

ACORD™ CERTIFICATE OF LIABILITY INSURANCE		DATE (MM/DD/YYYY) 11/03/2010
PRODUCER Jay-Marle Garcia Insurance L#0668893 1630 Contra Costa Blvd. Ste 215 Pleasant Hill, CA 94523	Phone: (925)680-7405	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.
INSURED ACTIVE READING CLINIC 1543 SUNNYVALE AVE #201 Walnut Creek, CA 94596		
INSURERS AFFORDING COVERAGE		NAIC #
INSURER A: Nonprofits Insurance Alliance of CA		
INSURER B:		
INSURER C:		
INSURER D:		
INSURER E:		

COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	ADD'L INSR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	Y	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY <input type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC	201003795NPO	10/01/2010	10/01/2011	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 20,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMPOP AGG \$ 3,000,000
A		AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	201003795NPO	10/01/2010	10/01/2011	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$
		EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				WC STATUTORY LIMITS OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A		OTHER PROFESSIONAL	201003795NPO	10/01/2010	10/01/2011	AGGREGATE 1,000,000

RECEIVED
NOV 10 2010
FISCAL ANALYST
PUPIL SERVICES/SPECIAL EDUCATION

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS
ADDITIONAL INSURED: MT. DIABLO UNIFIED SCHOOL DISTRICT PER ATTACHED FORM (CG20260704) INCLUDING PROFESSIONAL LIABILITY.
10 DAY NOTICE OF CANCELLATION FOR NONPAYMENT OF PREMIUM.

CERTIFICATE HOLDER MT. DIABLO UNIFIED SCHOOL DISTRICT ATTN: MARIE FABIE 1936 CARLOTTA DRIVE Concord, CA 94519	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>30</u> DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE <i>Ron Brown</i> (RDG)
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Account Number: CA AMEC 1000

Date: 11/03/10 Initials: JA

CERTIFICATE OF INSURANCE

DARWIN NATIONAL ASSURANCE COMPANY
C/O: American Professional Agency, Inc.
95 Broadway, Amityville, NY 11701
800-421-6694

This is to certify that the insurance policies specified below have been issued by the company indicated above to the insured named herein and that, subject to their provisions and conditions, such policies afford the coverages indicated insofar as such coverages apply to the occupation or business of the Named insured(s) as stated.

THIS CERTIFICATE OF INSURANCE NEITHER AFFIRMATIVELY NOR NEGATIVELY AMENDS, EXTENDS OR ALTERS THE COVERAGE(S) AFFORDED BY THE POLICY(IES) LISTED ON THIS CERTIFICATE.

Name and Address of Insured:

CLARE AMES-KLEIN, PH.D.
895 MORAGA RD
STE 10
LAFAYETTE CA 94549

Additional Named Insureds:

RECEIVED

NOV 05 2010

FISCAL ANALYST
PUPIL SERVICES/SPECIAL EDUCATION

Type of Work Covered: PROFESSIONAL PSYCHOLOGIST

Location of Operations: N/A
(If different than address listed above)

Claim History:

Retroactive date is 04/01/1992

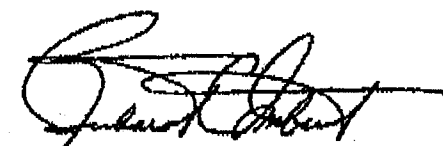
Coverages	Policy Number	Effective Date	Expiration Date	Limits of Liability
PROFESSIONAL/ LIABILITY	5011-3606	4/01/10	4/01/11	1,000,000 3,000,000

NOTICE OF CANCELLATION WILL ONLY BE GIVEN TO THE FIRST NAMED INSURED ON THIS POLICY AND HE OR SHE SHALL ACT ON BEHALF OF ALL INSUREDS WITH RESPECT TO GIVING OR RECEIVING NOTICE OF CANCELLATION.

* **Comments: MT. DIABLO UNIFIED SCHOOL DISTRICT IS LISTED ON THE ABOVE REFERENCED POLICY AS AN ADDITIONAL INSURED.**

This Certificate Issued to:

Name: CLARE AMES-KLEIN, PH.D.
895 MORAGA RD
Address: STE 10
LAFAYETTE CA 94549


Authorized Representative

Account Number: CA AMEC 1000

Date: 3/30/10 Initials: KB

CERTIFICATE OF INSURANCE

DARWIN NATIONAL ASSURANCE COMPANY
C/O: American Professional Agency, Inc.
95 Broadway, Amityville, NY 11701
800-421-6694

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Name and Address of Insured:

CLARE AMES-KLEIN, PH.D.
895 MORAGA ROAD
SUITE 10
LAFAYETTE CA 94549

Additional Named Insureds:

RECEIVED

OCT 28 2010

FISCAL ANALYST
PUPIL SERVICES/SPECIAL EDUCATION

Type of Work Covered: PROFESSIONAL PSYCHOLOGIST

Location of Operations: N/A
(If different than address listed above)

Claim History:

Retroactive date is 04/01/1992

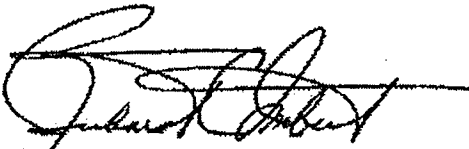
Coverages	Policy Number	Effective Date	Expiration Date	Limits of Liability
PROFESSIONAL/ LIABILITY	5011-3606	4/01/10	4/01/11	1,000,000 3,000,000

NOTICE OF CANCELLATION WILL ONLY BE GIVEN TO THE FIRST NAMED INSURED ON THIS POLICY AND HE OR SHE SHALL ACT ON BEHALF OF ALL INSURED(S) WITH RESPECT TO GIVING OR RECEIVING NOTICE OF CANCELLATION.

