

Certificate of Insurance (Proof of Coverage) Date Issued: 2/4/2016

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND, OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

Insured Name and Mailing Address*	Program Administrator
Analytical Behavior Consultants Erik Grasso 1340 28th Street, Suite C Oakland, CA 94606 <i>*Additional insured locations are often requested by individual business owners who have more than one office. Your coverage is portable, meaning that you are covered at any location for practice under the occupation(s) listed on your policy.</i>	Administered By: CPH and Associates 711 S. Dearborn, Suite 205 Chicago, IL 60605 P. 312-987-9823 F. 312-987-0902 info@cphins.com Underwritten By: Philadelphia Indemnity Insurance Company

Coverage		
Policy #: 076351	Effective Date: 01/17/2016	Expiration Date: 01/17/2017

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

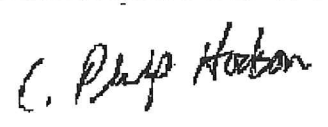
Limits of Liability

EACH OCCURRENCE <i>(Per individual claim)</i>	AGGREGATE <i>(Total amount per policy year)</i>	Coverage Part
\$1 Million	\$3 Million	Professional Liability
\$2,000,000	\$4,000,000	Commercial General Liability Includes: General Liability, Fire & Water Legal Liability, and Personal Liability
\$15,000	\$15,000	Property Coverage
\$1 Million	\$3 Million	Supplemental Liability
Unlimited	Unlimited	Defense Expense Coverage
\$35,000	\$35,000	State Licensing Board Investigation Defense Coverage
\$15,000	\$15,000	Assault Coverage
\$10,000	\$35,000	Deposition Expense Benefit
\$5,000/person	\$50,000	Medical Expense Coverage
\$15,000	\$15,000	First Aid Coverage

Description/Special Provisions:

Certificate Holder

Mt. Diablo Unified School District 1936 Carlotta Drive Concord, CA 94519	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
--	--

Holder has also been added to the policy as an additional insured:** <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO **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).	Authorized Representative  C. Philip Hodson
---	---

DISCLAIMER: 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

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

****Added to the policy effective 01/17/2016, at the additional premium of \$83.75.**

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: 01/17/2016

Issued to: Analytical Behavior Consultants

Expiration date: 01/17/2017

PI-PHCP-3(03/01)



By: Robert O'Leary, Authorized Representative



P.O. BOX 8192, PLEASANTON, CA 94588

CERTIFICATE OF WORKERS' COMPENSATION INSURANCE

ISSUE DATE: 01-04-2016

GROUP:
POLICY NUMBER: 9150014-2015
CERTIFICATE ID: 1
CERTIFICATE EXPIRES: 12-31-2016
12-31-2015/12-31-2016

MT. DIABLO SCHOOL DISTRICT
1936 CARLOTTA DR
CONCORD CA 94519-1358

NA

This is to certify that we have issued a valid Workers' Compensation insurance policy in a form approved by the California Insurance Commissioner to the employer named below for the policy period indicated.

This policy is not subject to cancellation by the Fund except upon 10 days advance written notice to the employer.

We will also give you 10 days advance notice should this policy be cancelled prior to its normal expiration.

This certificate of insurance is not an insurance policy and does not amend, extend or alter the coverage afforded by the policy listed herein. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate of insurance may be issued or to which it may pertain, the insurance afforded by the policy described herein is subject to all the terms, exclusions, and conditions, of such policy.

Authorized Representative

President and CEO

EMPLOYER'S LIABILITY LIMIT INCLUDING DEFENSE COSTS: \$1,000,000 PER OCCURRENCE.

ENDORSEMENT #1700 - KENT, WILLIAM - EXCLUDED.

ENDORSEMENT #1700 - GRASSO, ERIK - EXCLUDED.

EMPLOYER

ABC ANALYTICAL BEHAVIOR CONSULTANTS AND
(PARTNER)
1340 28TH ST
OAKLAND CA 94606

NA

{P10,HO}

PRINTED : 01-04-2016



• GOVERNMENT EMPLOYEES INSURANCE COMPANY

ONE GEICO PLAZA
WASHINGTON, D.C. 20076-0001

Telephone: 1-866-272-5192
Fax: 1-855-238-8055

Policy Number: P 7274613

11/19/15

WILLIAM J KENT
JULIA KAY JENNETTE
6226 ANTIOCH ST
OAKLAND CA 94611

Dear GEICO Policyholder,

Your GEICO's PERSONAL UMBRELLA Policy is enclosed.

You've made a wise decision to provide yourself and your loved ones with this level of extra liability coverage.

Your GEICO PERSONAL UMBRELLA policy is specifically designed to protect you against possible liabilities that might exceed the limits of your primary GEICO policy, or another policy. Also, the GEICO PERSONAL UMBRELLA policy covers you for some things that may not be covered by any other insurance you have.

So, please take a few minutes now to review the coverage descriptions in your policy. It's important to make sure you fully understand the provisions of your policy -- what's covered and what's not -- and to be sure the coverage meets your needs.

A policy application is included in your package. Please complete, sign the application, and return it to us as soon as possible, if you have not previously done so. A postage-paid return envelope has been provided for your convenience.

