



Healthcare Providers Service
Organization Purchasing Group
Certificate of Insurance
OCCURRENCE POLICY FORM



Producer	Branch	Prefix	Policy Number	Policy Period
018098	970	HPG	0140364819-0	from: 12:01 AM Standard Time on: 11/01/10 to: 12:01 AM Standard Time on: 11/01/11

Named Insured and Address		Program Administrator
KEVIN DALY 1366 EL CAMINO DR CLAYTON CA 94517-2105 Medical Specialty: Physical Therapist		Healthcare Providers Service Organization 159 East County Line Road Hatboro, PA 19040-1218
		Insurance Provided by
		American Casualty Company of Reading, Pennsylvania 333 S. Wabash Avenue Chicago, IL 60604

Code RECEIVED
80995
MAY 23 2011
FISCAL ANALYST
PUPIL SERVICES/SPECIAL EDUCATION

COVERAGE PARTS **LIMITS OF LIABILITY**

A. PROFESSIONAL LIABILITY

Professional Liability	\$1,000,000.00 each claim	\$3,000,000.00 aggregate
Good Samaritan Liability	Included above	
Personal Injury Liability	Included above	
Malplacement Liability	Included above	

B. Coverage Extensions

License Protection	\$25,000.00 per proceeding	\$25,000.00 aggregate
Defendant Expense Benefit		\$25,000.00 aggregate
Deposition Representation	\$10,000.00 per deposition	\$10,000.00 aggregate
Assault	\$25,000.00 per incident	\$25,000.00 aggregate
Medical Payments	\$25,000.00 per person	\$100,000.00 aggregate
First Aid		\$10,000.00 aggregate
Damage of Property of Others	\$10,000.00 per incident	\$10,000.00 aggregate

C. WORKPLACE LIABILITY Coverage part C. does not apply if Coverage part D. is made part of this policy.

Workplace Liability	Included in A. Professional Liability Limit shown above	
Fire and Water Legal Liability	Included above subject to	\$150,000 sub-limit
Personal Liability		\$1,000,000.00 aggregate

D. GENERAL LIABILITY Coverage part D. does not apply if Coverage part C. is made part of this policy.

General Liability	None	None
Fire & Water Legal Liability	None	None
Personal Liability		None

Total \$336.00 Premium reflects self-employed, full-time rate.

Policy forms and endorsements attached at inception QUESTIONS? CALL: 1-800-982-9491

G-121500-D G-121501-C1 G-121503-C G-145184-A G-147292-A GSL3886 GSL3908 GSL13424
G-123846-D04 G-121486-B G-123828-B

Master Policy: 188711433

Thomas F. Motamed Chairman of the Board
John W. Kiser Secretary

Keep this document in a safe place. This and your cancelled check act as proof of coverage.

**HEALTHCARE PROVIDERS
PROFESSIONAL LIABILITY INSURANCE ENDORSEMENT**

Additional Insured – Person or Entity

In consideration of the premium paid, and subject to the Professional Liability limit of liability shown on the certificate of insurance, it is agreed that the **PROFESSIONAL LIABILITY COVERAGE PART** is amended as follows:

The person or entity named below (the "Additional Insured") is an insured under this Coverage Part but only as respects its liability for your medical incidents and solely to the extent that:

1. a professional liability claim is made against you and the additional insured; and
2. in any ensuing litigation arising out of such claim, you and the additional insured remain as co-defendants.

In no event is there any coverage provided under this policy for a medical incident that is the direct liability of the additional insured.

Additional Insured: Mount Diablo Unified School District

1936 Carlotta Drive

Concord, CA 94519

Additional Premium: \$ 0.00

This endorsement is a part of your policy and takes effect on the effective date of your policy, unless another effective date is shown below. All other provisions of the policy remain unchanged.

<i>Must Be Completed</i>		<i>Complete Only When This Endorsement Is Not Prepared with the Policy Or Is Not to be Effective with the Policy</i>	
ENDT. NO.	POLICY NO.	ISSUED TO	ENDORSEMENT EFFECTIVE DATE
1	140364819	Kevin Daly	06/15/2010

G-121486-B (07/2001)

LW 07/08/2010