



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

08/10/2018

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 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 endorsement(s).

PRODUCER Trans Bay Insurance P. O. Box 604 Pinole, CA 94564 License #: 0188680	CONTACT NAME: David G. Smith	
	PHONE (A/C, No, Ext): (510)724-1200	FAX (A/C, No): (510)724-8041
	E-MAIL ADDRESS: david@transbay.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
INSURED WELLSPRING EDUCATIONAL SERVICES, INC DBA WELLSPRING EDUCATION 1543 SUNNYVALE AVE WALNUT CREEK, CA 94597	INSURER A: Certain Underwrites at Lloyds	
	INSURER B: Kinsale Insurance	
	INSURER C: State Compensation Insurance Fund	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES

CERTIFICATE NUMBER: 00000000-198166

REVISION NUMBER: 51

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 type="checkbox"/> OCCUR	Y		B1075717095QG	05/01/2018	05/01/2019	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			B1075716033QG	05/01/2018	05/01/2019	COMBINED SINGLE LIMIT (Ea accident) \$ 2,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
B	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR EXCESS LIAB <input checked="" type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$			0H31917	08/23/2018	05/01/2019	EACH OCCURRENCE \$ 3,000,000 AGGREGATE \$ 3,000,000
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	N/A	9070220-17	08/24/2017	08/24/2018	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 2,000,000 E.L. DISEASE - EA EMPLOYEE \$ 2,000,000 E.L. DISEASE - POLICY LIMIT \$ 2,000,000
A	Professional Liab			B1075716033QG	05/01/2018	05/01/2019	\$2mm/occ \$ \$3mm/agg
A	Sexual Mol. & Abuse			B1075716033QG	05/01/2018	05/01/2019	Per occurrence \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Mt. Diablo Unified School District is named as Additional Insured with respect to liability arising out of work performed by the Named Insured per the attached endorsement.

CERTIFICATE HOLDER

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, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE  (DGS)

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ADDITIONAL INSURED—VICARIOUS LIABILITY COVERAGE

In consideration of the additional premium stated hereon, it is understood and agreed that Policy Section III. WHO IS AN "INSURED", subsection B., is amended to include as an "Insured" all entities and/or individuals shown in the Schedule below, but only as a result of "Claims" arising out of the following:

- (1) Any "Professional Incident", "Event", offense, "Wrongful Act" or "Physical Abuse and Misconduct Incident" arising out of or related to the performance of "Professional Services" or the conducting of operations as set forth in Item 5 of the Declarations by the first Named "Insured" or its "Employees", owners, managers or agents for or on behalf of the entity(ies) or individual(s) listed in the Schedule below.

SCHEDULE OF ADDITIONAL INSUREDS

Vicarious Liability Coverage Endorsement

The coverage provided under this Endorsement does not apply and "Underwriters" shall have no obligation to defend or pay "Damages" for any "Claim" which arises out of or is related to a "Professional Incident", "Event", offense, "Wrongful Act" or "Physical Abuse and Misconduct Incident" caused by the negligence or willful misconduct of the entity(ies) or individual(s) listed in the Schedule above.

All other terms and conditions remain unchanged.

Attached to and forming part of Policy No.B1075717095QG of Underwriters hereon.

Effective: May 1, 2018

Insured: Wellspring Educational Services, Inc.

On behalf of Underwriters at Lloyd's,
London, England
By: U.S. Risk, LLC



By: Randall G. Goss Chairman/CEO
(Authorized Representative)

MMSS 210
Ed 0811



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

05/04/2018

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PRODUCER	Trans Bay Insurance P. O. Box 604 Pinole, CA 94564 License #: 0188680	CONTACT NAME:	Jacquelyn Schober	
		PHONE (A/C, No, Ext):	(510)724-1200	FAX (A/C, No):
		E-MAIL ADDRESS:	jacquelyn@transbay.com	
		INSURER(S) AFFORDING COVERAGE		NAIC #
		INSURER A:	Certain Underwrites at Lloyds	
INSURED	WELLSPRING EDUCATIONAL SERVICES, INC DBA WELLSPRING EDUCATION 1543 SUNNYVALE AVE WALNUT CREEK, CA 94597	INSURER B:	State Compensation Insurance Fund	
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		INSURER F:		

COVERAGES CERTIFICATE NUMBER: 00000000-198166 REVISION NUMBER: 40

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	AUTHORIZED REPRESENTATIVE  (JNS)

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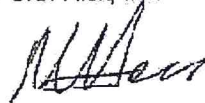
All other terms and conditions remain unchanged.

Attached to and forming part of Policy No. B1692715042QG of Underwriters hereon.

Effective: August 26, 2015

Insured: Wellspring Educational Services, Inc.

On behalf of Underwriters at Lloyd's,
London, England
By: U.S. Risk, Inc.



By: Randall G. Goss Chairman/CEO
(Authorized Representative)

MMSS 210
Ed 0811