

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:

Additional Named Insureds:

SHERRY BURKE


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	8/04/13	8/04/14	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(S) WITH RESPECT TO GIVING OR RECEIVING NOTICE OF CANCELLATION.

Comments: THE FOLLOWING IS AN ADDITIONAL INSURED ON THIS POLICY:
MT DIABLO UNIFIED SCHOOL DISTRICT

This Certificate Issued to:

Name: SHERRY BURKE


Address: 


Authorized Representative

DARWIN NATIONAL ASSURANCE COMPANY

9/05/13 - A Mental Health Counselors' 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: 5002-6995 END NO 01
ITEM 1. (a) NAME AND ADDRESS OF INSURED:

ACCOUNT NO: CA-BURS496-0 0521432R
ITEM 1. (b) ADDITIONAL NAMED INSUREDS:

SHERRY BURKE


RECEIVED
SEP 18 2013
FISCAL ANALYST
PUPIL SERVICES/SPECIAL EDUCATION

TYPE OF ORG: INDIVIDUAL

ITEM 2. ADDITIONAL INSUREDS:

MT DIABLO UNIFIED SCHOOL DISTRICT 1936 CARLOTTA DR CONCORD, CA 94519	SAN RAMON VALLEY USD 699 OLD ORCHARD DR DANVILLE, CA 94562
---	--

ITEM 3. POLICY PERIOD: FROM: 08/04/13 TO: 08/04/14
12:01A.M. STANDARD TIME AT THE ADDRESS OF THE INSURED AS STATED HEREIN:

ITEM 4. ENDORSEMENT EFFECTIVE 08/29/13
LIMITS OF LIABILITY: (a) \$ 2,000,000 EACH WRONGFUL ACT OR SERIES OF CONTINUOUS, REPEATED OR INTERRELATED WRONGFUL ACTS OR OCCURRENCE
(b) \$ 5,000 COSTS RELATED TO ANY SINGLE PROCEEDING
(c) \$ 4,000,000 AGGREGATE, FOR ALL CLAIMS AND ALL PROCEEDINGS

ITEM 5. PREMIUM SCHEDULE:

CLASSIFICATION	NUMBER	RATE	ANNUAL PREMIUM
ENDORSEMENT - A P			14.00
----- NEW ANNUAL PREMIUM -----			
SELF-EMPLOYED SCHOOL PSYCHOLOGIST	1	278.00	278.00
PART TIME PROFESSIONAL	1	30.00	30.00
ADDITIONAL INSUREDS	1	15.00	15.00
ADDITIONAL INSUREDS AFTER FIRST DEFENSE LIMIT			.00
ITEM 6. RETROACTIVE DATE: 08/04/10 *NEW TOTAL PREMIUM:			323.00
ITEM 7. EXTENDED REPORTING PERIOD ADDITIONAL PREMIUM (if exercised): \$ 565.00			

ITEM 8. POLICY FORMS AND ENDORSEMENTS ATTACHED TO THIS POLICY

PRGE3000 (3/2006) PRGe1069 (1/2006) PRGe-1132
PRGe1123 (3/2006) PRGe1113 (3/2006)



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

ENDORSEMENT
PART-TIME PRACTITIONERS

This Endorsement, effective at 12:01 a.m. on 08/29/13, forms part of

Policy No. 5002-6995

Issued to SHERRY BURKE

Issued by DARWIN NATIONAL ASSURANCE COMPANY

In consideration of the premium charged, it is hereby agreed that:

No coverage will be available under this Policy for Claims against, or arising out of or related to the Wrongful Acts of any of You who have represented to Us that You:

- (a) are employed as a **Mental Health Counselor**; or
- (b) work as an independent or sole-practitioner **Mental Health Counselor**;

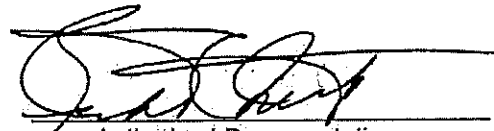
for less than, on average, twenty (20) hours per week; if, in fact, such You are employed or working as a **Mental Health Counselor** for MORE THAN, on average, twenty (20) hours per week.