Certainly, we hope the time never comes when you'll have to file a claim. But, if you do have a claim to report that may involve your GEICO PERSONAL UMBRELLA policy, simply call toll-free -- 1-800-841-3000 any time of the day or night. Here's what to do:

1. Tell the GEICO representative that you are a GEICO PERSONAL UMBRELLA policyholder. (Have your policy number ready for your auto, homeowner, watercraft and boat policies as appropriate.)
2. Tell the representative the details of the accident or occurrence. The representative will refer your loss report to our Umbrella expert for handling.

It's a pleasure to welcome you as a new GEICO PERSONAL UMBRELLA policyholder. We hope to continue serving your insurance needs for many years to come.

Sincerely,

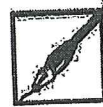
O. M. Nicely
President

000101727461300004013001080

PXLNB (9-00)

PERSONAL UMBRELLA INSURANCE POLICY APPLICATION
To Government Employees Insurance Company

WILLIAM J KENT
 JULIA KAY JENNETTE
 6226 ANTIOCH ST
 OAKLAND CA 94611



Thank you for providing us with the information that allowed us to issue the enclosed policy. This policy was issued subject to your submitting the documents requested below, and our favorable underwriting review of those documents.

You must maintain certain minimum liability coverages on your current policy/policies in order to qualify for a Pacesetter-Plus policy. These limits are Bodily Injury limits for automobile/motorcycle insurance of \$300,000/\$300,000 and Property Damage limits of \$100,000; Homeowner/Renter/Condominium policy Personal Liability (CPL), of \$300,000; Watercraft Liability for Boatowners: boats under 26 feet in length and 50 horsepower and under -- \$100,000, boats 26 feet or more in length or over 50 horsepower -- \$300,000. GEICO can adjust your current GEICO Auto policy limits to the required limits for you. If your policy(ies) is/are not with GEICO you must check your current limits, adjust if necessary and provide us with a copy of the declaration sheet.

Important Please Read and Comply

The enclosed umbrella policy has been issued in reliance on the information you provided to us over the telephone. You must obtain a copy of the declaration pages for all non-GEICO policies, complete this application within 10 days and mail everything to us within the next 10 days. If we do not receive the acceptable documents as required, we will advise you that this policy will be cancelled.

Be sure to answer all questions, and please call us at 866-272-5192 if you need help completing this application or obtaining your declaration pages.

APPLICATION MUST BE COMPLETED, SIGNED AND RETURNED

VEHICLE POLICY INFORMATION
 (Please complete all information below)

Does GEICO insure all vehicles owned or leased by you and/or any children/relatives who reside in your household?
 Yes No If yes, Policy Number: _____

Be advised if your GEICO automobile policy liability limits do not meet the minimum liability limits required, your GEICO automobile liability policy limits will be increased to \$300,000/\$300,000/\$100,000.

Do you use a Company car? Yes No Year and Make: _____

If you want coverage for the personal use of this vehicle, please contact us for a premium quote.

Do you own a motorcycle? Yes No antique vehicle? Yes No classic vehicle? Yes No

Please check all that apply.

Describe any recreational vehicles (such as dirt bikes, ATV's, etc.): _____

INFORMATION ON RESIDENCES/PROPERTIES

Do you own a pool? Yes No If yes, does your Homeowner's policy provide coverage? Yes No

Is your pool equipped with a slide or diving board? Slide Diving Board Neither

Is your pool fenced in? Yes No

Do you own a trampoline? Yes No If yes, does your Homeowner's policy provide coverage? Yes No

Do you own Farm Property? Yes No If yes, is the property leased or used for commercial use? Yes No

If yes, please explain how property is used: _____ Yes No

Do you conduct business activities on any properties? Yes No

If yes, explain the activity: _____

Does the activity involve anyone coming onto the premises? Yes No If yes, how many per day? _____

Do you operate a daycare business on any properties? Yes No If yes, number of children per day: _____

(Residences/Properties Continued on Reverse Side)

000101727461300004013001081

PERSONAL UMBRELLA INSURANCE POLICY APPLICATION (CONT'D)

INFORMATION ON RESIDENCES/PROPERTIES (CONT'D)

Please advise whether any of the activities above are covered by your: Homeowners policy or another policy
 or not at all

Homeowner Association policies, Co-Ops or Condominium Association fees do not provide personal liability coverage and are not acceptable underlying coverage.

EMPLOYMENT INFORMATION

Name: _____ Current Job Title: _____

Employer: _____

If retired, give former occupation: _____

Name of Co-Insured: _____ Current Job Title: _____

Employer: _____

If retired, give former occupation: _____

Have you or your spouse/registered domestic partner been employed at any time during the past 10 years as:

A professional entertainer or athlete? Yes No

A reporter or journalist? Yes No

An elected or appointed public official? Yes No

Do you or your spouse hold any positions as an officer or director of any organizations? Yes No

If Yes, please provide complete details including other policies such as Errors & Omissions and Directors & Officers:

PRIOR EXPERIENCE

Have any liability claims been brought against you or any member of your household in the past 10 years? Yes No

Have you or any member of your household had any convictions for traffic violations or been involved in any accidents in the past 5 years? Yes No

Have any civil lawsuits or criminal charges been brought against you or any member of your household in the past 10 years? Yes No

If you answered YES to any of the above questions, please provide complete details (such as date and type of loss, amount(s) paid, previous insurance co., civil or criminal charge, etc.): _____

