



# CERTIFICATE OF LIABILITY INSURANCE

BRIGH-2

OP ID: AD

DATE (MM/DD/YYYY)

05/31/2018

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).

<b>PRODUCER</b> Sexton & Freidin Ins. Services A Freidin, LLC 985 University Ave. Suite 22 Los Gatos, CA 95032 Van A. Freidin	<b>CONTACT NAME:</b> Adam Freidin <b>PHONE (A/C, No, Ext):</b> 408-560-9238 <b>FAX (A/C, No):</b> 408-560-9285 <b>E-MAIL ADDRESS:</b> afreidin@gmail.com
INSURER(S) AFFORDING COVERAGE	
INSURED	INSURER A: The Hartford Insurance
Bright Path Therapists, Inc. Tonya Zimring 1420 Shotwell St San Francisco, CA 94110	INSURER B: CNA
	INSURER C:
	INSURER D:
	INSURER E:
	INSURER F:

**COVERAGES    CERTIFICATE NUMBER:    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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS			
A	GENERAL LIABILITY			57SBBB5067	06/15/2018	06/15/2019	EACH OCCURRENCE \$ <b>2,000,000</b>			
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	Y					DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>1,000,000</b>			
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person) \$ <b>5,000</b>			
	GEN'L AGGREGATE LIMIT APPLIES PER:								PERSONAL & ADV INJURY \$ <b>2,000,000</b>	
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJ <input type="checkbox"/> LOC							GENERAL AGGREGATE \$ <b>4,000,000</b>		
								PRODUCTS - COMP/OP AGG \$ <b>4,000,000</b>		
A	AUTOMOBILE LIABILITY			57SBBB5067	06/15/2018	06/15/2019	COMBINED SINGLE LIMIT (Ea accident) \$ <b>2,000,000</b>			
	<input type="checkbox"/> ANY AUTO	Y					BODILY INJURY (Per person) \$			
	<input type="checkbox"/> ALL OWNED AUTOS		<input type="checkbox"/> SCHEDULED AUTOS				BODILY INJURY (Per accident) \$			
	<input checked="" type="checkbox"/> HIRED AUTOS		<input checked="" type="checkbox"/> NON-OWNED AUTOS				PROPERTY DAMAGE (PER ACCIDENT) \$			
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR			57SBBB5067	06/15/2018	06/15/2019	EACH OCCURRENCE \$ <b>1,000,000</b>			
	<input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE	Y					AGGREGATE \$ <b>1,000,000</b>			
	<input type="checkbox"/> DED <input type="checkbox"/> RETENTION S						\$			
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			57WECKU9707	06/15/2018	06/15/2019	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER			
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N	N/A				E.L. EACH ACCIDENT \$ <b>1,000,000</b>			
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$ <b>1,000,000</b>			
							E.L. DISEASE - POLICY LIMIT \$ <b>1,000,000</b>			
B	Prof Liability			HMA40320822560	06/15/2018	06/15/2019	<b>1,000,000</b>			
	Sexual Abuse Cov						<b>3,000,000</b>			

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
 Mt. Diablo Unified School District is named additional insured with respect to liability arising out of work or operations performed by the Consultant/Named insured. Endorsement attached.

<b>CERTIFICATE HOLDER</b>  <div style="text-align: center;">MTDIABL</div> Mt. Diablo Unified School District 1936 Carlotta Dr Concord, CA 94519	<b>CANCELLATION</b>  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 Van A. Freidin
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THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**ADDITIONAL INSURED - OWNERS, LESSEES OR  
CONTRACTORS - SCHEDULED PERSON OR  
ORGANIZATION**

This endorsement modifies insurance provided under the following:

**SCHEDULE**

Name of Person or Organization:

Mt. Diablo Unified School District

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

- A. **Section II – Who Is An Insured** is amended to include as an insured the person or organization shown in the Schedule, but only with respect to liability arising out of your ongoing operations performed for that insured.
- B. With respect to the insurance afforded to these additional insureds, the following exclusion is added:

**2. Exclusions**

This insurance does not apply to "bodily injury" or "property damage" occurring after:

- (1) All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the site of the covered operations has been completed; or
- (2) That portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.

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A handwritten signature in black ink, appearing to read "N. A. L.", is located at the bottom left of the page.