



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
06/10/2022

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 AJ GALLAGHER & CO INS BRKRS OF CA 57101043 The Hartford Business Service Center 3600 Wiseman Blvd San Antonio, TX 78251	CONTACT NAME:	
	PHONE (888) 920-6259 (A/C, No, Ext):	FAX (888) 443-6112 (A/C, No):
	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
	NAIC#	
INSURED Neuro Discovery Psychological Corporation 756 MARJORAM DR BRENTWOOD CA 94513-5178	INSURER A :	Sentinel Insurance Company Ltd.
	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	COMMERCIAL GENERAL LIABILITY			57 SBA BM8619	07/09/2022	07/09/2023	EACH OCCURRENCE	\$2,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$1,000,000
	<input checked="" type="checkbox"/> General Liability						MED EXP (Any one person)	\$10,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PERSONAL & ADV INJURY	\$2,000,000
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC						GENERAL AGGREGATE	\$4,000,000
	OTHER:						PRODUCTS - COMPI/OP AGG	\$4,000,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)	
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per accident)	
	<input type="checkbox"/> HIRED AUTOS	<input type="checkbox"/> NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident)	
	<input type="checkbox"/> UMBRELLA LIAB EXCESS LIAB	<input type="checkbox"/> OCCUR CLAIMS-MADE					EACH OCCURRENCE	
	<input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						AGGREGATE	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE	OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y/N	N/A				E.L. EACH ACCIDENT	
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE -EA EMPLOYEE	
							E.L. DISEASE - POLICY LIMIT	

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

Those usual to the Insured's Operations. Certificate holder is an additional insured per the Business Liability Coverage Form SS0008 attached to this policy.

CERTIFICATE HOLDER

Mt. Diablo Unified School District
1936 CARLOTTA DR
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

Susan L. Castaneda

© 1988-2015 ACORD CORPORATION. All rights reserved.

Account Number: CA NEUR 7560

Date: 10/28/22 Initials: QTMHHTTP

CERTIFICATE OF INSURANCE

ALLIED WORLD INSURANCE 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 Named Insured:

NEURO DISCOVERY,
PSYCHOLOGICAL CORP
756 MARJORAM DR
BRENTWOOD CA 94513

Additional Named Insureds:

JAMES BYLUND

Type of Work Covered: MENTAL HEALTH COUNSELING CORPORATION

Location of Operations: N/A

(If different than address listed above)

Claim History: None

Retroactive date is 02/05/2013

Coverages	Policy Number	Effective Date	Expiration Date	Limits of Liability
PROFESSIONAL/ LIABILITY	5003-3501	2/05/2022	2/05/2023	2,000,000 4,000,000

NOTICE OF CANCELLATION WILL ONLY BE GIVEN TO THE FIRST NAMED INSURED, WHO SHALL ACT ON BEHALF OF ALL INSUREDS WITH RESPECT TO GIVING OR RECEIVING NOTICE OF CANCELLATION.

Comments: Defense Reimbursement Proceedings Limit is \$5,000. 3/13 ADDL.INS.BELOW:

SAN RAMON VALLEY USD MT DIABLO UNIFIED
699 OLD ORCHARD DR SCHOOL DISTRICT
DANVILLE CA 94526 1936 CARLOTTA DR
CONCORD CA 94519

PLEASANTON UNIFIED
SCHOOL DISTRICT
4665 BERNAL AVE
PLEASANTON CA 94566

This Certificate Issued to:

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


Authorized Representative



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

POLICY CHANGE

This endorsement changes the policy effective on the Inception Date of the policy unless another date is indicated below:

Policy Number: 57 SBA BM8619 DX

Named Insured and Mailing Address; NEURO DISCOVERY PSYCHOLOGICAL
CORP
756 MARJORAM DR
BRENTWOOD CA 94513

Policy Change Effective Date: 02/24/22

**Effective hour is the same as stated in the
Declarations Page of the Policy.**

Policy Change Number: 004

Agent Name: AJ GALLAGHER & CO INS BRKRS OF CA
Code: 101043

POLICY CHANGES:

SENTINEL INSURANCE COMPANY, LIMITED

ANY CHANGES IN YOUR PREMIUM WILL BE REFLECTED IN YOUR NEXT BILLING
STATEMENT. IF YOU ARE ENROLLED IN REPETITIVE EFT DRAWS FROM YOUR BANK
ACCOUNT, CHANGES IN PREMIUM WILL CHANGE FUTURE DRAW AMOUNTS.
THIS IS NOT A BILL.

NO PREMIUM DUE AS OF POLICY CHANGE EFFECTIVE DATE

FORM NUMBERS OF ENDORSEMENTS REVISED AT ENDORSEMENT ISSUE:

IH12001185 ADDITIONAL INSURED - PERSON-ORGANIZATION

PRO RATA FACTOR: 0.981

THIS ENDORSEMENT DOES NOT CHANGE THE POLICY EXCEPT AS SHOWN.