OTHER INFORMATION

Do you or any member of your household own or are responsible for any animals? Yes No

If yes, indicate the type, breed, and number: _____

Provide details of all injuries, accidents, losses, claims or suits caused by or pertaining to your animal(s): _____

Does your homeowner's policy limit or exclude the animal? Yes No

Was any insurance coverage declined, canceled, or not renewed in the last 3 years? Yes No

If Yes, please specify which coverage and provide all details concerning declination, cancellation or non-renewal: _____

To the best of your knowledge, are you aware of any incidents that may result in a liability claim or suit against you? Yes No

If Yes, please give details: _____

PERSONAL UMBRELLA INSURANCE POLICY APPLICATION (CONT'D)

Please review all information below. If the information provided is incorrect, make changes as appropriate. Provide information in all blank areas.

AUTOMOBILE

Year: 2016 Make: SUBARU
Name of Insurance Company: GEICO
Liability Limits- Bodily Injury: 300,000/300,000

Last 4 digits of VIN: 5965

Policy Number: _____
Property Damage: 100,000

AUTOMOBILE

Year: 2012 Make: HONDA
Name of Insurance Company: GEICO
Liability Limits- Bodily Injury: 300,000/300,000

Last 4 digits of VIN: 3098

Policy Number: _____
Property Damage: 100,000

PRIMARY RESIDENCE

Address: 6226 ANTIOCH ST OAKLAND CA 94611
Name of Insurance Company: HOMESITE
Liability Limits: 100,000

Policy Number: _____

Check one: Occupied by Me Rented to Others Vacant
Is property occupied by two or more families? Yes No

108213004013000467172101000000

PERSONAL UMBRELLA INSURANCE POLICY APPLICATION (CONT'D)

ADDITIONAL INFORMATION

If you own any additional automobiles, motorcycles, residential properties or boats not listed on the prior page(s), please provide information for each as requested below.

For automobiles and motorcycles, please provide Year, Make, Last Four Digits of Vehicle Identification Number (VIN) Name of Insurance Company, Policy Number and Liability Limits. List all operators and years of experience.

For properties, please provide complete Address, Name of Insurance Company and Policy Number, Name of Co-owner (if any) and Relationship of Co-owner to Owner. Please indicate whether the property is occupied by you, rented to others or vacant. Also indicate whether or not the property is occupied by two or more families.

For watercrafts, please provide Year, Make, Model, Horsepower (Engine 1 and/or Engine 2), Maximum Speed, Length, Name of Insurance Company, Policy Number, Liability Limits, Name of Co-owner (if any) and Relationship of Co-owner to Owner. Also indicate whether or not the vessel is operated in foreign waters. Specify where the vessel will be operated and where the vessel will be docked or moored. List all operators and years of experience.

I certify that all information provided by me is true and that I have reviewed all pre-printed information and that it is correct.
I request that GEICO, in reliance thereon, issue this insurance, to become effective at 12:01 a.m. standard time on 11/19/15

Telephone Numbers: Home: _____ Work: _____

Your e-mail address: _____

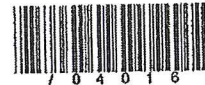
Signature of Applicant: _____

X _____ Date: _____

APPLICATION MUST BE COMPLETED, SIGNED AND RETURNED

Important Notice: Any person who knowingly makes an application for motor vehicle insurance coverage containing any statement that the applicant resides or is domiciled in this state, when, in fact, that applicant resides or is domiciled in a state other than this state, is subject to criminal and civil penalties.

Office Use Only: POLICY NO. 7274613



P279CA (08-06)

000101727461300004013001083



GOVERNMENT EMPLOYEES INSURANCE COMPANY
 ONE GEICO PLAZA, WASHINGTON, D.C. 20076

**GEICO'S PERSONAL
 UMBRELLA POLICY
 NEW BUSINESS DECLARATIONS**

POLICY NUMBER P 7274613

Policy Period From 11/19/15 To 11/19/16

PHC NB-CA- 11/19/15

INSURED NAME AND ADDRESS

WILLIAM J KENT
 JULIA KAY JENNETTE
 6226 ANTIOCH ST
 OAKLAND CA 94611

THIS POLICY IS EFFECTIVE AT 12:01 A.M. STANDARD TIME AT THE RESIDENCE OF THE INSURED. INSURANCE IS PROVIDED WITH RESPECT TO THE FOLLOWING COVERAGES AND LIMITS SPECIFIED WHERE A PREMIUM IS STATED, SUBJECT TO ALL CONDITIONS OF THIS POLICY.

I. LIMIT OF LIABILITY	\$2,000,000		IV. PREMIUM	V. MINIMUM REQUIRED LIMITS OF PRIMARY INSURANCE
II. RETAINED LIMIT	\$500			
III. RATING INFORMATION				
AUTOMOBILE 2016 SUBARU		\$	66.00	\$ 300,000/300,000/100,000
AUTOMOBILE 2012 HONDA		\$	66.00	\$ 300,000/300,000/100,000
PRIMARY RESIDENCE 6226 ANTIOCH ST OAKLAND CA 94611		\$	75.00	\$ 300,000
PREMIUM FOR ADDITIONAL COVERAGE TO SECOND MILLION		\$	135.00	
TOTAL PREMIUM		\$	342.00	

000101727461300004013001084

**GOVERNMENT EMPLOYEES INSURANCE COMPANY
ONE GEICO PLAZA, WASHINGTON, D.C. 20076**

POLICY NUMBER P 7274613

PHC NB-CA- 11/19/15

FORMS AND ENDORSEMENTS

PPA1CA (07-00) PPA1CA Personal Umbrella Liability
PPE1CA (07-11) PPE1CA Policy Amendment (California)

IMPORTANT MESSAGES

OFFICE USE ONLY

GEICO'S PERSONAL UMBRELLA POLICY
PERSONAL UMBRELLA LIABILITY INSURANCE
AGREEMENT (CALIFORNIA)

We provide the insurance in this policy in return for payment of the premium when due and compliance with the policy provisions.

