



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
11/30/2015

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 <b>Trans Bay Insurance</b> P. O. Box 604 Pinole, CA 94564 License #: 0188680	CONTACT NAME: David G. Smith	INSURER(S) AFFORDING COVERAGE		NAIC #
	PHONE (A/C, No, Ext): (510)724-1200	FAX (A/C, No): (510)724-8041	INSURER A: <b>Certain Underwrites at Loyds</b>	
INSURED <b>WELLSPRING EDUCATIONAL SERVICES, INC</b> DBA WELLSPRING EDUCATION 3182 OLD TUNNEL ROAD SUITE A LAFAYETTE, CA 94549	E-MAIL ADDRESS: david@transbay.com	INSURER B: <b>State Compensation Insurance Fund</b>		
		INSURER C:		
		INSURER D:		
		INSURER E:		
		INSURER F:		

COVERAGES      CERTIFICATE NUMBER: 00000000-0      REVISION NUMBER: 16

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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y		B1692714093QGR2	08/26/2015	08/26/2016	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COM/POP AGG \$ included
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			B1692714093QG	08/26/2015	08/26/2016	COMBINED SINGLE LIMIT (Ea accident) \$ 2,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB EXCESS LIAB DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	9070220-14	08/26/2015	08/26/2016	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 2,000,000 E.L. DISEASE - EA EMPLOYEE \$ 2,000,000 E.L. DISEASE - POLICY LIMIT \$ 2,000,000
A	Professional Liab			B1692714093QG	08/26/2015	08/26/2016	\$2mm/occ \$3mm/agg
A	Sexual Mol. & Abuse			B1692714093QG	08/26/2015	08/26/2016	Per occurrence 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
Mt. Diablo Unified School District is named as Additional Insured with respect to liability arising out of work performed by the Named Insured per the attached endorsement.

## CERTIFICATE HOLDER

Mt. Diablo Unified School District  
1936 Carlotta Dr  
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.

AUTHORIZED REPRESENTATIVE

(DGS)

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POLICY CHANGE ENDORSEMENT NO. 1

THIS ENDORSEMENT CHANGES THE POLICY - PLEASE READ IT CAREFULLY

Company: Underwriters at Lloyd's, London  
Policy Number: B1692715042QG  
Policy Change Effective Date: November 30, 2015  
  
Named Insured: Wellspring Educational Services, Inc.

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Coverage Parts Affected: Professional Liability/General Liability

\*\*\*Changes\*\*\*

In consideration of no additional premium the above captioned policy is amended to include the following:

ADDITIONAL INSURED  
DESIGNATED PERSON OR ORGANIZATION

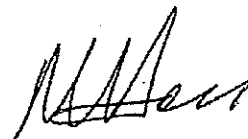
It is understood and agreed that Policy SECTION III - WHO IS AN "INSURED" B. is amended to include as an "Insured" the person or organization shown below as an "Insured" but only with respect to liability arising out of your operations or premises owned by or rented to you.

Name of Person or Organization:

Mt. Diablo Unified School District  
1936 Carlotta Dr  
Concord, CA 94519

All other terms and conditions remain unchanged.

On behalf of Underwriters at Lloyd's,  
London, England  
By: U.S. Risk, Inc.



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(Authorized Representative)

DATE OF ISSUE: February 11, 2016

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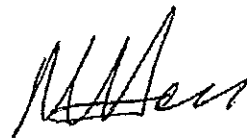
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Concord, CA 94519

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On behalf of Underwriters at Lloyd's,  
London, England  
By: U.S. Risk, Inc.



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(Authorized Representative)

DATE OF ISSUE: February 11, 2016

### ADDITIONAL INSURED—VICARIOUS LIABILITY COVERAGE

In consideration of the additional premium stated hereon, it is understood and agreed that Policy Section III, WHO IS AN "INSURED", subsection B, is amended to include as an "insured" all entities and/or individuals shown in the Schedule below, but only as a result of "Claims" arising out of the following:

- (1) Any "Professional Incident", "Event", offense, "Wrongful Act" or "Physical Abuse and Misconduct Incident" arising out of or related to the performance of "Professional Services" or the conducting of operations as set forth in Item 5 of the Declarations by the first Named "Insured" or its "Employees", owners, managers or agents for or on behalf of the entity(ies) or individual(s) listed in the Schedule below.

The coverage provided under this Endorsement does not apply and "Underwriters" shall have no obligation to defend or pay "Damages" for any "Claim" which arises out of or is related to a "Professional Incident", "Event", offense, "Wrongful Act" or "Physical Abuse and Misconduct Incident" caused by the negligence or willful misconduct of the entity(ies) or individual(s) listed in the Schedule above.

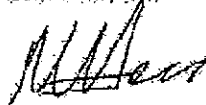
All other terms and conditions remain unchanged.

Attached to and forming part of Policy No. B1692715042QG of Underwriters hereon.

Effective: August 26, 2015

Insured: Wellspring Educational Services, Inc.

On behalf of Underwriters at Lloyd's,  
London, England  
By: U.S. Risk, Inc.



By: Randal G. Goss, Chairman/CEO  
(Authorized Representative)

MMSS:210  
Ed:0811