POLICYHOLDER COPY

NB

P.O. BOX 420807, SAN FRANCISCO,CA 94142-0807

CERTIFICATE OF WORKERS' COMPENSATION INSURANCE

ISSUE DATE: 10-01-2010

GROUP:
POLICY NUMBER: **1331103-2010**
CERTIFICATE ID: **108**
CERTIFICATE EXPIRES: **10-01-2011**
10-01-2010/10-01-2011

MT. DIABLO UNIFIED SCHOOL DISTRICT **NB**
1936 CARLOTTA DR
CONCORD CA 94519-1358

This is to certify that we have issued a valid Workers' Compensation insurance policy in a form approved by the California Insurance Commissioner to the employer named below for the policy period indicated.

This policy is not subject to cancellation by the Fund except upon **30** days advance written notice to the employer.

We will also give you **30** days advance notice should this policy be cancelled prior to its normal expiration.

This certificate of insurance is not an insurance policy and does not amend, extend or alter the coverage afforded by the policy listed herein. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate of insurance may be issued or to which it may pertain, the insurance afforded by the policy described herein is subject to all the terms, exclusions, and conditions, of such policy.

James Meany
Authorized Representative

Thomas E Rose
President and CEO

EMPLOYER'S LIABILITY LIMIT INCLUDING DEFENSE COSTS: $1,000,000 PER OCCURRENCE.

ENDORSEMENT #1600 - ROBERT BENNETT, PRES-TREAS - EXCLUDED.

ENDORSEMENT #1600 - PATRICIA BENNET, CEO-SEC - EXCLUDED.

ENDORSEMENT #2065 ENTITLED CERTIFICATE HOLDERS' NOTICE EFFECTIVE 10-01-1999 IS ATTACHED TO AND FORMS A PART OF THIS POLICY.

EMPLOYER

RESOURCE DEVELOPMENT ASSOCIATES (A CORP) **NB**
230 4TH ST
OAKLAND CA 94607

[B14,NB]

PRINTED : 09-15-2011

(REV.8-2010)