PART I - DEFINITIONS

In this policy, "*you*" and "*your*" mean the *insured* named in the declarations and spouse if a resident of *your* household. "*We*", "*us*" and "*our*" mean the Government Employees Insurance Company. Other words are defined as follows:

1. "**Auto**" means:
 - (a) an owned or non-owned auto as defined in *your* primary automobile liability insurance policy; or
 - (b) any other vehicle described in the policy *declarations*.
2. "**Business**" includes full-time or part-time trades, professions or occupations.
3. "**Business property**" means:
 - (a) any property on which business is conducted; and
 - (b) any property containing more than two residential units.
4. "**Damages**" means the total of:
 - (a) damages an *insured* must pay:
 - (1) legally; or
 - (2) by agreement with *our* written consent;because of *personal injury* or *property damage* covered by this policy.
 - (b) reasonable expenses an *insured* incurs at *our* request in the:
 - (1) investigation;
 - (2) defense; and
 - (3) settlementof a claim or suit because of *personal injury* or *property damage* covered by this policy.
 - (c) "**Damages**" does not include:
 - (i) salaries of an *insured's* regular employees; or
 - (ii) expenses payable under Part V. of this policy; or
 - (iii) punitive or exemplary damages.
5. "**Day care**" means the care of persons other than an *insured* or relative, performed by an *insured* or an employee of an *insured* for monetary or other compensation. Mutual exchange of *day care* services is not considered as compensation.
6. "**Declarations**" wherever used in this policy, means the declarations page or pages for this policy.
7. "**Insured**" means:
 - (a) *You* and *your* spouse if a resident of *your* household; but with respect to an *auto* you do not own or lease which is furnished for regular use by *you* or *your* spouse, coverage applies only if the *auto* is insured by a primary auto policy.
 - (b) Relatives residing in *your* household as well as a household resident under age 21 in the care and custody of *you* or *your* spouse. With respect to an *auto*, such person is an *insured* only if the *auto* is insured by a primary policy issued by *us*.
 - (c) Persons not defined in 7.(a). or 7.(b). above, if using an *auto* or *watercraft* owned or furnished for the regular use of a person defined in 7.(a). or 7.(b). above, provided the use is with permission. With respect to an *auto*; such person is an *insured* only if the *auto* is insured by a primary policy issued by *us*.
 - (d) Any person or organization legally responsible for the acts or omissions of a person for whom coverage is afforded under the policy; while that person is using an *auto* or *watercraft* insured by a primary policy.
 - (e) Any person or organization legally responsible for damages caused by animals owned by *you*, *your* spouse, and residents of *your* household who are relatives or persons under *your* care and custody.
 - (f) The following are not "**Insureds**":
 - (1) the owner or lessor (or their agents or employees) of:
 - (i) an *auto*;
 - (ii) recreational vehicle; or
 - (iii) *watercraft*loaned to or hired for use by *you* or on *your* behalf.

(2) a person other than an *insured* shown in 7.(a) or 7.(b) above using an *auto* or *watercraft* while employed in the business of:

- (i) selling;
- (ii) servicing;
- (iii) repairing;
- (iv) maintaining;
- (v) parking;
- (vi) docking;
- (vii) mooring; or
- (viii) storing

autos or *watercraft*. This includes a person other than an *insured* or organization employing or engaging a person using the *autos* or *watercraft* in the above activities.

(3) a person or organization with custody of animals owned by an *insured* in 7.(a) or 7.(b) above, in the course of any business or without the consent of an *insured* in 7.(a) or 7.(b) above.

As regards 7.(b), 7.(c) and 7.(d) above, if the *auto* is not an owned auto or non-owned auto as defined in *your* primary automobile liability insurance policy, but is described on this policy's *declarations*, the required *primary insurance* need not be issued by *us*.

8. "**Occurrence**" means an accident or event, including a continuous or repeated exposure to conditions which results in *personal injury* or *property damage* neither expected or intended by *you*.

9. "**Personal Injury**" means:

- (a) mental or bodily injury, shock, sickness, disease or death including care and loss of services; or
- (b) injury arising out of:
 - (i) false arrest, detention or imprisonment, or malicious prosecution; or
 - (ii) libel, slander, defamation, humiliation, or a publication or utterance in violation of a person's right of privacy not arising out of any business pursuit of any *insured*; or
 - (iii) wrongful entry or eviction, or other invasion of the right of private occupancy.

10. "**Personal watercraft**" means *watercraft* specifically designed to hold four or fewer persons and propelled by a jetpump and/or impeller.