Comments:

This Certificate Issued to:

Name: CLARE AMES-KLEIN, PH.D.
895 MORAGA ROAD
Address: SUITE 10
LAFAYETTE CA 94549


Authorized Representative

Account Number: CA BURS 4960

Date: 8/12/10 Initials: LROSS

CERTIFICATE OF INSURANCE

DARWIN NATIONAL ASSURANCE COMPANY
C/O: American Professional Agency, Inc.
95 Broadway, Amityville, NY 11701
800-421-6694

This is to certify that the insurance policies specified below have been issued by the company indicated above to the insured named herein and that, subject to their provisions and conditions, such policies afford the coverages indicated insofar as such coverages apply to the occupation or business of the Named insured(s) as stated.

THIS CERTIFICATE OF INSURANCE NEITHER AFFIRMATIVELY NOR NEGATIVELY AMENDS, EXTENDS OR ALTERS THE COVERAGE(S) AFFORDED BY THE POLICY(IES) LISTED ON THIS CERTIFICATE.

Name and Address of Insured:

SHERRY BURKE
4969 BAY LEAF COURT
MARTINEZ CA 94553

Additional Named Insureds:

RECEIVED

AUG 13 2010

FISCAL ANALYST
PUPIL SERVICES/SPECIAL EDUCATION

Type of Work Covered: MENTAL HEALTH COUNSELOR

Location of Operations: N/A
(If different than address listed above)

Claim History:

Retroactive date is 08/04/2010

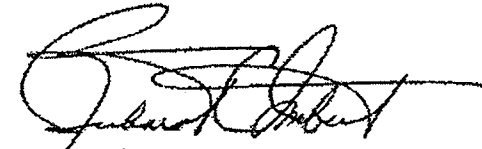
Coverages	Policy Number	Effective Date	Expiration Date	Limits of Liability
PROFESSIONAL/ LIABILITY	5002-6995	8/04/10	8/04/11	2,000,000 4,000,000

NOTICE OF CANCELLATION WILL ONLY BE GIVEN TO THE FIRST NAMED INSURED ON THIS POLICY AND HE OR SHE SHALL ACT ON BEHALF OF ALL INSUREDS WITH RESPECT TO GIVING OR RECEIVING NOTICE OF CANCELLATION.

Comments: THE FOLLOWING IS AN ADDITIONAL INSURED ON THIS POLICY:
MT DIABLO UNIFIED SCHOOL DISTRICT
1936 CARLOTTA DR
CONCORD CA 94519

This Certificate Issued to:

Name: SHERRY BURKE
4969 BAY LEAF COURT
Address: MARTINEZ CA 94553


Authorized Representative

Account Number: CA BURS 4960

Date: 8/12/10 Initials: LROSS

CERTIFICATE OF INSURANCE

DARWIN NATIONAL ASSURANCE COMPANY
C/O: American Professional Agency, Inc.
95 Broadway, Amityville, NY 11701
800-421-6694

This is to certify that the insurance policies specified below have been issued by the company indicated above to the insured named herein and that, subject to their provisions and conditions, such policies afford the coverages indicated insofar as such coverages apply to the occupation or business of the Named insured(s) as stated.

THIS CERTIFICATE OF INSURANCE NEITHER AFFIRMATIVELY NOR NEGATIVELY AMENDS, EXTENDS OR ALTERS THE COVERAGE(S) AFFORDED BY THE POLICY(IES) LISTED ON THIS CERTIFICATE.

Name and Address of Insured:

SHERRY BURKE
4969 BAY LEAF COURT
MARTINEZ CA 94553

Additional Named Insureds:

RECEIVED
NOV 04 2010
Budget & Fiscal Services

RECEIVED
AUG 13 2010
FISCAL ANALYST
PUPIL SERVICES/SPECIAL EDUCATION

Type of Work Covered: MENTAL HEALTH COUNSELOR

Location of Operations: N/A
(If different than address listed above)

RECEIVED
NOV 10 2010
FISCAL ANALYST
PUPIL SERVICES/SPECIAL EDUCATION

Claim History:

Retroactive date is 08/04/2010

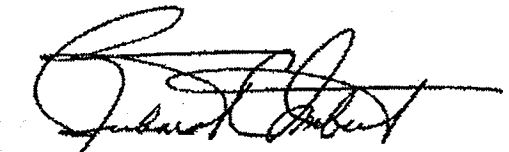
Coverages	Policy Number	Effective Date	Expiration Date	Limits of Liability
PROFESSIONAL/ LIABILITY	5002-6995	8/04/10	8/04/11	2,000,000 4,000,000

NOTICE OF CANCELLATION WILL ONLY BE GIVEN TO THE FIRST NAMED INSURED ON THIS POLICY AND HE OR SHE SHALL ACT ON BEHALF OF ALL INSURED WITH RESPECT TO GIVING OR RECEIVING NOTICE OF CANCELLATION.

