2. Aggregate Limit of Insurance \$ 2,000,000
- F. Cyber Extortion Threat
  - 1. Each Event Limit of Insurance \$ 1,000,000
  - 2. Aggregate Limit of Insurance \$ 1,000,000

4. DEDUCTIBLE(S):

- A. Professional and Technology Services Errors & Omissions Liability \$ 10,000
- B. Media Activities Liability \$ 10,000
- C. Network Security & Privacy Liability
  - 1. Each Claim \$ 5,000
  - 2. Each Regulatory Claim \$ 10,000
- D. Privacy Breach \$ 10,000
- E. Data Assets Breach \$ 10,000
- F. Cyber Extortion Threat Not Applicable

5. RETROACTIVE DATE(S):

- A. Professional and Technology Services Errors & Omissions Liability 08/06/2002
- B. Media Activities Liability 08/06/2002
- C. Network Security & Privacy Liability 08/06/2002
- D. Regulatory 08/06/2002

THESE DECLARATIONS ARE PART OF THE COMMON POLICY DECLARATIONS CONTAINING THE NAME OF THE INSURED AND THE POLICY PERIOD.

NOTICE:

Except to such extent as may otherwise be provided herein, the coverage of this policy is limited generally to liability for only those claims that are first made against the Insured while policy is in force. Please review the policy carefully and discuss this coverage thereunder with your insurance agency or broker.