11. "**Primary insurance**" means insurance:

- (a) for which a minimum required liability limit is shown on the *declarations*; and
- (b) which is payable on behalf of an *insured* for liability for *personal injury* or *property damage*; and
- (c) which must be maintained as a condition of this policy.

12. "**Property damage**" means damage to or loss of use of tangible property.

13. "**Retained limit**" is the amount of any *damages* an *insured* must pay for any *occurrence* resulting in *personal injury* or *property damage* which is not covered by *your primary insurance*. The *retained limit* is as shown in item II of the *declarations*.

14. "**Watercraft**" means a vessel intended for navigation on water. "**Watercraft**" as used in this policy does not include *personal watercraft* as defined in this policy.

Any terms that are not specifically defined in this policy will follow the definitions of *your primary insurance policy*.

PART II - COVERAGE

We pay *damages* on behalf of an *insured* arising out of an *occurrence*, subject to the terms and conditions of this policy.

PART III - EXCLUSIONS

We do not cover *damages* resulting from:

1. *Personal injury* to a person eligible for payments voluntarily provided by an *insured* or required to be provided under:

- (a) workers' compensation laws;
- (b) non-occupational disability laws; or
- (c) occupational disease laws.

2. The ownership, maintenance, use, loading or unloading of any aircraft. Model or hobby aircraft are not excluded if not designed to carry people or cargo.

3. The rendering of or failure to render professional services.

4. Acts committed by or at an *insured's* direction with intent to cause *personal injury* or *property damage*. This exclusion does not apply to *personal injury* or *property damage* resulting from an act committed by an *insured* with reasonable and legally permissible force to protect persons and property from injury or damage. This exclusion also does not apply to Part I., Item 9(b).

5. *Business* pursuits or *business property* of an *insured* unless covered by *primary insurance* described in the *declarations*. *Our* coverage is no broader than the *primary insurance* except for *our* liability limit.

6. The ownership, maintenance, use, loading or unloading of any *watercraft* owned by an *insured*. This exclusion does not apply:

- (a) if on the policy's effective date, the *watercraft* is covered by *primary insurance* and a premium is shown in the *declarations*; or
- (b) if we are informed within 30 days after the *watercraft* is obtained and is covered by *primary insurance* and an additional premium is paid to *us*; or
- (c) while the *watercraft* is stored.

A premium need not be shown in the *declarations* if the required *primary insurance* is a Homeowners policy.

7. Property damage to:

- (a) property owned by an *insured*; or
- (b) aircraft or *watercraft* rented to, used by, or in the care of an *insured*; or
- (c) property rented to, used by, or in the care of an *insured*.

8. Personal injury or property damage for which an *insured* under this policy is also insured under a nuclear energy liability policy. This includes a policy which would cover *damages* but for its termination because the limits of liability were exhausted. A nuclear energy liability policy is a policy issued by:

- (a) Nuclear Energy Liability Insurance Association;
- (b) Mutual Atomic Energy Liability Underwriters;
- (c) Nuclear Insurance Association of Canada

or any of their successors.

9. Liability arising from serving on a board of directors, or as an officer of an organization. This exclusion does not apply if the service is performed for a charitable, religious or civic non-profit organization and for which the *insured* receives no compensation.

10. Personal injury to any insured.

11. The transmission of a communicable disease by an insured

12. Personal injury or property damage resulting from an uninsured or underinsured motorist claim unless a premium is shown for the uninsured or underinsured motorist coverage in the *declarations*.

13. Day care services unless covered by primary insurance.

14. Sexual molestation, corporal punishment or physical or mental abuse inflicted upon any person by or at the direction of an *insured*, an *insured's* employee or any other person at an *insured's* direction.

15. The use of any motor vehicle or watercraft, other than a sailboat, in preparing for or participating in any official or prearranged speed contest.

16. An award of punitive or exemplary damages.

17. War as defined in the underlying auto policy.

18. The possession, use, sale or manufacture by any person of a controlled substance as defined by the Federal Food and Drug Law at 21 U.S.C.A., sections 811 and 812. This exclusion does not apply to the legitimate use of prescription drugs as prescribed by a properly licensed medical practitioner.

19. The escape of fuel from a fuel system including storage tanks located under or above the ground.

20. The ownership, maintenance, use, loading or unloading of personal watercraft.

21. The ownership, maintenance, use, loading or unloading of a snowmobile.

PART IV - LIMITS OF LIABILITY

Regardless of the number of *insureds*, claims or injured persons, the most we pay as *damages* resulting from one *occurrence*, including *damages* for care and loss of services, shall not exceed the amount in Item 1. of the *declarations*, subject to the following:

1. If both *primary insurance* and this policy cover an *occurrence*, we pay only those *damages* which exceed the liability limits in Item V. of the *declarations*, or any applicable primary policy, whichever is greater.

2. If *primary insurance* is not in force at the time of loss, or its liability limits are less than shown in Item V. of the *declarations*, we pay only those *damages* which exceed the liability limits in Item V. of the *declarations*.

3. If a primary insurer does not pay because of:

- (a) bankruptcy; or
- (b) insolvency; or
- (c) an *insured's* failure to comply with a provision of *primary insurance*;

we pay only those *damages* which exceed the liability limits in Item V. of the *declarations*, or any applicable primary policy, whichever is greater.