Comments: THE FOLLOWING IS AN ADDITIONAL INSURED ON THIS POLICY:
MT DIABLO UNIFIED SCHOOL DISTRICT
1936 CARLOTTA DR
CONCORD CA 94519

This Certificate Issued to:

Name: SHERRY BURKE
4969 BAY LEAF COURT
Address: MARTINEZ CA 94553


Authorized Representative

Account Number: CA DUF3 3060

Date: 5/18/10 Initials: JA

CERTIFICATE OF INSURANCE

DARWIN NATIONAL ASSURANCE COMPANY
C/O: American Professional Agency, Inc.
95 Broadway, Amityville, NY 11701
800-421-6694

This is to certify that the insurance policies specified below have been issued by the company indicated above to the insured named herein and that, subject to their provisions and conditions, such policies afford the coverages indicated insofar as such coverages apply to the occupation or business of the Named insured(s) as stated.

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Name and Address of Insured:

CHERRI DUFFY
2341 UNION ST #1
SAN FRANCISCO CA 94123

Additional Named Insureds:

Type of Work Covered: MARRIAGE & FAMILY THERAPIST

Location of Operations: N/A
(If different than address listed above)

Claim History:

Retroactive date is 11/26/2008

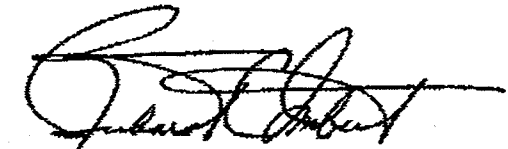
Coverages	Policy Number	Effective Date	Expiration Date	Limits of Liability
PROFESSIONAL/ LIABILITY	5002-2807	11/26/09	11/26/10	1,000,000 3,000,000

NOTICE OF CANCELLATION WILL ONLY BE GIVEN TO THE FIRST NAMED INSURED ON THIS POLICY AND HE OR SHE SHALL ACT ON BEHALF OF ALL INSURED(S) WITH RESPECT TO GIVING OR RECEIVING NOTICE OF CANCELLATION.

Comments: MT. DIABLO UNIFIED SCHOOL DISTRICT IS LISTED ON THE ABOVE REFERENCED POLICY AS AN ADDITIONAL INSURED.

This Certificate Issued to:

Name: CHERRI DUFFY
2341 UNION ST #1
Address: SAN FRANCISCO CA 94123


Authorized Representative

ALLIED HEALTHCARE PROFESSIONAL AND SUPPLEMENTAL LIABILITY
RENEWAL DECLARATION

Attach this renewal declaration to your expiring policy

Policy Number: PHCF041121 Philadelphia Indemnity Insurance Company
 Name: Gshi Eifenbein Administered By: CPH & Associates
 Address: 3115 Sylvan Ave. 711 S. Dearborn, Suite 205
 Address 2: Chicago, IL 60605
 City, State Zip: Oakland, California 94602
 Affiliation: CAMPY
 Professional Occupation: MARRIAGE&FAMILY
 Policy Terms From: 8/1/2010
 Policy Terms To: 8/1/2011

Ending at 12:01 a.m. Standard Time.

COVERAGE A - PROFESSIONAL LIABILITY COVERAGE	LIMITS OF LIABILITY	PREMIUM
Individual - Each Incident:	\$1,000,000.00	\$109.25
Aggregate:	\$3,000,000.00	
Association, Partnership or Corporate - Each Incident:	N/A	
Aggregate:	N/A	
COVERAGE B - SUPPLEMENTAL LIABILITY COVERAGE		
Individual - Each Incident:	\$1,000,000.00	
Aggregate:	\$3,000,000.00	
GENERAL LIABILITY COVERAGE		
Each Incident:	\$1,000,000.00	\$182.00
Aggregate:	\$3,000,000.00	
PROPERTY COVERAGE		
Each Incident:	N/A	N/A
Aggregate:	N/A	

Premium (including taxes): \$291.25

Policy Forms & Endorsements:
PHCF-01(08/01)

Policy Forms and Endorsement: The expiring policy forms, endorsements and limits of insurance apply to this renewal unless changes are shown on this Renewal Declaration.
Call the Administrator to Verify Claims History at 1-800-875-1911

Jamie Maguire

Jamie Maguire, Authorized Representative

State Endorsement(s) made a part of this policy at the time of issue: refer to www.cphins.com

Certificate of Insurance (Proof of Coverage) Date Issued: (6/2/2010)

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER.
THIS CERTIFICATE DOES NOT AMEND, EXTEND, OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

Insured Name and Mailing Address*	Program Administrator
Name Gshi Eifenbein Street 3115 Sylvan Ave. City Oakland State California Zip 94602	Administered By: CPH and Associates 711 S. Dearborn, Suite 205 Chicago, IL 60605 Underwritten By: Philadelphia Indemnity Insurance Company

*Additional insured locations are often requested by individual business owners who have more than one office.

Your coverage is portable, meaning that you are covered at any location for practice under the occupation(s) listed on your policy.

Coverage		
Policy #: PHCP041121	Effective Date: (8/1/2010)	Expiration Date: (8/1/2011)
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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.		
Limits of Liability		
Each Occurrence (Per individual claim)	Aggregate (Total amount per policy year)	Coverage Part
\$1,000,000.00	\$3,000,000.00	Professional Liability
\$1,000,000.00	\$3,000,000.00	General Liability <small>Includes: General Liability, Fire & Water Legal Liability and Personal Liability</small>
N/A	N/A	Property Coverage
\$1,000,000.00	\$3,000,000.00	Supplemental Liability
Unlimited	Unlimited	Defense Expense Coverage
\$25,000	\$25,000	State Licensing Board Investigation Expense Coverage
\$5,000	\$5,000	Assault Coverage
\$5,000	\$15,000	Deposition Expense Benefit
\$2,500/person	\$25,000	Medical Expense Coverage
\$2,500	\$2,500	First Aid Coverage

Description/Special Provisions:
 General Liability Insured Location(s):
 1) 3115 Sylvan Ave Oakland, Ca 94602

Certificate Holder	Cancellation
Proof of Coverage	Should any of the above described policy be cancelled before the expiration date thereof, the issuing insurer will endeavor to mail 30 days written notice to the certificate holder named to the left, but failure to do so shall impose no obligation or liability of any kind upon the insurer, its agents or representatives.
Holder has also been added to the policy as an additional insured: Yes / X No	Authorized Representative
**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).	C. Philip Hudson

DISCLAIMER: The Certificate of Insurance 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.

