

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 3/24/2024

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 CONSTITUE 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 have ADDITIONAL INSURED provisions or 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 an endorsement(s).

201/221020							
		INSURER F:					
		INSURER E :					
LAI ATETTE, OA 34343-3777		INSURER D:					
CHILD'S PLAY THERAPY SERVICE: 3687 MT DIABLO BLVD STE 100 LAFAYETTE. CA 94549-3777	CES,	INSURER C:					
		INSURER B: TRAVELERS PROPERTY CASUALTY COMPANY OF AMERICA					
		INSURER A: TRAVELERS CASUALTY INSURANCE COMPANY OF AMERICA					
INSURED		INSURER(S) AFFORDING COVERAGE					
		ADDRESS: service.center@travelers.com					
WALNUT CREEK. CA 94598-254	19	(A/C. No. Ext.): (888) 661-3938 (A/C. No. Ext.): (877) 872-7604					
DIABLO VALLEY INS AGENCY IN 185 LENNON LN STE 200	NC	PHONE (A/C. No. Ext.): (888) 661-3938	FAX (A/C No Evt.): (977) 973	7604			
PRODUCER		CONTACT NAME:					
This octanoate does not come in	gins to the ocitinoate holder in hea or sa	on an endorsement(s).					

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		SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR			680-1Y309960-24-42	04/01/2024	04/01/2025	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea Occurrence) MED EXP (Any one person)	\$2,000,000 \$300,000 \$5,000
Α							PERSONAL & ADV INJURY	\$2.000.000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$4,000,000
	X POLICY PROJECT LOC						PRODUCTS – COMP/OP AGG	\$4,000,000
	AUTOMOBILE LIABILITY							
	ANY AUTO						COMBINED SINGLE LIMIT (Ea accident)	\$
							BODILY INJURY (Per person)	\$
	OWNED SCHEDULED AUTOS ONLY AUTOS						BODILY INJURY (Per accident)	\$
	HIRED NON-OWNED AUTOS ONLY AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
								\$
	X UMBRELLA LIAB X OCCUR			CUP-1Y345854-24-42	04/01/2024	04/01/2025	EACH OCCURRENCE	\$1,000,000
_	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$1,000,000
В	DED X RETENTION \$ 0							
	<u> </u>							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N	N/A					PER OTH STATUTE -ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						E.L. EACH ACCIDENT	\$
	If yes, describe under DESCRIPTION OF OPERATIONS BELOW						E.L. DISEASE- EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$
	·			· · · · · · · · · · · · · · · · · · ·				\$
		l						\$ \$
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DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER

CANCELLATION

CHILD'S PLAY THERAPY SERVICES, 3687 MT DIABLO BLVD STE 100 LAFAYETTE, CA 94549-3777 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

Renan M. Beltran

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LIBERTY INSURANCE UNDERWRITERS INC.

(A Stock Insurance Company, hereinafter the "Company")

ENDORSEMENT NO. []

Effective Date: 02/03/2024									
Policy Number: AHY-816490009									
Issued To: Child's Play Therapy Services, P.C.									
THIS ENDORSEMENT CHANGES THE PO	DLICY. PLEASE READ IT CAREFULLY.								
ADDITIONAL INSURED ENDORSEMENT									
This endorsement applies to:									
Professional Liability Coverage Part Only	\$Additional Premium								
General Liability Coverage Part Only	S Additional Premium								
Professional Liability and General Liability Co	verage Parts								
In consideration of the premium charged, any Design additional Insured, but only as respects claims arising out of the PERSONS INSURED Section of the policy.									
Designated Enti	ty Schedule								
Regional Center of the East Bay (GL Coverage Only)	500 Davis Street Suite 100 San Leandro CA 94577								
Mount Diablo Unified School District (PL/GL Coverage)	1936 Carlotta Drive Concord CA 94519 ADDRESS								
San Ramon Valley Unified School District and District parties- (GL Coverage Only)	699 Old Orchard Drive ADDRESS Danville CA 94226								
NAME	ADDRESS								
NAME	ADDRESS								

ALL OTHER TERMS AND CONDITIONS OF THE POLICY REMAIN UNCHANGED.