4. If an *occurrence* results in *personal injury* or *property damage*, and:

- (a) is not covered under the terms and conditions of *your primary insurance*, but
- (b) is covered by this policy,

we pay only those *damages* which exceed *your retained limit*.

This insurance applies separately to each *insured*. This provision shall not increase our liability limit for one *occurrence*.

PART V - DEFENSE OF SUITS NOT COVERED BY OTHER INSURANCE

1. If the required *primary insurance*:

- (a) is in force but does not cover *personal injury* or *property damage* due to the nature of the claim against *you*, and this policy does provide coverage, we will provide defense of suits in excess of the *retained limit*.
- (b) is in force but does not cover *personal injury* or *property damage* for any other reason, and this policy does provide coverage, we have the right to provide defense. But we are not obligated to defend unless the *personal injury* or *property damage* alleged in the suit exceeds the required limit of *primary insurance* shown in Item 5. of the *declarations*.

2. When we provide defense, we will:

- (a) defend an *insured* against a claim or suit for damages arising out of an *occurrence*. We may investigate and settle a claim or suit we feel is appropriate;
- (b) pay costs taxed against an *insured* in a suit we defend;
- (c) pay interest accruing after a judgment is entered in a suit we defend; *our* duty to pay interest ends when we offer to pay that part of the judgment which does not exceed *our* liability limit;
- (d) pay premiums on bonds required in a suit we defend; however, we will pay premiums for appeal bonds only from judgments from which we authorize an appeal. The bond amounts shall not exceed *our* liability limit. We pay the cost of bail bonds required of an *insured* because of an accident or a traffic law violation. We are not required to apply for or furnish bonds;
- (e) pay reasonable expenses an *insured* incurs at *our* request in assisting *us* in the investigation or defense of a claim or suit. Expenses include actual loss of earnings (not other income) up to \$100 per day or \$5,000 total.

We pay amounts incurred, except settlement of claims or suits for *damages*, in addition to *our* liability limit.

An *insured* shall promptly repay *us* for *damages* we paid within the *retained limit*.

PART VI - CONDITIONS

1. Duties after Occurrence, Claim or Suit

- (a) If an *occurrence* is likely to involve *us* under this policy an *insured* shall promptly advise *us* of:
 - (1) how, when and where the *occurrence* took place; and
 - (2) names and addresses of the injured and all witnesses.
- (b) If information regarding a claim is received or if legal action is begun, an *insured* must immediately send *us* a copy of every:
 - (1) notice;
 - (2) demand;
 - (3) report;
 - (4) summons; or
 - (5) other legal papers.
- (c) An *insured* must cooperate with *us* in the investigation, defense and settlement of a claim or suit.
- (d) An *insured* must comply with the policy provisions of the *primary insurance*.

2. **Defense and Settlement.** Except as provided in Part V., we are not required to take charge of the investigation, defense or settlement of a claim or suit. We have the right at any time to join an *insured* or the primary insurers in the investigation, defense and

settlement of a claim or suit. If the *primary insurance* limit is paid, we have the option to defend a claim or suit. We may investigate and settle a claim or suit which we feel is appropriate.

3. **Appeals.** We may appeal a judgment in excess of the applicable *primary insurance* limit or the *retained limit*. We pay all:

- (a) costs;
- (b) taxes;
- (c) expenses; and
- (d) interest

for which an *insured* is legally liable and which are not covered by a *primary insurance* policy. *Our* liability for damages does not exceed *our* liability limit for one *occurrence* plus the cost and expense of the appeal.

4. **Suit Against Us.** No action shall be brought against *us*:

- (a) unless an *insured* has complied with the policy provisions; and
- (b) until the obligation of an *insured* has been determined by trial and judgment or by agreement signed by *us*.

No one shall have a right to join *us* as a party to an action against an *insured*.

5. **Other Insurance.** This insurance is excess over any insurance which covers a loss under:

- (a) *your primary insurance*; or
- (b) any other insurance policies.

6. **Our Right To Recover Payment.** If payment is made by *us*, we will join an *insured* and any primary insurer in exercising an *insured's* rights of recovery against any party. An *insured* shall not prejudice such rights after loss. Recoveries shall be made in the following order:

- (a) repay the parties (including an *insured*) who paid in excess of *our* liability limit;
- (b) repay *us* the amount we paid; and
- (c) repay the parties (including an *insured*) to whom this insurance is excess, if they are entitled to any remainder.

A different distribution may be made to settle a claim or suit if all parties agree.

Reasonable expenses of obtaining recovery shall be divided among all parties in the ratio of their losses for which recovery is sought.

7. **Assignment.** *Your* rights and duties under this policy shall not be assigned without *our* written consent.

8. **Policy Period and Territory.** We cover *personal injury* and *property damage* which takes place anywhere during the time this policy is in force. If you travel outside the United States, you must maintain the equivalent of *your* primary insurance. We pay only those *damages* which exceed the liability limits in Item V of the *declarations*, or any applicable primary policy, whichever is greater.

9. Termination.

(a) Cancellation

You may cancel this policy by returning it to *us* or by notifying *us* in writing of the cancellation date. Any return premium will be calculated on a short-rate basis.

We may cancel this policy for non-payment of premium by notifying *you* in writing at least 10 days in advance.

If this policy is not a renewal, and has been in effect less than 60 days, *we* may cancel for any reason by notifying *you* in writing at least 30 days in advance.