Philadelphia Indemnity Insurance Company

Locations Schedule

The following locations are covered under the Liability Coverage Enhancement PI-PHCP-11 (12/05)

Policy Number PHCP041121

Location No.	Address
1	3115 Sylvan Ave Oakland, Ca 94602

THIS ENDORSEMENT CHANGED THE POLICY. PLEASE READ IT CAREFULLY

Additional Insured Endorsement

This endorsement modifies insurance provided under the following:

**ALLIED HEALTHCARE PROVIDERS PROFESSIONAL
AND SUPPLEMENTAL LIABILITY POLICY**

In consideration of the premium paid, this policy is amended as follows:

Mt Diablo Unified School District is hereby added as an Additional Insured, solely for Damages arising out of a Professional Incident covered under this policy. The Professional Incident must arise out of services provided by the Insured, under contract with Mt Diablo Unified School District.

**Mt Diablo Unified School District
1936 Carlotta Drive
Concord, Ca 94519**

All other terms and conditions of this policy remain unchanged. This endorsement is part of your policy and takes effect on the effective date of your policy unless another effective date is shown below.

Policy: PHCP041121
Effective on and after: 8/1/2010
Issued to: Gabi Eifenbein
Expiration date: 3/1/2011

PI-PHCP-03(03/01)

By:

Jamie Maguire, Authorized Representative

Certificate of Insurance (Proof of Coverage) Date Issued: (6/2/2010)

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Insured Name and Mailing Address*		Program Administrator
Name	Gabi Eisenbein	Administered By: CPH and Associates
Street	3115 Sylvan Ave.	711 S. Dearborn, Suite 205
		Chicago, IL 60645
City	Oakland	Underwritten By:
State	California	Philadelphia Indemnity Insurance Company
Zip	94602	

*Additional insured locations are often requested by individual business owners who have more than one office. Your coverage is portable, meaning that you are covered at any location for practice under the occupation(s) listed on your policy.

Coverage
 Policy #: PHCF041121 Effective Date: (8/1/2010) Expiration Date: (8/1/2011)
 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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

Limits of Liability		Coverage Part
Each Occurrence (Per individual claim)	Aggregate (Total amount per policy year)	
\$1,000,000.00	\$3,000,000.00	Professional Liability
\$1,000,000.00	\$3,000,000.00	General Liability <i>Includes: General Liability, Fire & Water Legal Liability and Personal Liability</i>
N/A	N/A	Property Coverage
\$1,000,000.00	\$3,000,000.00	Supplemental Liability
Unlimited	Unlimited	Debris Expense Coverage
\$25,000	\$25,000	State Licensing Board Investigation Expense Coverage
\$5,000	\$5,000	Assault Coverage
\$5,000	\$15,000	Deposition Expense Benefit
\$2,500/person	\$25,000	Medical Expense Coverage
\$2,500	\$2,500	First Aid Coverage

Descriptions/Special Provisions:
 General Liability Insured Location(s):
 1) 3115 Sylvan Ave Oakland, Ca 94612

Certificate Holder	Cancellation
Mt Diablo Unified School District 1936 carlotta Drive Concord, Ca 94519	Should any of the above described policy be cancelled before the expiration date thereof, the issuing insurer will endeavor to mail 30 days written notice to the certificate holder named to the left, but failure to do so shall impose no obligation or liability of any kind upon the insurer, its agents or representatives.
Holder has also been added to the policy as an additional insured.** X Yes / No **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).	Authorized Representative C. Philip Hodson

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ACORD™ CERTIFICATE OF LIABILITY INSURANCE

RBB
U022 DATE 04-19-2010

PRODUCER
STATEWIDE INSURANCE SVCS INC/PHS
129363 P: (866) 467-8730 F: (877) 905-0457
PO BOX 33015
SAN ANTONIO TX 78265

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INSURERS AFFORDING COVERAGE

INSURED
PHOENIX EDUCATION SPECIALISTS INC
33 QUAIL CT STE 105
WALNUT CREEK CA 94596

INSURER A: Hartford Casualty Ins Co
INSURER B: Twin City Fire Ins Co
INSURER C:
INSURER D:
INSURER E:

COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A	GENERAL LIABILITY	57 SBA TX9385	11/14/09	11/14/10	EACH OCCURRENCE	\$1,000,000
	<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY				FIRE DAMAGE (Any one fire)	\$300,000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person)	\$10,000
	<input checked="" type="checkbox"/> General Liab				PERSONAL & ADV INJURY	\$1,000,000
					GENERAL AGGREGATE	\$2,000,000
					PRODUCTS - COMP/OP AGG	\$2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC					
	AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT (Ea accident)	\$
	<input type="checkbox"/> ANY AUTO				BODILY INJURY (Per person)	\$
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident)	\$
	<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident)	\$
	<input type="checkbox"/> HIRED AUTOS					
<input type="checkbox"/> NON-OWNED AUTOS						
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	\$
	<input type="checkbox"/> ANY AUTO				OTHER THAN AUTO ONLY: EA ACC	\$
					AGG	\$
	EXCESS LIABILITY				EACH OCCURRENCE	\$
	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE	\$
	<input type="checkbox"/> DEDUCTIBLE					\$
	<input type="checkbox"/> RETENTION \$					\$
						\$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	76 WEG JX7958	03/12/10	03/12/11	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS	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
	OTHER					