Provided, however, that if You notify Us that You are employed or working as a **Mental Health Counselor** for more than, on average, twenty (20) hours per week, and pay to Us the full annual premium due, within thirty (30) days from the time You begin Your schedule of increased hours, then coverage will be provided to You as an Insured under the Policy.

Academic activities, including but not limited to, teaching, presentations, academic research not related to a specific patient, writing and presentation of papers or articles for trade journals or at trade conferences, and attendance at trade conferences, shall NOT be considered as employment or work as a **Mental Health Counselor**.

Time spent supervising students who are studying to be a **Mental Health Counselor**, at the time that they have direct patient contact, shall be considered employment or work as a **Mental Health Counselor**.

All other terms, conditions and limitations of this Policy shall remain unchanged.


Authorized Representative

ENDORSEMENT
SCHOOL PSYCHOLOGIST COVERAGE

This Endorsement, effective at 12:01 a.m. on 08/29/13 , forms part of

Policy No. 5002-6995

Issued to SHERRY BURKE

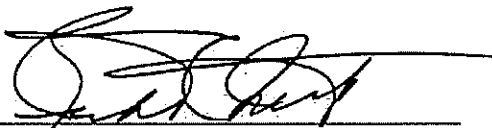
Issued by DARWIN NATIONAL ASSURANCE COMPANY

In consideration of the premium charged, it is hereby agreed that the definition of "Mental Health Counselor" in Section VIII of the Policy is amended to include:

SCHOOL PSYCHOLOGIST

School Psychologist, as used in this Endorsement and on the Declarations Page, shall mean an individual **Mental Health Counselor** who integrates a range of psychological and educational knowledge, techniques and skills in an attempt to identify and ameliorate a student's learning difficulties. The responsibilities of a School Psychologist may include the integration of a family in the treatment of a student, but solely as it relates to the student's identified psychological problem.

All other terms, conditions and limitations of this Policy shall remain unchanged.



Authorized Representative



Government Employees Insurance Company

One GEICO Plaza □ Washington, DC 20076-0001

October 9, 2013

SHERRY JO BURKE


RECEIVED

OCT 09 2013

FISCAL ANALYST
PUPIL SERVICES/SPECIAL EDUCATION

Personal Umbrella Policy Number: P7111677

Dear Sherry Jo Burke:

Please accept this letter as proof of insurance for your personal liability policy. Policy documents will follow shortly.

Policy Number: P7111677
Effective Date: October 10, 2013
Expiration Date: October 10, 2014
Limit of Coverage: \$1,000,000
Retained Limit: \$500
Vehicle(s) insured: 2013 Lexus
Residence(s) insured: 4969 Bayleaf Ct
Watercraft(s) insured: N/A

Thank you for choosing to insure with GEICO. We appreciate your business and look forward to serving you. If we can be of further assistance, please feel free to contact us at 1-866-272-5192.

Sincerely,

Shelia Mickens
Umbrella Underwriting Department

GEICO.

geico.com for 24-hour service



Policy Number: P7111677

RECEIVED

OCT 10 2013

Dear Sherry J Burke ,

FISCAL ANALYST
PUPIL SERVICES/SPECIAL EDUCATION

Thank you for purchasing a GEICO Personal Umbrella Policy! Your policy is effective as of 12:01am, October 10, 2013. The limit of liability is \$1 million. Your payment of \$134 was processed by credit card.

Your paperwork will arrive within the next 7-10 business days. If you have any questions regarding the application or your policy, please feel free to call us at 1-866-272-5192.

Sincerely,

Krissy Clapp

GEICO Umbrella Department

1-866-272-5192

Hours:

Monday - Friday: 6:00am - 9pm PST

Saturday & Sunday: 8:00am - 8:00pm PST