If this policy is a renewal, or has been in effect 60 days or more, *we* may cancel:

- (1) if there has been a material misrepresentation of fact, made by *you* or with *your* knowledge, which if known to *us* would have caused *us* not to issue the policy; or
- (2) if the risk has changed substantially since the policy was issued. Substantial change in risk includes failure to maintain the required *primary insurance*.
- (3) If *you* fail to provide *us* with renewal, underwriting and rating data as *we* may require.

If this policy is cancelled, any return premium will be refunded within a reasonable time after the cancellation date. Payment or tender of unearned premium is not a condition of cancellation. When *we* cancel, the return premium will be pro-rate.

(b) Non-Renewal

If *we* choose not to renew this policy, *we* will notify *you* in writing at least 45 days before the end of the policy period.

- (c) *Our* notice may be delivered or mailed to *you* at the address in the *declarations*.
- (d) Proof of mailing is sufficient proof of notice.
- (e) If any provision of 9.(a),(b), (c) or (d) above are in conflict with the law in *your* state, *we* will comply with that law.

10. Changes. The terms of this policy may not be changed or waived except by endorsement by *us*.

11. Concealment or Fraud. *We* do not provide coverage for an *insured* who purposely conceals or misrepresents any material fact or circumstance relating to this insurance.

12. Death. If *you* or a resident of *your* household dies, *we* cover:

- (a) with respect to *your* property, the person in temporary custody of the property until a legal representative is appointed.
- (b) the legal representative of the deceased but only with respect to the property of the deceased covered under the policy at the time of death.

13. Any terms of this policy in conflict with the statutes of *your* state are amended to conform to those statutes.

14. *You* will maintain *your primary insurance* and notify *us* of any changes in *your primary insurance* within 30 days.

15. In the event of a loss covered by this policy, *we* pay only those *damages* which exceed the limits of liability shown in Item V. of the *declarations* or the limits of liability shown in any applicable primary policy, whichever is greater.

16. Newly Acquired Property

You agree with *us*, as a condition of coverage under this policy, to:

- (a) notify *us* within 30 days of the date *you* acquire:
 - (1) property;
 - (2) *autos*; or
 - (3) *watercraft* or other recreational vehicles.

Further, coverage shall not be afforded under this policy unless:

- (a) the newly acquired or additional :
 - (1) property;
 - (2) *autos*; or
 - (3) *watercraft* or other recreational vehicles

are indicated on the *declarations* and *primary insurance* is maintained with a minimum limit of liability equal to the limits under Section V. of the *declarations*.



W. C. E. Robinson
Secretary



O. M. Nicely
President

GOVERNMENT EMPLOYEES INSURANCE COMPANY
HOME OFFICE - 5260 Western Avenue
Chevy Chase, Maryland 20815-3799



GOVERNMENT EMPLOYEES INSURANCE COMPANY

Policy Number: P 7274613

GEICO'S PERSONAL UMBRELLA
POLICY AMENDMENT

CALIFORNIA

Your policy is amended as follows:

PART I - DEFINITIONS

Definition 7. *Insured* is revised as follows:

Insured means:

- (a) *You* and *your* spouse if a resident of *your* household. With respect to a motor vehicle, such person is an *insured* only if the motor vehicle meets the definition of *auto* in this policy and is insured by a primary auto policy.
- (b) *Relatives* residing in *your* household as well as a household resident under age 21 in the care and custody of *you* or *your* spouse. With respect to a motor vehicle, such person is an *insured* only if the motor vehicle is insured by a primary policy and shown on the *declarations* of this Personal Umbrella Policy.
- (c) Persons not identified in 7.(a). or 7.(b). above, if using an *auto* or *watercraft* owned or furnished for the regular use of a person defined in 7.(a). or 7.(b). above, provided the use is with permission. With respect to an *auto*, such person is an *insured* only if the *auto* is insured by a primary policy and shown on the *declarations* of this Personal Umbrella Policy.
- (d) Any person or organization legally responsible for the acts or omissions of a person for whom coverage is afforded under the policy while that person is using an *auto* or *watercraft* insured by a primary policy and shown on the *declarations* of this Personal Umbrella Policy.
- (e) Any person or organization legally responsible for damages caused by animals owned by *you*, *your* spouse, and residents of *your* household who are *relatives* or persons under *your* care and custody.
- (f) The following are not *insureds*:
 - (1) The owner or lessor (or their agents or employees) of:
 - (i) An *auto*;
 - (ii) Recreational vehicle; or
 - (iii) *Watercraft* loaned to or hired for use by *you* or on *your* behalf.
 - (2) A person other than an *insured* shown in 7.(a) or 7.(b) above using an *auto* or *watercraft* while employed in the business of:
 - (i) Selling;
 - (ii) Servicing;
 - (iii) Repairing;
 - (iv) Maintaining;
 - (v) Parking;
 - (vi) Docking;
 - (vii) Mooring; or
 - (viii) Storing*autos* or *watercraft*. This includes a person other than an *insured* or organization employing or engaging a person using the *autos* or *watercraft* in the above activities.
 - (3) A person or organization with custody of animals owned by an *insured* in 7.(a) or 7.(b) above, in the course of any business or without the consent of an *insured* in 7.(a) or 7.(b) above.