RECEIVED
JUN 25 2010
FISCAL ANALYST
PUPIL SERVICES/SPECIAL EDUCATION

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS

Those usual to the Insured's Operations. Certificate holder is an Additional Insured per the Business Liability Coverage Form SS0008, attached to this

CERTIFICATE HOLDER ADDITIONAL INSURED; INSURER LETTER: A

MT. DIABLO UNIFIED SCHOOL DISTRICT
1936 CARLOTTA DR
CONCORD, CA 94519

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE (10 DAYS FOR NON-PAYMENT) TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE
Jac Taylor

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

RBB U022 DATE 04-19-2010

PRODUCER

STATEWIDE INSURANCE SVCS INC/PHS
129363 P:(866)467-8730 F:(877)905-0457
PO BOX 33015
SAN ANTONIO TX 78265

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURERS AFFORDING COVERAGE

INSURED

PHOENIX EDUCATION SPECIALISTS INC
33 QUAIL CT STE 105
WALNUT CREEK CA 94596

INSURER A: Hartford Casualty Ins Co
INSURER B: Twin City Fire Ins Co
INSURER C:
INSURER D:
INSURER E:

COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A	GENERAL LIABILITY	57 SBA TX9385	11/14/09	11/14/10	EACH OCCURRENCE	\$1,000,000
	<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY				FIRE DAMAGE (Any one fire)	\$300,000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person)	\$10,000
	<input checked="" type="checkbox"/> General Liab				PERSONAL & ADV INJURY	\$1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:				GENERAL AGGREGATE	\$2,000,000
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC				PRODUCTS - COMP/OP AGG	\$2,000,000
	AUTOMOBILE LIABILITY					
<input type="checkbox"/> ANY AUTO				BODILY INJURY (Per person)	\$	
<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident)	\$	
<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident)	\$	
<input type="checkbox"/> HIRED AUTOS				AUTO ONLY - EA ACCIDENT	\$	
<input type="checkbox"/> NON-OWNED AUTOS				OTHER THAN AUTO ONLY: EA ACC	\$	
				AGG	\$	
				EACH OCCURRENCE	\$	
				AGGREGATE	\$	
					\$	
					\$	
					\$	
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	76 WEG JX7958	03/12/10	03/12/11	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS	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	
OTHER						

RECEIVED
JUN 25 2010
FISCAL ANALYST
PUPIL SERVICES/SPECIAL EDUCATION

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS

Those usual to the Insured's Operations. Certificate holder is an Additional Insured per the Business Liability Coverage Form SS0008, attached to this

CERTIFICATE HOLDER

ADDITIONAL INSURED; INSURER LETTER: A

CANCELLATION

MT. DIABLO UNIFIED SCHOOL DISTRICT
1936 CARLOTTA DR
CONCORD, CA 94519

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE (10 DAYS FOR NON-PAYMENT) TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

Joe Taylor

RECEIVED

SEP 13 2010

Certificate of Insurance (Proof of Coverage)

Date Issued: (7/28/2010)

FISCAL ANALYST
PUPIL SERVICES/SPECIAL EDUCATION

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER.
THIS CERTIFICATE DOES NOT AMEND, EXTEND, OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

Insured Name and Mailing Address*		Program Administrator
Name	Linda Haymes-Elliott	Administered By: CPH and Associates 711 S. Dearborn, Suite 205 Chicago, IL 60605
Street	6827 Ridgewood Dr	
City	Oakland	Underwritten By: Philadelphia Indemnity Insurance Company
State	California	
Zip	94611	

*Additional insured locations are often requested by individual business owners who have more than one office.
Your coverage is portable, meaning that you are covered at any location for practice under the occupation(s) listed on your policy.

Coverage

Policy #: PHCPE53150


Effective Date: (8/22/2010)

Expiration Date: (8/22/2011)

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

Limits of Liability		Coverage Part
Each Occurrence (Per individual claim)	Aggregate (Total amount per policy year)	
\$1,000,000.00	\$3,000,000.00	Professional Liability
N/A	N/A	General Liability Includes: General Liability, Fire & Water Legal Liability and Personal Liability
N/A	N/A	Property Coverage
\$1,000,000.00	\$3,000,000.00	Supplemental Liability
Unlimited	Unlimited	Defense Expense Coverage
\$25,000	\$25,000	State Licensing Board Investigation Expense Coverage
\$5,000	\$5,000	Assault Coverage
\$5,000	\$15,000	Deposition Expense Benefit
\$2,500/person	\$25,000	Medical Expense Coverage
\$2,500	\$2,500	First Aid Coverage

Description/Special Provisions:

Certificate Holder	Cancellation
Mt. Diablo Unified School District 1936 Carlotta Drive Concord, CA 94519	Should any of the above described policy be cancelled before the expiration date thereof, the issuing insurer will endeavor to mail 30 days written notice to the certificate holder named to the left, but failure to do so shall impose no obligation or liability of any kind upon the insurer, its agents or representatives.
Holder has also been added to the policy as an additional insured:** X Yes / No	 Authorized Representative C. Philip Hodson
**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).	

