



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/21/2021

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).

|  |  |
|--|--|
| <b>PRODUCER</b><br>GAIL LYNN WILLIAMS, AGENT<br>LIC# 0824114<br>5041 CLAYTON RD<br>CONCORD CA 94521  | CONTACT NAME: JENNA DUNAGAN<br>PHONE (A/C, No, Ext): 925-685-8000<br>E-MAIL ADDRESS: JENNA.N.DUNAGAN.NZIZ@STATEFARM.COM<br>FAX (A/C, No): 925-685-8180   |
|  | INSURER(S) AFFORDING COVERAGE<br>INSURER A: State Farm General Insurance Company NAIC # 25151<br>INSURER B: State Farm Mutual Automobile Insurance Company 25178<br>INSURER C:<br>INSURER D:<br>INSURER E:<br>INSURER F: |
| <b>INSURED</b><br>JEWETT & ASSOCIATES INC & DELTA EDUCATION<br>THERAPY SERVICES & CALIFORNIA THERAPY ALLIANCE<br>CORPORATION<br>5100 CLAYTON RD STE B1-133, CONCORD CA 94521 |  |

**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  | 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<br><input checked="" type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR<br>GEN'L AGGREGATE LIMIT APPLIES PER<br><input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC<br><input type="checkbox"/> OTHER | Y         | Y        | 97-BA-H173-7     | 09/15/2021              | 09/15/2022              | EACH OCCURRENCE \$ 2,000,000<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000<br>MED EXP (Any one person) \$ 5,000<br>PERSONAL & ADV INJURY \$ 2,000,000<br>GENERAL AGGREGATE \$ 4,000,000<br>PRODUCTS - COM/OP AGG \$ 4,000,000 |
| B        | <b>AUTOMOBILE LIABILITY</b><br><input type="checkbox"/> ANY AUTO<br><input type="checkbox"/> OWNED AUTOS ONLY<br><input type="checkbox"/> HIRED AUTOS ONLY<br><input checked="" type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> NON-OWNED AUTOS ONLY   |           |          | 225 6179-C11-05C | 09/11/2021              | 03/11/2022              | COMBINED SINGLE LIMIT (Ea accident) \$ 2,000,000<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$   |
| A        | <input checked="" type="checkbox"/> UMBRELLA LIAB<br><input type="checkbox"/> EXCESS LIAB<br><input type="checkbox"/> OCCUR<br><input type="checkbox"/> CLAIMS-MADE<br>DED RETENTION \$  |           |          | 97-BD-Z712-9     | 12/03/2020              | 12/03/2021              | EACH OCCURRENCE \$ 1,000,000<br>AGGREGATE \$  |
|          | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below  | Y/N       | N/A      |                  |                         |                         | PER STATUTE OTH-ER<br>E.L. EACH ACCIDENT \$<br>E.L. DISEASE - EA EMPLOYEE \$<br>E.L. DISEASE - POLICY LIMIT \$  |

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

LOCATION: 1849 WILLOW PASS RD STE 205, CONCORD, CA 94520.

NAMED ADDITIONAL INSURED: MT. DIABLO UNIFIED SCHOOL DISTRICT

**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


 Gail Lynn Williams, Agent  
 Insurance License #0824114

© 1988-2015 ACORD CORP

 5041 Clayton Road, Concord, CA 94521-3  
 Bus 925 685 8000 Fax 925 685 8180  
 www.gailwilliams.biz

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**CMP-4786.1 ADDITIONAL INSURED — OWNERS, LESSEES, OR CONTRACTORS  
(Scheduled)**

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This endorsement modifies insurance provided under the following:  
BUSINESSOWNERS COVERAGE FORM

**SCHEDULE**

**Policy Number:** 97 BAH173 7

**Named Insured:**

JEWETT & ASSOCIATES INC &  
DELTA EDUCATION & THERAPY  
SERVICES & CALIFORNIA THERAPY  
ALLIANCE CORPORATION

**Name And Address Of Additional Insured Person Or Organization:**

MT.DIABLO UNIFIED SCHOOL DISTRICT  
1936 CAROTTA DR  
CONCORD CA 94519  
ADDED;10-21-21

1. **SECTION II — WHO IS AN INSURED** of **SECTION II — LIABILITY** is amended to include, as an additional insured, any person or organization shown in the Schedule, but only with respect to liability for "bodily injury", "property damage", or "personal and advertising injury" caused, in whole or in part, by:

**a. Ongoing Operations**

- (1) Your acts or omissions; or
  - (2) The acts or omissions of those acting on your behalf;
- in the performance of your ongoing operations for that additional insured; or

**b. Products – Completed Operations**

"Your work" performed for that additional insured and included in the "products-completed operations hazard".

