



# Certificate of Liability Insurance Date Issued: 09/11/2018

Underwritten by: Philadelphia Indemnity Insurance Company · One Bala Plaza, Suite 100 · Bala Cynwyd, PA 19004 · NAIC #: 19193 Administered by: CPH & Associates · 711 S. Dearborn St. Ste 205 · Chicago, IL 60605 · P 800.875.1911 · F 312.987.0902 · info@cphins.com

DISCLAIMER: This certificate is issued as a matter of information only and confers no rights upon the certificate holder. 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.

Insured: Analytical Behavior Consultants

Erik Grasso

1340 28th Street, Suite C Oakland, CA 94606

Policy Number: 076351

Policy Term: 01/17/2018 to 01/17/2019

### **Covered Locations**

Professional Liability: Portable coverage, not location specific General Liability Insured Location(s): 1340 E.28th Street, Unit C, Oakland, CA 94606

Coverage Type (Occurrence Form)	Per Incident (Per individual claim)	Aggregate (Total amount per year)
Professional Liability	\$ 1,000,000	\$ 5,000,000
Supplemental Liability	\$ 1,000,000	\$ 5,000,000
Licensing Board Defense	\$ 35,000	\$ 35,000
Commercial General Liability Fire/Water Legal Liability	\$ 2,000,000 \$ 250,000	\$ 4,000,000 \$ 250,000
<b>Business Personal Property</b>	N/A	N/A
Vicarious Sexual Misconduct	\$ 1,000,000	\$ 1,000,000

Comments/Special Descriptions:

#### Certificate Holder

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

X Certificate Holder has been added as an additional insured

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). Notice of Cancellation will only be provided to the first named insured in accordance with policy provisions, who shall act on behalf of all additional insureds with respect to giving notice of cancellation.

> Authorized Representative C. Philip Hodson

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## 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.

Additional Insured Name and Mailing Address: 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: 076351

Effective on and after: 01/17/2018

Issued to: Analytical Behavior Consultants

Expiration date: 01/17/2019

PI-PHCP-05 (03/01)

By: Robert O'Leary, Authorized Representative