DISCLAIMER: The Certificate of Insurance 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 CHANGED THE POLICY. PLEASE READ IT CAREFULLY

Additional Insured Endorsement

This endorsement modifies insurance provided under the following:

**ALLIED HEALTHCARE PROVIDERS PROFESSIONAL
AND SUPPLEMENTAL LIABILITY POLICY**

In consideration of the premium paid, this policy is amended as follows:

Mt. Diablo Unified School District is hereby added as an Additional Insured, solely for Damages arising out of a **Professional Incident** covered under this policy. The **Professional Incident** must arise out of services provided by the **Insured**, under contract with **Mt. Diablo Unified School District**.

**Mt. Diablo Unified School District
1936 Carlotta Drive
Concord, CA 94519**

All other terms and conditions of this policy remain unchanged. This endorsement is part of your policy and takes effect on the effective date of your policy unless another effective date is shown below.

Policy: PHCPE53150
Effective on and after: 8/22/2010
Issued to: Linda Haymes-Elliott
Expiration date: 8/22/2011

PI-PHCP-03(03/01)

By:

Jamie Maguire, Authorized Representative

RECEIVED
SEP 13 2010
FISCAL ANALYST
PUPIL SERVICES/SPECIAL EDUCATION



ACE American Insurance Company

SUBMITTED TO FISCAL SERVICES
NOV 19 2010

Psychologists' Professional Liability
Claims Made Insurance
Policy Declarations

PRODUCER NUMBER	273865	DATE OF ISSUE	June 22, 2010
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**PSYCHOLOGISTS' PROFESSIONAL LIABILITY
CLAIMS MADE INSURANCE POLICY**

THIS POLICY/CERTIFICATE IS ISSUED IN ASSOCIATION WITH THE PSYCHOLOGISTS PURCHASING GROUP ASSOCIATION

Item	POLICY/CERTIFICATE NUMBER: 78G22368205		
1.	<p>RECEIVED JUL 27 2010</p> <p>FISCAL ANALYST PUPIL SERVICES/SPECIAL EDUCATION</p>	<p>Named Insured: Pediatric Neuropsychology Group</p> <p>Address: 2372 Ellsworth St Ste F</p> <p>City, State & Zip Code: Berkeley, CA 94704 1550</p>	
2.	<p>Policy Period: From: 07/01/2010 To: 07/01/2011</p> <p>12:01 A.M. local time at the address shown in Item 1.</p>		
3.	<p>COVERAGE</p> <p>Professional Liability Wrongful Employment Practices</p> <p>Licensing Board Defense Other Governmental Regulatory Body Defense Deposition Expense Premises Medical Payment Assault and/or Battery Loss of Earnings</p>	<p>LIMITS OF LIABILITY</p> <p>\$2,000,000 Each Incident</p> <p>\$50,000 per Proceeding \$10,000 per Proceeding</p> <p>\$5,000 per Insured \$2,500 per Person \$500 per Day, per Insured</p>	<p>PREMIUM</p> <p>\$3,363.00</p> <p>REIMBURSEMENTS</p> <p>\$75,000 Aggregate \$1,000 Aggregate \$15,000 Aggregate Per Incident</p> <p>\$45.00</p> <p>Surcharge(s)</p> <p>Total Premium \$3,408.00</p>
4.	Retroactive Date 07/01/2002		
5.	This policy is made and accepted subject to the printed conditions in this policy together with the provisions, stipulations and agreements contained in the following form(s) or endorsement(s). PF15215a, PF15217a, CC1K11e, PF15245a, PF15235a, PF7U49a,		
6.	<p>Notice of claim should be sent to: Trust Risk Management Services, Inc. 181 W Madison St Suite 2900 Chicago, IL 60602</p>	<p>All other correspondence should be sent to: Trust Risk Management Services, Inc. 1791 Paysphere Circle Chicago, IL 60674</p>	
7.	<p>REPRESENTATIVE:</p>	<p>Agent or broker: Office address: City, State, Zip Website: Phone:</p>	<p>Trust Risk Management Services, Inc. doing business in CA as TRMS Insurance Agency 1791 Paysphere Circle Chicago, IL 60674 www.apait.org 1.877.637.9700</p>

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

Named Insured Pediatric Neuropsychology Group			Endorsement Number
Policy Symbol CRL	Policy Number 78G22368205	Policy Period 07/01/2010 to 07/01/2011	Effective Date 07/01/2010
Issued By (Name of Insurance Company) ACE American Insurance Company			

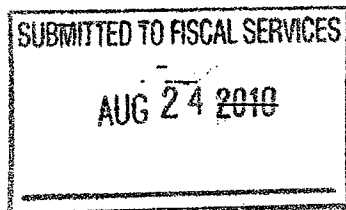
Additional Insured

It is agreed that in consideration of the premium charged, the individual(s) or entity(ies) designated below shall be an **Insured**, under Section III. PERSONS INSURED, but only with respect to such individual's or entity's liability arising solely out of an **Incident** caused by the sole negligence of another **Insured**:

Additional Insured	Address
The Mt Diablo Unified School District	1936 Carlotta Drive Concord CA 94519

The premium for this endorsement is included in the premium shown on the Declarations unless a specific amount is shown here:	Additional Premium:	
	Return Premium:	

All other terms and conditions of this policy remain unchanged.



Authorized Agent

8/20/10 - A **DARWIN NATIONAL ASSURANCE COMPANY**
Psychologists' Professional Liability Policy
THIS IS A CLAIMS MADE POLICY - PLEASE READ CAREFULLY

***** ENDORSEMENT ADDITIONAL PREMIUM *****

NOTICE: A LOWER LIMIT OF LIABILITY APPLIES TO JUDGMENTS OR SETTLEMENTS WHEN THERE ARE ALLEGATIONS OF SEXUAL MISCONDUCT (SEE THE SPECIAL PROVISION "SEXUAL MISCONDUCT" IN THE POLICY).