However, Paragraph 1. above is subject to the following:

- a. The insurance afforded to the additional insured only applies to the extent permitted by law;

b. If coverage provided to the additional insured is required by a contract or agreement, the insurance provided to the additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured; and

c. If the contract or agreement between you and the additional insured is governed by California Civil Code Section 2782 or 2782.05, the insurance provided to the additional insured is the lesser of that which:

- (1) Is allowed for the satisfaction of a defense or indemnity obligation by California Civil Code Section 2782 or 2782.05 for your sole liability; or
- (2) You are required by contract or agreement to provide for such additional insured.

We have no duty to defend or indemnify the additional insured under this endorsement until a claim or "suit" is tendered to us.

2. Any insurance provided to the additional insured shall only apply with respect to a claim made or a "suit" brought for damages for which you are provided coverage.

3. With respect to the insurance afforded to the additional insured, the following is added to **SECTION II — LIMITS OF INSURANCE:**

If coverage provided to the additional insured is required by contract or agreement, the most we will pay on behalf of the additional insured will be the lesser of the amount of insurance:

- a. Required by the contract or agreement; or
- b. Available under the applicable Limits Of Insurance shown in the Declarations.

This endorsement shall not increase the applicable Limits Of Insurance shown in the Declarations.

4. With respect to the insurance afforded to the additional insured, the following is added to Paragraph 3. **Duties In The Event Of Occurrence, Offense, Claim Or Suit** of **SECTION II — GENERAL CONDITIONS:**

The additional insured must:

- a. See to it that we are notified as soon as practicable of an "occurrence" or an offense which may result in a claim. To the extent possible, notice should include:
  - (1) How, when and where the "occurrence" or offense took place;
  - (2) The names and addresses of any injured persons and witnesses; and

(3) The nature and location of any injury or damage arising out of the "occurrence" or offense;

b. Tender the defense and indemnity of any claim or "suit" to us and to all other insurers who may have insurance potentially available to the additional insured; and

c. Agree to make available any other insurance the additional insured has for defense or damages for which we would provide coverage under **SECTION II — LIABILITY.**

5. With respect to the insurance afforded the additional insured, the following replaces **SECTION II — LIABILITY** of Paragraph 7. **Other Insurance of SECTION I AND SECTION II — COMMON POLICY CONDITIONS:**

a. This insurance is primary to and will not seek contribution from any other insurance available to the additional insured, provided that the additional insured is a named insured under such other insurance.

b. Regardless of any agreement between you and the additional insured, this insurance is excess over any other insurance whether primary, excess, contingent or on any other basis for which the additional insured has been added as an additional insured on other policies.

There will be no refund of premium in the event this endorsement is cancelled.

All other policy provisions apply.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY

**CMP-4787 WAIVER OF TRANSFER OF RIGHTS OR RECOVERY AGAINST OTHERS TO US**

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This endorsement modifies insurance provided under the following:  
BUSINESSOWNERS COVERAGE FORM

**SCHEDULE**

**Policy Number:** 97 BAH173 7

**Named Insured:**

JEWETT & ASSOCIATES INC &  
DELTA EDUCATION & THERAPY  
SERVICES & CALIFORNIA THERAPY  
ALLIANCE CORPORATION

**Name And Address Of Person Or Organization:**

MT.DIABLO UNIFIED SCHOOL DISTRICT  
1936 CAROTTA DR  
CONCORD CA 94519  
ADDED;10-21-21

The following is added to Paragraph **10.b.** of **SECTION I AND SECTION II — COMMON POLICY CONDITIONS:**

We waive any right of recovery we may have against the person or organization shown in the Schedule because of payments we make for injury or damage arising out of:

- a. Your ongoing operations; or
- b. "Your work" done under contract with that person or organization and included in the "products-completed operations hazard".

This waiver applies only to the person or organization shown in the Schedule.

All other policy provisions apply.

