



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
10/11/2012

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 Anixter & Oser, Inc. License OE28888 205 San Marin Drive Novato CA 94945-1227	CONTACT NAME: Denise Billings PHONE (A/C No. Ext): (415) 898-1600 E-MAIL ADDRESS: denise@properlyinsured.com	FAX (A/C No.): (415) 898-3922
	INSURER(S) AFFORDING COVERAGE	
INSURED Behavioral Intervention Association 2354 Powell St Ste A Emeryville CA 94608	INSURER A: Nonprofits Insurance Alliance	
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** CL1253106617 **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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	GENERAL LIABILITY	X		2012 04931NPO	5/31/2012	5/31/2013	EACH OCCURRENCE \$ 1,000,000	
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000	
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person) \$ 20,000	
	<input checked="" type="checkbox"/> SOCIAL SERVICE						PERSONAL & ADV INJURY \$ 1,000,000	
	<input type="checkbox"/> PROFESSIONAL LIABILITY						GENERAL AGGREGATE \$ 3,000,000	
GEN'L AGGREGATE LIMIT APPLIES PER:							PRODUCTS - COMPROP AGG \$ 3,000,000	
<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC							LIQUOR LIABILITY \$ 1,000,000	
A	AUTOMOBILE LIABILITY			2012 04931NPO	5/31/2012	5/31/2013	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000	
	<input type="checkbox"/> ANY AUTO ALL OWNED AUTOS						BODILY INJURY (Per person) \$	
	<input checked="" type="checkbox"/> HIRED AUTOS						<input checked="" type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS	BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$	
							\$	
A	<input checked="" type="checkbox"/> UMBRELLA LIAB			2012 04931-UMB	5/31/2012	5/31/2013	EACH OCCURRENCE \$ 1,000,000	
	<input type="checkbox"/> EXCESS LIAB						AGGREGATE \$ 1,000,000	
	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000						\$	
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below							WC STATUTORY LIMITS OTHER	
							E.L. EACH ACCIDENT \$	
							E.L. DISEASE - EA EMPLOYEE \$	
							E.L. DISEASE - POLICY LIMIT \$	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
Certificate holder is named as additional insured per form CG2026 attached.

RECEIVED
NOV 20 2012
FISCAL ANALYST
PUPIL SERVICES/SPECIAL EDUCATION

CERTIFICATE HOLDER Mt. Diablo Unified School District 1936 Carlotta Drive Concord, CA 94519	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 <i>Vanessa Alvarez</i>
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THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED ENDORSEMENT

2012-04931

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE ONLY

In consideration of the premium charged, it is understood and agreed that the following is added as an additional insured:

Mt. Diablo Unified School District, its officers, agents, and employees

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

But only as respects a legally enforceable contractual agreement with the Named Insured and only for liability arising out of the Named Insured's negligence and only for occurrences of coverages not otherwise excluded in the policy to which this endorsement applies.

It is further understood and agreed that irrespective of the number of entities named as insureds under this policy, in no event shall the company's limits of liability exceed the occurrence or aggregate limits as applicable by policy definition or endorsement.

Workers Compensation and Employers Liability Insurance Policy

ProCentury Insurance Company

465 Cleveland Avenue
Westerville, Ohio 43082
www.centurysurety.com

Policy Number	Policy Period	
	From	To
WCMPRO 5078216	06/01/2012 <small>12:01 A.M. Standard Time at the mailing address of the insured as stated herein.</small>	06/01/2013
Renewal Of	Transaction	
NEW	Policy Information Page	

1. Named Insured and Mailing Address				Agent	
BEHAVIORAL INTERVENTION ASSOCIATION 2354 POWELL ST SUITE A EMERYVILLE, CA 94608				ILLINOIS MIDWEST INSURANCE AGENCY, LLC PO BOX 13107 SPRINGFIELD, IL 62791	
Unemployment ID #	Carrier #:	FEIN #	Risk ID #	Entity of Insured	
	15024	94-3188064		Corporation	

Other Workplaces Not Shown Above:
SEE ATTACHED LOCATION SCHEDULE

2. The Policy Period is from: 06/01/2012 to 06/01/2013 12:01 a.m. Standard Time at the Insured's mailing address.
3. A. Workers Compensation Insurance: Part ONE of the policy applies to the Workers Compensation Law of the states listed here: California
- B. Employers Liability Insurance: Part TWO of the policy applies to work in each state listed in Item 3A. The limits of our liability under Part TWO are:

Bodily Injury by Accident	\$1,000,000	each accident
Bodily Injury by Disease	\$1,000,000	policy limit
Bodily Injury by Disease	\$1,000,000	each employee
- C. Other States Insurance: Part THREE of the policy applies to the states, if any, listed here: All states except North Dakota, Ohio, Washington, Wyoming, and states designated in item 3.A. above.
- D. This policy includes these endorsements and schedules: SEE ATTACHED ENDORSEMENT SCHEDULE
4. The premium for this policy will be determined by our Manual of Rules, Classifications, Rates, and Rating Plans. All Information required below is subject to verification and change by audit.

SEE EXTENSION OF INFORMATION PAGE

Total Manual Premium	23,330
Experience Modification Premium	-2,100
Total Modified Premium	21,230
Schedule Rating Premium	-4,246
Total Standard Premium	16,984
Premium Discount	-419
Expense Constant	125
Certified Terrorism, Earthquakes and Catastrophic Industrial Accidents	450
Estimated Annual Premium	17,140
California Guarantee Fund Assessment	392
California Fraud Surcharge Assessment	45
California Workers' Compensation Admin Fund Assessment	166
California Uninsured Employer's Benefits Fund Assessment	23
California Subsequent Injury Benefits Trust Fund Assessment	22
California Workers' Occupational Safety & Health Education Assessment	40
California Labor Enforcement & Compliance Fund Assessment	41
Total Amount Due	17,869
Policy Minimum Premium	367

This is a Three Year Fixed Rate Policy

Premium Adjustment Period: Annual; Semiannual; Quarterly; Monthly

Countersigned this _____ Day of _____,

Issued Date: 06/13/2012

Issuing Office

WC 00 00 01 A (Ed. 10/09)

Authorized Representative