DECLARATIONS

POLICY NO: 5011-8396 END NO 01
 ITEM 1. (a) NAME AND ADDRESS OF INSURED:

ACCOUNT NO: CA-PETM142-0 0466302C
 ITEM 1. (b) ADDITIONAL NAMED INSURED:

M. ALEX PETERSON
 5435 COLLEGE AVE STE 100-1
 OAKLAND, CA 94618

RECEIVED
 SEP 13 2010
 FISCAL ANALYST
 PUPIL SERVICES/SPECIAL EDUCATION

TYPE OF ORG: **INDIVIDUAL**

ITEM 2. ADDITIONAL INSURED:
 MT. DIABLO UNIFIED
 SCHOOL DISTRICT
 1936 CARLOTTA DR
 CONCORD, CA 94519

ITEM 3. POLICY PERIOD: FROM: 08/31/10 TO: 08/31/11
 12:01A.M. STANDARD TIME AT THE ADDRESS OF THE INSURED AS STATED HEREIN:

ITEM 4. ENDORSEMENT EFFECTIVE 08/31/10
 LIMITS OF LIABILITY: (a) \$ 1,000,000 EACH WRONGFUL ACT OR SERIES OF CONTINUOUS, REPEATED OR INTERRELATED WRONGFUL ACTS OR OCCURRENCE
 (b) \$ 5,000 COSTS RELATED TO ANY SINGLE PROCEEDING
 (c) \$ 1,000,000 AGGREGATE, FOR ALL CLAIMS AND ALL PROCEEDINGS

ITEM 5. PREMIUM SCHEDULE:

CLASSIFICATION	NUMBER	RATE	ANNUAL PREMIUM
ENDORSEMENT - A. P			163.00
----- NEW ANNUAL PREMIUM -----			-----
1ST PSYCHOLOGIST	1	1045.00	1,045.00
DEFENSE LIMIT			.00
ADDITIONAL INSUREDS	1		50.00
*NEW TOTAL PREMIUM:			991.00

ITEM 6. RETROACTIVE DATE: 08/31/06
 ITEM 7. EXTENDED REPORTING PERIOD
 ADDITIONAL PREMIUM (if exercised): \$ 1,734.00 SCHEDULED RATING CREDIT INCLUDED

ITEM 8. POLICY FORMS AND ENDORSEMENTS ATTACHED TO THIS POLICY
 PRGE2000 (3/2006) PRGe1069 (1/2006)


 AUTHORIZED COMPANY REPRESENTATIVE
 American Professional Agency * 95 Broadway, Amityville, NY 11701

THIS IS NOT A BILL. PREMIUM HAS BEEN PAID.
 PRGE2005 (3/2006)



ACE American Insurance Company

**Psychologists' Professional Liability
Claims Made Insurance
Policy Declarations**

PRODUCER NUMBER	273865
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DATE OF ISSUE	June 22, 2010
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PSYCHOLOGISTS' PROFESSIONAL LIABILITY CLAIMS MADE INSURANCE POLICY

THIS POLICY/CERTIFICATE IS ISSUED IN ASSOCIATION WITH THE PSYCHOLOGISTS PURCHASING GROUP ASSOCIATION

Item	POLICY/CERTIFICATE NUMBER: 78G22368205		
1.	RECEIVED JUL 27 2010 FISCAL ANALYST PUPIL SERVICES/SPECIAL EDUCATION	Named Insured: Pediatric Neuropsychology Group Address: 2372 Ellsworth St Ste F City, State & Zip Code: Berkeley, CA 94704 1550	
2.	Policy Period: From: 07/01/2010 To: 07/01/2011 12:01 A.M. local time at the address shown in Item 1.		
3.	COVERAGE Professional Liability Wrongful Employment Practices Licensing Board Defense Other Governmental Regulatory Body Defense Deposition Expense Premises Medical Payment Assault and/or Battery Loss of Earnings	LIMITS OF LIABILITY \$2,000,000 Each Incident \$50,000 per Proceeding \$10,000 per Proceeding \$5,000 per Insured \$2,500 per Person \$500 per Day, per Insured	PREMIUM \$4,000,000 Aggregate \$5,000 Aggregate \$3,363.00 REIMBURSEMENTS SUBMITTED TO FISCAL SERVICES \$45.00 \$75,000 Aggregate \$1,000 Aggregate \$15,000 Aggregate Per Incident Surcharge(s) Total Premium \$3,408.00
4.	Retroactive Date 07/01/2002		
5.	This policy is made and accepted subject to the printed conditions in this policy together with the provisions, stipulations and agreements contained in the following form(s) or endorsement(s). PF15215a, PF15217a, CC1K11e, PF15245a, PF15235a, PF7U49a,		
6.	Notice of claim should be sent to: Trust Risk Management Services, Inc. 181 W Madison St Suite 2900, Chicago, IL 60602	All other correspondence should be sent to: Trust Risk Management Services, Inc. 1791 Paysphere Circle Chicago, IL 60674	
7.	REPRESENTATIVE:	Agent or broker: Trust Risk Management Services, Inc. Office address: 1791 Paysphere Circle City, State, Zip: Chicago, IL 60674 Website: www.apait.org Phone: 1.877.637.9700	doing business in CA as TRMS Insurance Agency