**State Farm General Insurance Company**  
A Stock Company With Home Offices in Bloomington, Illinois

Po Box 853925  
Richardson, TX 75085-3925

**Named Insured**

000011 3129 9L-02-6010-FA80 F M

JEWETT & ASSOCIATES INC &  
DELTA EDUCATION AND THERAPY  
SERVICES INC & CALIFORNIA  
THERAPY ALLIANCE CORPORATION  
1485 COVENTRY RD  
CONCORD CA 94518-1120



**DECLARATIONS**

AMENDED JUN 1 2021

|   |                       |                        |
|---|-----------------------|------------------------|
| <b>Policy Number</b>  | 97-BD-Z712-9          |                        |
| <b>Policy Period</b>  | <b>Effective Date</b> | <b>Expiration Date</b> |
| 12 Months   | DEC 3 2020            | DEC 3 2021             |
| The policy period begins and ends at 12:01 am standard time at your mailing address as shown. |                       |                        |

**Your policy is amended JUN 1 2021**  
INSURED NAME AND/OR ADDRESS CHANGE



ST-0101-0000

Entity: Corporation

**COMMERCIAL LIABILITY UMBRELLA POLICY**

**Automatic Renewal** - If the **policy period** is shown as **12 months**, this policy will be renewed automatically upon payment of the renewal premium when due subject to the premiums, rules and forms in effect for each succeeding policy period. If this policy is terminated we will give you written notice in compliance with the policy provisions or as required by law.

Other items shown are effective with the policy's 2020 renewal

| Coverage(s)  | Limits of Insurance |
|--|---------------------|
| Coverage L - Business Liability (Each Occurrence)  | \$ 1,000,000        |
| Coverage L - Business Liability (Annual Aggregate) | \$ 1,000,000        |
| <b>Self-Insured Retention</b>                      | \$ 10,000           |

**Required Underlying Insurance Schedule**

| Coverage  | Required Underlying Insurance Schedule   | Minimum Underlying Limits  |
|---|--|----------------------------|
| <b>Automobile Liability (Other than Buses and Passenger Vans)</b> | Bodily Injury (Each Person/Each Accident)  | \$ 500,000 / \$ 500,000    |
|   | Property Damage (Each Accident)  | \$ 100,000                 |
|   | --or--<br>Bodily Injury and Property Damage (Each Accident)  | \$ 500,000                 |
| <b>Business Liability</b>   | Bodily Injury (Per Occurrence)   | \$ 500,000                 |
|   | Bodily Injury (Annual Aggregate)   | \$ 1,000,000               |
|   | Property Damage (Per Occurrence and Annual Aggregate)  | \$ 100,000                 |
|   | --or--<br>Bodily Injury and Property Damage (Per Occurrence)<br>Bodily Injury and Property Damage (Annual Aggregate) | \$ 500,000<br>\$ 1,000,000 |
| <b>Employers Liability</b>  | Bodily Injury by Accident (Each Accident)  | \$ 100,000                 |
|   | Bodily Injury by Disease (Each Employee)   | \$ 100,000                 |
|   | Bodily Injury by Disease (Policy Limit)  | \$ 500,000                 |

| Forms & Endorsements           | Endorsement Premium |
|--------------------------------|---------------------|
| Commercial Umb Coverage Form   | None                |
| Terrorism Insurance Cov Notice |                     |
| Amendatory Endorsement         |                     |
| Policy Endorsement             |                     |
| Exclusion-Lead Poisoning       |                     |

Other limits and exclusions may apply - refer to your policy

Continued on Reverse

CU-2000 Prepared JUN 09 2021  
0037 295 I

**GAIL WILLIAMS**  
(925) 685-8000

Continued from Front

| Coverage                                      | Required Underlying Insurance Schedule               | Minimum Underlying Limits |
|---|--|---------------------------|
| <b>Employers Non-Owned<br/>Auto Liability</b> | Bodily Injury and Property Damage (Each Occurrence)  | \$ 500,000                |
|   | Bodily Injury and Property Damage (Annual Aggregate) | \$ 1,000,000              |
|   | --or--   |                           |
|   | Bodily Injury (Each Person/Each Accident)            | \$ 500,000 / \$ 500,000   |
|   | Property Damage (Each Accident)                      | \$ 100,000                |
|   | --or--   |                           |
|   | Bodily Injury and Property Damage (Each Accident)    | \$ 500,000                |

Your policy consists of these Declarations, the Commercial Liability Umbrella Coverage Form, and any other forms and endorsements that apply.

