



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
5/17/2018

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 Bowthorpe and Associates 1110 E. Eaglewood Dr., Ste. 5 North Salt Lake UT 84054	CONTACT NAME: George Giles
	PHONE (A/C, No, Ext): (801) 487-2300 FAX (A/C, No): (801) 487-2393 E-MAIL ADDRESS: george@bowthorpeinsurance.com
INSURED Skezics, Inc., DBA: Right Direction Crisis Intervention P.O. Box 712024 Salt Lake City UT 84171	INSURER(S) AFFORDING COVERAGE
	INSURER A: Allied World Assurance Company NAIC# 19489
	INSURER B:
	INSURER C:
	INSURER D:
	INSURER E:

COVERAGES CERTIFICATE NUMBER: CL1232102301 REVISION NUMBER: 2016

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 <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR			0308-8829	3/19/2018	3/19/2019	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 4,000,000 PRODUCTS - COMP/OP AGG \$ 4,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC							
	A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS			0308-8829	3/19/2018	3/19/2019	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
		UMBRELLA LIAB EXCESS LIAB						EACH OCCURRENCE \$ AGGREGATE \$
DED		RETENTIONS					\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			N/A			WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$	
A	Professional Liability Claims Made Basis			0308-8829	3/19/2018	3/19/2019	Each Claim 1,000,000 Aggregate 3,000,000	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
MT. DIABLO UNIFIED SCHOOL DISTRICT IS AN ADDITIONAL INSURED WITH RESPECT TO THE WORK BEING PERFORMED BY THE INSURED.

CERTIFICATE HOLDER

MT. DIABLO UNIFIED SCHOOL DISTRICT
1936 CARLOTTA DRIVE - WING D
CONCORD, CA 94519-1397

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

George Giles/ADMIN

ENDORSEMENT NO. 7

**SPECIFIC ADDITIONAL INSURED
COVERAGE UNDER ALL INSURING AGREEMENTS**

This Endorsement, effective at 12:01 a.m. on March 19, 2018, forms part of

Policy No. 0308-8829
Issued to Skezics Corp dba Right Direction Crisis Intervention
Issued by Darwin Select Insurance Company

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

The term **Insured** as defined in the Policy, is amended to include the persons or entities below with whom the **Named Insured** has agreed under written contract or agreement to provide insurance (hereinafter referred to as "Additional Insureds"):

Mt. Diablo Unified School District

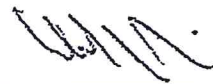
The coverage provided shall not exceed the scope of coverage and/or Limits of Liability of this Policy; nor shall the coverage provided exceed the scope of coverage and/or limits required by said contract or agreement.

Coverage for the Additional Insureds shall only be provided pursuant to this endorsement for **Claims** arising out of the otherwise covered negligent acts, errors or omissions of the **Insureds**, other than the Additional Insureds. There shall be no coverage under this Policy for any **Claim** based upon or arising out of the acts, errors or omissions of the Additional Insureds, whether negligent or intentional.

The coverage provided by this Endorsement is primary to, and shall not contribute with, any other applicable insurance plan, policy or program of self-insurance carried by or applicable to any Additional Insured.

With respect to the coverage provided by this Endorsement, it is hereby agreed that the **Insurer's** rights of subrogation pursuant to the section of the Policy entitled "Subrogation" are waived, solely with respect to the Additional Insureds.

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



Authorized Representative