MEMORANDUM OF INSUR	KANCE				Date Is March	ssued 20, 2024			
Producer AMBA P.O. Box 14554 Des Moines, IA 50306 www.proliability.com		This memorandum is issued as a matter of information only and confers no rights upon the holder. This memorandum does not amend, extend or alter the coverages afforded by the Certificate listed below.							
· ,				Company Affording Coverage Liberty Insurance Underwriters, Inc.					
Insured Child's Play Therapy Services, Suite 100 3687 Mount Diablo Boulevard Lafayette, CA 94549			Liberty msu	Tance Underwin	ers, mc.				
This is to certify that the Certificate listed below has been issued to the insured named above for the policy period indicated, not withstanding any requirement, term or condition of any contract or other document with respect to which this memorandum may be issued or may pertain, the insurance afforded by the Certificate described herein is subject to all the terms, exclusions and conditions of such Certificate. The limits shown may have been reduced by paid claims. The Memorandum of Insurance and verification of payment are your evidence of coverage. No coverage is afforded unless the premium is successfully paid in full.									
Type of Insurance	Certificate Number	Effective Date	Expi	iration Date	Limits				
Professional Liability OccupThp Fm Occupational Therapist	AHY-816490009	02/03/2024	02/03	3/2025	Per Occurrence Aggregate	\$2,000,000			
General Liability	AHY-816490009	02/03/2024	02/03/	2025	Per Occurrence	\$2,000,000			
					Aggregate	\$4,000,000			
PROOF OF INSURANCE Christin	na M. Gallo is a coνε	ered person unde	r the p	rovisions of	this policy.				
Memorandum Holder:						cate be cancelled			
PROOF OF COVERAGE ONLY	notice left, bu obliga	efore the expiration date thereof, the issuing ompany will endeavor to mail 30 days written otice to the Memorandum Holder named to the eft, but failure to mail such notice shall impose no bligation or liability of any kind upon the ompany, its agents or representatives.							
				orized Repres					



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 05/23/2024

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	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						CONTACT AP Intego Insurance Group, LLC					
AP INTEGO INSURANCE GROUP, LLC						PHONE 000 0000 FAX					
375 Woodcliff Dr.					(A/C, No, Ext): 888-289-2939 (A/C, No): E-MAIL ADDRESS: certs@apintego.com						
Suite	103				ADDRE			DING COVERAGE		NAIC #	
Fairp	ort NY	1-	4450		INCLIDE		nsurance Com		2	2985	
INSU	RED				INSURE		nourance com	parry	Ť	.2000	
Child	s Play Occupational Therapy Services, PC				INSURE						
3687	Mt Diablo Blvd				INSURE						
Suite	100					INSURER E :					
Lafay	rette CA 94549				INSURER F:						
CO	/ERAGES CEF	RTIFIC	CATE	NUMBER:				REVISION NUMBER:	İ		
IN CE	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	SUBR WVD	R D POLICY NUMBER		POLICY EFF POLICY EXP (MM/DD/YYYY) LIMITS					
	GENERAL LIABILITY					,	,		\$		
	COMMERCIAL GENERAL LIABILITY	_	_					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$		
	CLAIMS-MADE OCCUR								\$		
								PERSONAL & ADV INJURY	\$		
								GENERAL AGGREGATE	\$		
	GEN'L AGGREGATE LIMIT APPLIES PER:							PRODUCTS - COMP/OP AGG	\$		
	POLICY PRO- JECT LOC	<u> </u>						COMBINED SINGLE LIMIT	\$		
	AUTOMOBILE LIABILITY							(Ea accident)	\$		
	ANY AUTO ALL OWNED SCHEDULED							, , ,	\$		
	AUTOS AUTOS NON-OWNED							DDODEDTY DAMAGE	\$		
	HIRED AUTOS AUTOS							(Per accident)	\$		
	UMBRELLA LIAB OCCUR	_	_						\$		
									\$		
	OLAIMO-IMADE	1							\$ \$		
	DED RETENTION \$ WORKERS COMPENSATION							✓ WC STATU- OTH-	Ψ		
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE Y / N		_	0.00000007		00/40/0004	00/40/0005		\$ 1,000.	000	
Α	OFFICE/MEMBER EXCLUDED? (Mandatory in NH)	N/A		QWC1368067		06/10/2024	06/10/2025	E.L. DISEASE - EA EMPLOYEE			
	If yes, describe under DESCRIPTION OF OPERATIONS below								\$ 1,000.		
	DESCRIPTION OF OF ENATIONS DEIOW								· · · ·		
DESC	RIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (Attach	ACORD 101, Additional Remarks	Schedule	, if more space is	required)				
	RTIFICATE HOLDER				CANCELLATION						
Proof of Coverage					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 Authorized Representative Authorized Representative						
								Unn Kypa	_		

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