This policy is issued by the State Farm General Insurance Company.

Participating Policy

You are entitled to participate in a distribution of the earnings of the company as determined by our Board of Directors in accordance with the Company's Articles of Incorporation, as amended.

In Witness Whereof, the State Farm General Insurance Company has caused this policy to be signed by its President and Secretary at Bloomington, Illinois.

*Lynne M. Yauell*  
Secretary

*Thomas Conley*  
President

**IMPORTANT NOTICE:**

California law requires us to provide you with information for filing complaints with the State Insurance Department regarding the coverage and service provided under this policy.

Your agent's name and contact information are provided on the front of this document. Another option is to reach out by mail or phone directly to:

State Farm® Executive Customer Service  
PO Box 2320  
Bloomington IL 61702  
Phone # 1-800-STATEFARM (1-800-782-8332)

Department of Insurance complaints should be filed only after you and State Farm or your agent or other company representative have failed to reach a satisfactory agreement on a problem.

California Department of Insurance  
Consumer Services Division  
300 South Spring Street  
Los Angeles, CA 90013  
Phone # 1-800-927-HELP (4357) or visit [www.insurance.ca.gov/01-consumers](http://www.insurance.ca.gov/01-consumers)

In accordance with the Terrorism Risk Insurance Act of 2002 as amended and extended by the Terrorism Risk Insurance Program Reauthorization Act of 2019, this disclosure is part of your policy.

**POLICYHOLDER DISCLOSURE NOTICE OF TERRORISM INSURANCE COVERAGE**



ST-0202-0001

Coverage for acts of terrorism is not excluded from your policy. However your policy does contain other exclusions which may be applicable, such as an exclusion for nuclear hazard. You are hereby notified that the Terrorism Risk Insurance Act, as amended in 2019, defines an act of terrorism in Section 102(1) of the Act. The term "act of terrorism" means any act that is certified by the Secretary of the Treasury—in consultation with the Secretary of Homeland Security, and the Attorney General of the United States—to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of certain air carriers or vessels or the premises of a United States mission; and to have been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion. Under this policy, any covered losses resulting from certified acts of terrorism may be partially reimbursed by the United States Government under a formula established by the Terrorism Risk Insurance Act, as amended. Under the formula, the United States Government generally reimburses 80% beginning on January 1,

2020 of covered terrorism losses exceeding the statutorily established deductible paid by the insurance company providing the coverage. The Terrorism Risk Insurance Act, as amended, contains a \$100 billion cap that limits U.S. Government reimbursement as well as insurers' liability for losses resulting from certified acts of terrorism when the amount of such losses exceeds \$100 billion in any one calendar year. If the aggregate insured losses for all insurers exceed \$100 billion, your coverage may be reduced.

There is no separate premium charged to cover insured losses caused by terrorism. Your insurance policy establishes the coverage that exists for insured losses. This notice does not expand coverage beyond that described in your policy.

THIS IS YOUR NOTIFICATION THAT UNDER THE TERRORISM RISK INSURANCE ACT, AS AMENDED, ANY LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM UNDER YOUR POLICY MAY BE PARTIALLY REIMBURSED BY THE UNITED STATES GOVERNMENT AND MAY BE SUBJECT TO A \$100 BILLION CAP THAT MAY REDUCE YOUR COVERAGE.

FE-6999.3

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97-BD-Z712-9

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**State Farm General Insurance Company**  
A Stock Company With Home Offices in Bloomington, Illinois

Po Box 853925  
Richardson, TX 75085-3925

**Named Insured**

AT1 000125 3317 9L-02-6010-FA80 F M

JEWETT & ASSOCIATES INC &  
DELTA EDUCATION AND THERAPY  
SERVICES INC & CALIFORNIA  
THERAPY ALLIANCE CORPORATION  
5100 CLAYTON RD STE B1 # 133  
CONCORD CA 94521-3161



Entity: Corporation

**RENEWAL DECLARATIONS**

|   |                       |                        |
|---|-----------------------|------------------------|
| <b>Policy Number</b>  | 97-BD-Z712-9          |                        |
| <b>Policy Period</b>  | <b>Effective Date</b> | <b>Expiration Date</b> |
| 12 Months   | DEC 3 2021            | DEC 3 2022             |
| The policy period begins and ends at 12:01 am standard time at your mailing address as shown. |                       |                        |