Form SS 12 11 04 05 T
Process Date: 02/24/22

Page 001

Policy Effective Date: 07/09/21
Policy Expiration Date: 07/09/22

POLICY NUMBER: 57 SBA BM8619



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED - PERSON-ORGANIZATION

MT. DIABLO UNIFIED SCHOOL DISTRICT
1936 CARLOTTA DR
CONCORD, CA 94519

ANTIOCH UNIFIED SCHOOL DISTRICT
510 G ST
ANTIOCH CA 94509-1259

MANTECA UNIFIED SCHOOL DISTRICT, ITS GOVERNING BOARD, ITS OFFICERS,
ITS AGENTS, ITS EMPLOYEES, AND ITS VOLUNTEERS
RISK MANAGMENT
PO BOX 32
MANTECA, CA 95336

THE FAIRFIELD-SUISUN UNIFIED SCHOOL DISTRICT, ITS BOARD OF TRUSTEES,
AGENTS AND EMPLOYEES
PURCHASING DEPARTMENT
2490 HILBORN ROAD
FAIRFIELD, CA 94534

OAKLEY UNION ELEMENTARY SCHOOL DISTRICT
91 MERCEDES LN
OAKLEY, CA 94561-4617

Account Number: CA NEUR 7560

Date: 3/17/22 Initials: QTMHHTTP

CERTIFICATE OF INSURANCE

ALLIED WORLD INSURANCE 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 Named Insured:

NEURO DISCOVERY,
PSYCHOLOGICAL CORP
756 MARJORAM DR
BRENTWOOD CA 94513

Additional Named Insureds:

JAMES BYLUND

Type of Work Covered: MENTAL HEALTH COUNSELING CORPORATION

Location of Operations: N/A

(If different than address listed above)

Claim History: None

Retroactive date is 02/05/2013

Coverages	Policy Number	Effective Date	Expiration Date	Limits of Liability
PROFESSIONAL/ LIABILITY	5003-3501	2/05/22	2/05/23	2,000,000 4,000,000

NOTICE OF CANCELLATION WILL ONLY BE GIVEN TO THE FIRST NAMED INSURED, WHO SHALL ACT ON BEHALF OF ALL INSURED WITH RESPECT TO GIVING OR RECEIVING NOTICE OF CANCELLATION.

Comments: Defense Reimbursement Proceedings Limit is \$5,000. 3/13 ADDL.INS.BELOW:
SAN RAMON VALLEY USD MT DIABLO UNIFIED PLEASANTON UNIFIED
699 OLD ORCHARD DR SCHOOL DISTRICT SCHOOL DISTRICT
1936 CARLOTTA DR 4665 BERNAL AVE
DANVILLE CA 94526 CONCORD CA 94519 PLEASANTON CA 94566

This Certificate Issued to:

Name: Mt. Diablo Unified School District
1936 Carlotta Drive
Address: Concord, Ca 94519


Authorized Representative



POLICY NUMBER: A2567198

AUTOMOBILE POLICY DECLARATIONS

NAMED INSURED:
JAMES F BYLUND
KARLY BYLUND
756 MARJORAM DR
BRENTWOOD CA 94513-5178

RENEWAL

POLICY PERIOD FROM: MAR. 20 2022
TO: MAR. 20 2023

at 12:01 A.M. standard time at
the address of the insured as
stated herein.

AGENT:
ARTHUR J. GALLAGHER & CO.
INSURANCE BROKERS OF CA, INC.
2121 N CALIFORNIA BLVD STE 350
WALNUT CREEK CA 94596-7390

AGENT TELEPHONE:
1-866-472-3326

RATED DRIVERS JAMES F BYLUND, KARLY BYLUND

2017 FORD	FUSION TITANIUM	4 DOOR SEDAN	ID# 3FA6PDSU2HR110345
2019 FORD	EXPLORER SPORT	4 DOOR	ID# 1FM5K8GT4KGB09887

Insurance is afforded only for the coverages for which limits of liability or premium charges are indicated.

COVERAGES	2017 FORD LIMITS	PREMIUMS	2019 FORD LIMITS	PREMIUMS
LIABILITY:				
BODILY INJURY	\$500,000 Each Person	\$ 297.20	\$500,000 Each Person	\$ 324.10
	\$500,000 Each Occurrence		\$500,000 Each Occurrence	
PROPERTY DAMAGE	\$100,000 Each Occurrence	299.80	\$100,000 Each Occurrence	323.20
MEDICAL PAYMENTS	\$5,000	42.70	\$5,000	45.40
UNINSURED AND UNDERINSURED MOTORISTS:				
BODILY INJURY	\$500,000 Each Person	121.70	\$500,000 Each Person	134.30
	\$500,000 Each Accident		\$500,000 Each Accident	
COMPREHENSIVE	Actual Cash Value Less \$100 Deductible	150.20	Actual Cash Value Less \$100 Deductible	151.50
COLLISION	Actual Cash Value Less \$200 Deductible	712.40	Actual Cash Value Less \$200 Deductible	781.70
WAIVER OF COLLISION DEDUCTIBLE		27.50		30.30
ADDITIONAL COVERAGES:				
LOSS OF USE	\$30 Per Day/\$900 Max	24.20	\$30 Per Day/\$900 Max	24.20
ANTI FRAUD FEE		1.74		1.74
ROADSIDE ASSIST		5.80		5.80
		-----		-----
	TOTAL	\$ 1,683.24	TOTAL	\$ 1,822.24

TOTAL EACH VEHICLE:	2017 FORD	\$ 1,683.24
	2019 FORD	1,822.24

PREMIUM SUMMARY VEHICLE COVERAGES

TOTAL 12 MONTH PREMIUM FOR ALL VEHICLES	PREMIUM
	\$ 3,505.48

-CONTINUED-