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

Named Insured Pediatric Neuropsychology Group			Endorsement Number
Policy Symbol CRL	Policy Number 78G22368205	Policy Period 07/01/2010 to 07/01/2011	Effective Date 07/01/2010
Issued By (Name of Insurance Company) ACE American Insurance Company			

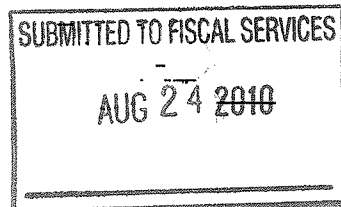
Additional Insured

It is agreed that in consideration of the premium charged, the individual(s) or entity(ies) designated below shall be an **Insured**, under Section III. PERSONS INSURED, but only with respect to such individual's or entity's liability arising solely out of an **Incident** caused by the sole negligence of another **Insured**:

Additional Insured	Address
The Mt Diablo Unified School District	1936 Carlotta Drive Concord CA 94519

The premium for this endorsement is included in the premium shown on the Declarations unless a specific amount is shown here:	Additional Premium:	
	Return Premium:	

All other terms and conditions of this policy remain unchanged.



Authorized Agent

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

Named Insured Pediatric Neuropsychology Group			Endorsement Number
Policy Symbol CRL	Policy Number 78G22368205	Policy Period 07/01/2010 to 07/01/2011	Effective Date 07/01/2010
Issued By (Name of Insurance Company) ACE American Insurance Company			

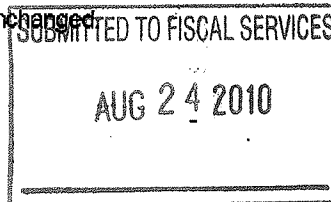
Additional Insured

It is agreed that in consideration of the premium charged, the individual(s) or entity(ies) designated below shall be an **Insured**, under Section III. PERSONS INSURED, but only with respect to such individual's or entity's liability arising solely out of an **Incident** caused by the sole negligence of another **Insured**:

Additional Insured	Address
The Mt Diablo Unified School District	1936 Carlotta Drive Concord CA 94519

The premium for this endorsement is included in the premium shown on the Declarations unless a specific amount is shown here:	Additional Premium:	
	Return Premium:	

All other terms and conditions of this policy remain unchanged.



Authorized Agent

Certificate of Insurance (Proof of Coverage) Date Issued: (6/2/2010)

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER.
THIS CERTIFICATE DOES NOT AMEND, EXTEND, OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

Insured Name and Mailing Address*		Program Administrator
Name	Deiredre Ryan	Administered By: CPH and Associates 711 S. Dearborn, Suite 205 Chicago, IL 60605 Underwritten By: Philadelphia Indemnity Insurance Company
Street	205 2nd Avenue #4	
City	San Francisco	
State	California	
Zip	94118	

RECEIVED
AUG 02 2010
FISCAL ANALYST
PUPIL SERVICES/SPECIAL EDUCATION

**Additional insured locations are often requested by individual business owners who have more than one office.
Your coverage is portable, meaning that you are covered at any location for practice under the occupation(s) listed on your policy.*

Coverage

Policy #: PHCPE26595 Effective Date: (7/27/2010) Expiration Date: (7/27/2011)

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

Limits of Liability		Coverage Part
Each Occurrence (Per individual claim)	Aggregate (Total amount per policy year)	
\$1,000,000.00	\$5,000,000.00	Professional Liability
N/A	N/A	General Liability <i>Includes: General Liability, Fire & Water Legal Liability and Personal Liability</i>
N/A	N/A	Property Coverage
\$1,000,000.00	\$5,000,000.00	Supplemental Liability
Unlimited	Unlimited	Defense Expense Coverage
\$25,000	\$25,000	State Licensing Board Investigation Expense Coverage
\$5,000	\$5,000	Assault Coverage
\$5,000	\$15,000	Deposition Expense Benefit
\$2,500/person	\$25,000	Medical Expense Coverage
\$2,500	\$2,500	First Aid Coverage

Description/Special Provisions:

Certificate Holder	Cancellation
Mt. Diablo Unified School District 1936 Carlotta Drive Concord, CA 94519	Should any of the above described policy be cancelled before the expiration date thereof, the issuing insurer will endeavor to mail 30 days written notice to the certificate holder named to the left, but failure to do so shall impose no obligation or liability of any kind upon the insurer, its agents or representatives.
Holder has also been added to the policy as an additional insured:** <u>X</u> Yes / _No **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).	Authorized Representative C. Philip Hodson

DISCLAIMER: The Certificate of Insurance 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 CHANGED THE POLICY. PLEASE READ IT CAREFULLY

Additional Insured Endorsement

This endorsement modifies insurance provided under the following:

ALLIED HEALTHCARE PROVIDERS PROFESSIONAL
AND SUPPLEMENTAL LIABILITY POLICY

In consideration of the premium paid, this policy is amended as follows:

Mt. Diablo Unified School District is hereby added as an Additional Insured, solely for **Damages** arising out of a **Professional Incident** covered under this policy. The **Professional Incident** must arise out of services provided by the **Insured**, under contract with **Mt. Diablo Unified School District**.

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

All other terms and conditions of this policy remain unchanged. This endorsement is part of your policy and takes effect on the effective date of your policy unless another effective date is shown below.

Policy: PHCPE26595
Effective on and after: 7/27/2010
Issued to: Deiredre Ryan
Expiration date: 7/27/2011

PI-PHCP-03(03/01)

By:

Jamie Maguire, Authorized Representative