**COMMERCIAL LIABILITY UMBRELLA POLICY**

**Automatic Renewal** - If the **policy period** is shown as **12 months**, this policy will be renewed automatically upon payment of the renewal premium when due subject to the premiums, rules and forms in effect for each succeeding policy period. If this policy is terminated we will give you written notice in compliance with the policy provisions or as required by law.

| Coverage(s)  | Limits of Insurance |
|--|---------------------|
| Coverage L - Business Liability (Each Occurrence)  | \$ 1,000,000        |
| Coverage L - Business Liability (Annual Aggregate) | \$ 1,000,000        |
| <b>Self-Insured Retention</b>                      | \$ 10,000           |

**Required Underlying Insurance Schedule**

| Coverage  |   | Minimum Underlying Limits |
|---|---|---------------------------|
| <b>Automobile Liability (Other than Buses and Passenger Vans)</b> | Bodily Injury (Each Person/Each Accident)             | \$ 500,000 / \$ 500,000   |
|   | Property Damage (Each Accident)                       | \$ 100,000                |
|   | --or--  |                           |
|   | Bodily Injury and Property Damage (Each Accident)     | \$ 500,000                |
| <b>Business Liability</b>   | Bodily Injury (Per Occurrence)                        | \$ 500,000                |
|   | Bodily Injury (Annual Aggregate)                      | \$ 1,000,000              |
|   | Property Damage (Per Occurrence and Annual Aggregate) | \$ 100,000                |
|   | --or--  |                           |
|   | Bodily Injury and Property Damage (Per Occurrence)    | \$ 500,000                |
|   | Bodily Injury and Property Damage (Annual Aggregate)  | \$ 1,000,000              |
| <b>Employers Liability</b>  | Bodily Injury by Accident (Each Accident)             | \$ 100,000                |
|   | Bodily Injury by Disease (Each Employee)              | \$ 100,000                |
|   | Bodily Injury by Disease (Policy Limit)               | \$ 500,000                |

|                                 |                       |           |
|---------------------------------|-----------------------|-----------|
| <b>Forms &amp; Endorsements</b> | <b>Policy Premium</b> | \$ 168.00 |
| Commercial Umb Coverage Form    | CU-2100               |           |
| *Terrorism Insurance Cov Notice | FE-6999.3             |           |
| Amendatory Endorsement          | CU-2205               |           |
| Policy Endorsement              | CU-2474.3             |           |
| Exclusion-Lead Poisoning        | CU-2339               |           |

\* New Form Attached Other limits and exclusions may apply - refer to your policy

Continued on Reverse

CU-2000 Prepared  
0251 299 I SEP 22 2021

**GAIL WILLIAMS**  
(925) 685-8000

## Continued from Front

| Coverage                              | Required Underlying Insurance Schedule               | Minimum Underlying Limits |
|---------------------------------------|--|---------------------------|
| Employers Non-Owned<br>Auto Liability | Bodily Injury and Property Damage (Each Occurrence)  | \$ 500,000                |
|                                       | Bodily Injury and Property Damage (Annual Aggregate) | \$ 1,000,000              |
|                                       | --or--   |                           |
|                                       | Bodily Injury (Each Person/Each Accident)            | \$ 500,000 / \$ 500,000   |
|                                       | Property Damage (Each Accident)                      | \$ 100,000                |
|                                       | --or--   |                           |
|                                       | Bodily Injury and Property Damage (Each Accident)    | \$ 500,000                |

Your policy consists of these Declarations, the Commercial Liability Umbrella Coverage Form, and any other forms and endorsements that apply.

This policy is issued by the State Farm General Insurance Company.

## Participating Policy

You are entitled to participate in a distribution of the earnings of the company as determined by our Board of Directors in accordance with the Company's Articles of Incorporation, as amended.

In Witness Whereof, the State Farm General Insurance Company has caused this policy to be signed by its President and Secretary at Bloomington, Illinois.

*Lynne M. Yauell*  
Secretary

*Thomas Conley*  
President

**IMPORTANT NOTICE:**

California law requires us to provide you with information for filing complaints with the State Insurance Department regarding the coverage and service provided under this policy.

