



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
11/22/2013

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 Altus Partners, Inc 919 Conestoga Road Building 3, Suite 111 Rosemont PA 19010	CONTACT NAME: Krista Dean
	PHONE (A/C, No, Ext): (610) 526-9130 FAX (A/C, No): (610) 526-2021
	E-MAIL ADDRESS: certificates@altuspartners.com
	PRODUCER CUSTOMER ID #: 00000042
INSURED Maxim Healthcare Services, Inc. 7227 Lee DeForest Drive Columbia MD 21046	INSURER(S) AFFORDING COVERAGE
	INSURER A: Lloyd's of London
	INSURER B: ACE American Ins Co. 22667
	INSURER C: Indemnity Ins Co of NA 43575
	INSURER D:
	INSURER E:
	INSURER F:

COVERAGES CERTIFICATE NUMBER: 13-14 Healthcare Std 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 SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY		PH1303923	11/30/2013	11/30/2014	EACH OCCURRENCE \$ 7,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY					DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 4,000,000
	<input checked="" type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR					MED EXP (Any one person) \$ 10,000
	<input checked="" type="checkbox"/> Professional Liab					PERSONAL & ADV INJURY \$ Included
	<input checked="" type="checkbox"/> \$4,000,000 SIR					GENERAL AGGREGATE \$ 7,000,000
	GENL AGGREGATE LIMIT APPLIES PER:					PRODUCTS - COM/OP AGG \$ 7,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC					\$
B	AUTOMOBILE LIABILITY		H08815501	11/30/2013	11/30/2014	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input type="checkbox"/> ANY AUTO		H08815513 (Owned)			BODILY INJURY (Per person) \$
	<input checked="" type="checkbox"/> ALL OWNED AUTOS					BODILY INJURY (Per accident) \$
	<input type="checkbox"/> SCHEDULED AUTOS					PROPERTY DAMAGE (Per accident) \$
	<input checked="" type="checkbox"/> HIRED AUTOS					Uninsured motorist combined \$
	<input checked="" type="checkbox"/> NON-OWNED AUTOS					Underinsured motorist \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR					AGGREGATE \$
	EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE					\$
	DEDUCTIBLE					\$
	RETENTION \$					\$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		C47875201	11/30/2013	11/30/2014	Y WC STATUTORY LIMITS OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> N/A				E.L. EACH ACCIDENT \$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - EA EMPLOYEE \$ 1,000,000
						E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
Certificate is issued as evidence of insurance per the policy terms, conditions, and exclusions. Mt. Diablo Unified School District is an additional insured on the general, professional and automobile liability policies with respect to liability arising out of work or operations performed by the Consultant/Named Insured. Endorsement attached.

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 Krista Dean/RMD

ADDITIONAL INSURED SCHEDULE

(continued)

- Maxim Healthcare Services doing business as Maxim Health Information Services
- Orbis Clinical, LLC, and / or Orbis Data Solutions
- SNI Healthcare Technologies doing business as SNI High Technologies, LLC
- CareFocus Companion Services, LLC
- Care Focus, Inc. doing business as CareFocus Companion Services
- Maxim Healthcare Services, Inc. doing business as Maxim Companion Services
- Maxim Healthcare Services, Inc. doing business as TravelMax
- StaffAssist Workforce Management, LLC
- Any entity to whom the INSURED is contractually obligated to provide such coverage as is afforded by this Policy but, solely, with respect to **PERSONAL INJURY, PROPERTY DAMAGE OR ADVERTISING INJURY**, to which this Insurance applies, caused by a **LOSS**; and **DAMAGES** or **DEFENSE EXPENSES** arising out of any act, error or omission of the INSURED in rendering or failing to render **PROFESSIONAL HEALTH CARE SERVICES**.

The following shall be included but solely with respect to coverage provided within I. INSURING AGREEMENTS A. GENERAL LIABILITY only:-

- TimeLine Recruiting, LLC
- Maxim Physician Resources, LLC

THE TERMS, DECLARATIONS, INSURING AGREEMENTS, DEFINITIONS, EXCLUSIONS AND CONDITIONS OF THIS POLICY OTHERWISE REMAIN UNCHANGED.

AD
2/2/13