



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
6/15/2016

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 The PLEXUS Groupe LLC 21805 W Field Parkway, Ste 300 Deer Park IL 60010	CONTACT NAME: Certificates PHONE (A/C, No, Ext): (847) 307-6100 FAX (A/C, No): (847) 307-6199 E-MAIL ADDRESS: Certificates@plexusgroupe.com													
	<table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A: Arch Specialty Insurance Company</td> <td>21199</td> </tr> <tr> <td>INSURER B: Sentinel Insurance Company</td> <td>11000</td> </tr> <tr> <td>INSURER C: Twin City Fire Insurance Company</td> <td>29459</td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </tbody> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Arch Specialty Insurance Company	21199	INSURER B: Sentinel Insurance Company	11000	INSURER C: Twin City Fire Insurance Company	29459	INSURER D:		INSURER E:		INSURER F:
INSURER(S) AFFORDING COVERAGE	NAIC #													
INSURER A: Arch Specialty Insurance Company	21199													
INSURER B: Sentinel Insurance Company	11000													
INSURER C: Twin City Fire Insurance Company	29459													
INSURER D:														
INSURER E:														
INSURER F:														
INSURED Progressus Therapy, LLC 2701 North Rocky Point Drive Suite 650 Tampa FL 33607														

COVERAGES CERTIFICATE NUMBER: 16-17 GL, AL, UMB, WC, 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 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 GENL AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		X	FLP004497805	6/14/2016	6/14/2017	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COM/OP AGG \$ 3,000,000 \$
B	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS			83UENPF5271	6/14/2016	6/14/2017	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED \$ RETENTION \$			FLP004497805	6/14/2016	6/14/2017	EACH OCCURRENCE \$ 6,000,000 AGGREGATE \$ 6,000,000 \$
C	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 <input type="checkbox"/> N/A	83WBR2440	6/14/2016	6/14/2017	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Professional Liability Retro Date: 9/7/2004			FLP004497805	6/14/2016	6/14/2017	Each Medical Incident \$1,000,000 Aggregate \$3,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 Mt. Diablo Unified School District are listed as additional insured under the General Liability as required by written contract. Umbrella follows form.

CERTIFICATE HOLDER Mt. Diablo Unified School District 1936 Carlotta Drive Concord, CA 94519-1397	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 W Fawcett III/EMILYV
--	--

© 1988-2014 ACORD CORPORATION. All rights reserved.

IMPORTANT

If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

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).

DISCLAIMER

The Certificate of Insurance on the reverse side of this form does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL PROTECTED PERSONS ENDORSEMENT

This endorsement modifies insurance provided under the following:

Healthcare Professional Liability Coverage Form.

The individuals or organizations listed below are added to **Section II – Who Is An Insured** of your policy. Coverage is provided for them only for the work you performed or should have performed on their behalf. They will share in your limits of insurance for any covered "claim". Damages paid on their behalf will reduce and may exhaust your limits of insurance under this policy.

1) San Francisco Unified School District

135 Van Ness Avenue #116

San Francisco CA 94102

2) School Board of Broward County, FL, its members, officers, employees and agents

3) West Contra Costa Unified School District

2465 Dolan Way

San Pablo CA 94806

4) Antioch Unified School District

510 G Street

Antioch CA 94509

5) Capistrano Unified School District

33122 Valle Road

San Juan Capistrano CA 92675

6) Westside Regional Center

5901 Green Valley Circle #320

Culver City CA 90230

7) West Chester University

13/15 University Avenue

West Chester PA 19383

8) The Baltimore City Public Schools and Board of Schools Commissioners
200 East North Avenue
Baltimore MD 21202

9) Temecula Valley Unified School District
31350 Rancho Vista Road
Temecula CA 92592

10) Manchester School District
286 Commercial Street
Manchester NH 03101

11) The District School Board of Collier County
5775 Osceola Trail
Naples, FL 34109

12) Lake County Schools
29529 County Road 561
Tavares, FL 32778

13) Mesa Public Schools
549 N. Stapley Dr.
Mesa, AZ 85203

14) Joliet Junior College Early Childhood Center
1215 Houbolt Road
Joliet, IL 60431

15) County of Solano Health and Social Service
275 Beck Avenue, MS 5220
Fairfield, CA 94533

16) Frederick County Public Schools
Purchasing Office
191 South East Street
Frederick, MD 21701

17) Contra Costa SELPA
2520 Stanwell Drive, Suite 270
Concord, CA 94520

18) Santa Clara County Office of Education, its officers, employees, agents, and volunteers

19) Contra Costa Health Services, Contracts and Grants Department
50 Douglas Drive, Suite 320A
Martinez, CA 94553

20) Orange Unified School District
1401 North Handy Street
Orange, CA 92867

21) Lake Washington School District
16250 NE 74th Street
Redmond, WA 98073

22) Mt Diablo Unified School District
1936 Carlotta Drive
Concord, CA 94519

23) San Ramon Valley Unified School District
699 Old Orchard Drive
Danville, CA 94526

24) Corona-Norco Unified School District
2820 Clark Ave
Norco, CA 92860

25) Santa Ana Unified School District
1601 East Chestnut Av.
Santa Ana, CA 92701

All other terms of your policy remain unchanged.

Endorsement Number: 10

Policy Number: FLP0044978-05

Named Insured: Progressus Therapy, LLC

This endorsement is effective on the inception date of this Policy unless otherwise stated herein:

Endorsement Effective Date: June 14, 2016