Your agent's name and contact information are provided on the front of this document. Another option is to reach out by mail or phone directly to:

State Farm® Executive Customer Service  
PO Box 2320  
Bloomington IL 61702  
Phone # 1-800-STATEFARM (1-800-782-8332)

Department of Insurance complaints should be filed only after you and State Farm or your agent or other company representative have failed to reach a satisfactory agreement on a problem.

California Department of Insurance  
Consumer Services Division  
300 South Spring Street  
Los Angeles, CA 90013  
Phone # 1-800-927-HELP (4357) or visit [www.insurance.ca.gov/01-consumers](http://www.insurance.ca.gov/01-consumers)



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/28/2021

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|   |  |  |  |
|---|--|--|--|
| <b>PRODUCER</b><br>Automatic Data Processing Insurance Agency, Inc.<br><br>1 Adp Boulevard<br>Roseland NJ 07068 |  | <b>CONTACT NAME:</b> Automatic Data Processing Insurance Agency, Inc.<br><b>PHONE (A/C, No., Ext):</b> 1-800-524-7024<br><b>FAX (A/C, No):</b><br><b>E-MAIL ADDRESS:</b>   |  |
| <b>INSURED</b> Jewett And Associates Inc<br><br>5100 B-1 Clayton Road #133<br><br>Concord CA 94521              |  | <b>INSURER(S) AFFORDING COVERAGE</b><br><b>INSURER A:</b> Property And Casualty Insurance Company Of Hartford<br><b>INSURER B:</b><br><b>INSURER C:</b><br><b>INSURER D:</b><br><b>INSURER E:</b><br><b>INSURER F:</b> |  |
|   |  | <b>NAIC #</b><br>34690   |  |

**COVERAGES**

CERTIFICATE NUMBER: 2168918

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   |  |
|----------|--|-----------|----------|---------------|-------------------------|-------------------------|--|--|
|          | <b>COMMERCIAL GENERAL LIABILITY</b><br><input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR<br><br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC<br>OTHER:                         |           |          |               |                         |                         | EACH OCCURRENCE \$<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$<br>MED EXP (Any one person) \$<br>PERSONAL & ADV INJURY \$<br>GENERAL AGGREGATE \$<br>PRODUCTS - COMP/OP AGG \$<br>\$ |  |
|          | <b>AUTOMOBILE LIABILITY</b><br><input type="checkbox"/> ANY AUTO<br><input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY<br><input type="checkbox"/> AUTOS ONLY |           |          |               |                         |                         | COMBINED SINGLE LIMIT (Ea accident) \$<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$<br>\$                                    |  |
|          | <b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR<br><b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE<br>DED RETENTIONS \$  |           |          |               |                         |                         | EACH OCCURRENCE \$<br>AGGREGATE \$<br>\$   |  |
| A        | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below  | Y/N       | N/A      | N             | 76WEGAE1RF1             | 09/21/2021              | 09/21/2022   | <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER<br>E.L. EACH ACCIDENT \$ 1,000,000<br>E.L. DISEASE - EA EMPLOYEE \$ 1,000,000<br>E.L. DISEASE - POLICY LIMIT \$ 1,000,000 |

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

California Therapy Alliance, Ic.

**CERTIFICATE HOLDER****CANCELLATION**

|   |   |
|---|---|
| Mt Diablo Unified School District, Attn: Special Education<br>1936 Carlotta Drive<br><br>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.<br><br><b>AUTHORIZED REPRESENTATIVE</b><br> |
|---|---|

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certificate as of 10/28/21

Client # 1765823

|                                |                                 |
|--------------------------------|---------------------------------|
| <b>MEMORANDUM OF INSURANCE</b> | Date Issued<br>October 28, 2021 |
|--------------------------------|---------------------------------|

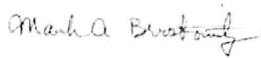
|   |  |
|---|--|
| <b>Producer</b><br><br>Mercer Consumer, a service of<br>Mercer Health & Benefits Administration<br>LLC<br>P.O. Box 14576<br>Des Moines, IA 50306-3576<br>www.proliability.com | This memorandum is issued as a matter of information only and confers no rights upon the holder. This memorandum does not amend, extend or alter the coverages afforded by the Certificate listed below. |
|---|--|

|  |   |
|--|---|
| <b>Insured</b><br>California Therapy Alliance, Inc<br>#133<br>5100 B-1 Clayton Road<br>Concord, CA 94521 | <b>Company Affording Coverage</b><br>Liberty Insurance Underwriters, Inc. |
|--|---|

This is to certify that the Certificate listed below has 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 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 | Expiration Date | Limits         |             |
|--|--------------------|----------------|-----------------|----------------|-------------|
| <b>Professional Liability</b><br>SpeechLangH Fm<br>Speech Language Pathologist | AHY-828193006      | 06/08/2021     | 06/08/2022      | Per Occurrence | \$1,000,000 |
|  |                    |                |                 | Aggregate      | \$3,000,000 |
| <b>General Liability</b>   | AHY-828193006      | 06/08/2021     | 06/08/2022      | Per Occurrence | \$1,000,000 |
|  |                    |                |                 | Aggregate      | \$3,000,000 |

**PROOF OF INSURANCE**

|  |   |
|--|---|
| Memorandum Holder:<br><br>PROOF OF COVERAGE ONLY | Should the above described Certificate be cancelled before the expiration date thereof, the issuing company will endeavor to mail 30 days written notice to the Memorandum Holder named to the left, but failure to mail such notice shall impose no obligation or liability of any kind upon the company, its agents or representatives. |
|  | Authorized Representative<br><br><br><br>Mark Brostowitz<br>Principal   |



Judi Jewett <californiatherapyalliance@gmail.com>

### Professional Liability Insurance- Midterm Change

1 message

proliability.service@mercer.com <proliability.service@mercer.com>  
To: California Therapy Alliance Inc <californiatherapyalliance@gmail.com>  
Cc: jewettslp@gmail.com

Thu, Oct 28, 2021 at 1:49 PM

Customer/Account: 1765823 California Therapy Alliance, Inc

Thank you for taking the time to discuss and clarify the information required for our records. To ensure that the information is accurate, please take the time to review the information that we discussed below. Notify our office, in writing, of any discrepancies within the next 2 business days. If the information is accurate, there is no need to respond.

**Type of Change: General Liability Addition**

Physical Location Address: 5100 B-1 Clayton Road, Concord, CA 94521  
Own/Rent/Lease: Lease  
Traveling: N  
Eff. Date of Change: 10/28/21

**Type of Change: General Liability Removal**

Physical Location Address: 1485 Conventry Road Concord CA 94518  
Eff. Date of Change: 10/28/21

**Type of Change: Additional Insured (AI) Addition**

Type of Additional Insured: Select One: Professional Liability and General Liability  
Additional Insured Name: Mount Diablo Unified School District  
Additional Insured (AI) Physical Address: 1936 Carlotta Drive, Concord CA 94519-1397  
General Liability Physical Address: 5100 B-1 Clayton Road Concord CA 94521  
Owned/Rented/Leased: N/A  
Business Relationship: Independent Contractor  
Required by Contract: Y  
Eff. Date of Change: 10/28/21

*New certificate available in 10 days from 10/28*

**Type of Change: Additional Insured Removal**

Additional Insured Name: Solano County SELPA  
Eff. Date of Change: 10/28/21

It has been a pleasure speaking with you today. We stand ready to assist you in your professional liability insurance needs. If you have any questions, please contact us at 800-375-2764 to speak to a customer service specialist.

Sincerely,

Mercer Health & Benefits Administration LLC  
In CA d/b/a Mercer Health & Benefits Insurance Services LLC  
AR License #303439  
CA License #0G39709  
Professional Liability Underwriting  
Fax: 212-948-1509  
Email: proliability.service@mercer.com

www.mercer.com | Mercer Health & Benefits Administration LLC

In CA, d/b/a Mercer Health & Benefits Insurance Services LLC | CA License #0G39709

**\*\*For your protection coverage requests are not effective until confirmed with a licensed representative.\*\***  
<VRC\_DS>000119199769</VRC\_DS>




AHUW\_MOI\_Memorandum\_of\_Insurance\_No\_Exposure\_119199728.doc

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www.mercer.com | Mercer Health & Benefits Administration LLC  
In CA, d/b/a Mercer Health & Benefits Insurance Services LLC | CA License #0G39709

**\*\*For your protection coverage requests are not effective until confirmed with a licensed representative.\*\***  
<VRC\_DS>000119199769</VRC\_DS>

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33K