The following definitions are added:

Relative means a person related to *you* who resides in *your* household.

Personal vehicle sharing program means a business, organization, network or group facilitating the sharing of private passenger vehicles for use by individuals or businesses.

PART III - EXCLUSIONS

The following exclusions are revised as follows:

4. Acts committed by or at any *insured's* direction with intent to cause *personal injury* or *property damage*. This exclusion does not apply to *personal injury* or *property damage* resulting from an act committed by an *insured* with reasonable and legally permissible force to protect persons and property from injury or damage.

000101727461300004013001088

9. Liability arising from serving on a board of directors, or as an officer of an organization. This exclusion does not apply:
- (a) If the service is performed for a charitable, religious or civic non-profit organization; and
 - (b) Coverage for the *insured's* service is provided by primary insurance; and
 - (c) The *insured* receives no compensation for such service.

The following exclusions are added:

- 22. The renting, leasing or sale of any property that has been contaminated by mold or mold spores.
- 23. The maintenance, use or ownership of any motorized vehicle that is designed for use principally off public roads, that is not registered for use on public roads.
- 24. **Bodily injury or property damage** that results from nuclear exposure or explosion including resulting fire, radiation, or contamination.
- 25. **Bodily injury or property damage** that results from bio-chemical attack or exposure to bio-chemical agents.
- 26. **Personal injury** that results from attack by a dog, or resulting from the ownership, maintenance, or use of a swimming pool, diving board, or trampoline unless covered by **primary insurance**.
- 27. **Personal injury or property damage** that results from slander of title.
- 28. There is no coverage for any person or organization while any motor vehicle is operated, maintained or used as part of personal vehicle sharing facilitated by a **personal vehicle sharing program**.

PART IV - LIMITS OF LIABILITY

The following paragraph is deleted from Part IV - Limits of Liability

This insurance applies separately to each *insured*. This provision shall not increase our liability limit for one **occurrence**.

PART VI - CONDITIONS

Condition 8. Policy Period and Territory

The first sentence is replaced with the following:

We cover **personal injury** and **property damage** which takes place anywhere during the time this policy is in force, however, we do not cover **damages** resulting from **your** ownership of real property located outside of the United States of America, its territories or possessions, or Canada.

Condition 9. Termination

(a) Cancellation

The third paragraph is replaced with the following:

If this policy is not a renewal, and has been in effect less than 60 days, we may cancel for any reason by notifying **you** in writing at least 20 days in advance.

We affirm this amendment.



W. C. E. Robinson
Secretary



O. M. Nicely
President



GEICO'S PERSONAL UMBRELLA
POLICY AMENDMENT

Policy Number: P 7274613

Your policy is amended as follows:

PART I - DEFINITIONS

The following definitions are added:

"Ride-sharing" means the use of any vehicle by any *insured* in connection with a *transportation network company* from the time an *insured* logs on to or signs in to any computer or digital application or platform that connects or matches driver(s) with passenger(s) until the time an *insured* logs out of or signs off of any such application or platform, including while en route to pick up passenger(s) and while transporting passenger(s).

"Transportation network company" means a company or organization facilitating and/or providing transportation services using a computer or digital application or platform to connect or match passengers with drivers for compensation or a fee.

PART III - EXCLUSIONS

The following exclusion is added:

We do not cover *damages* resulting from any vehicle:

- (a) used to carry persons or property for compensation or a fee, including but not limited to the delivery of food or any other products; or
- (b) while being used for *ride-sharing*.

However, a vehicle used in an ordinary car pool is covered.

We affirm this amendment.

W. C. E. Robinson
Secretary

William E. Roberts
President

GOVERNMENT EMPLOYEES INSURANCE COMPANY

CONSUMER INFORMATION

If you have any problems concerning this policy, please contact us at:

Auto and Umbrella Policies:

Government Employees Insurance Company
GEICO General Insurance Company
GEICO Indemnity Company
GEICO Casualty Company

14111 Danielson Street
Poway, CA 92064-6886
Telephone: 1-800-841-3000
Internet: geico.com

Cycle-Gard Policies:

GEICO Indemnity Company
One GEICO Landing
Virginia Beach, VA 23454
Telephone: 1-888-434-2600

If we fail to provide a satisfactory solution to the problem, you may contact the California Department of Insurance at:

State of California
Department of Insurance
300 South Spring Street, South Tower
Los Angeles, CA 90013
Telephone: 1-800-927-4357
1-213-897-8921 (for out of state calls)

Government Employees Insurance Company
GEICO General Insurance Company
GEICO Indemnity Company
GEICO Casualty Company
GEICO Insurance Agency, Inc.

GEICO

PRIVACY NOTICE

GEICO Respects Your Privacy

Protecting your privacy is very important to us. Policyholders like you have trusted us with their insurance needs since 1936, and we take our obligation to safeguard and secure your personal information very seriously. We want you to understand how we protect your privacy and when we collect and use your information.

The Information We Collect

Non-public personally identifiable information ("Information") is information that identifies you and is not available to the general public. The following sections tell you more about how and when we collect your information.

Information We Obtain From You

During the quoting, application, or claims handling processes you may give us Information such as your:

- name
- address
- phone number
- email address
- Social Security number
- driver's license number
- date of birth

If you gave us your email address, GEICO may use it from time to time to notify you of such things as new services, special offers, or to confirm transactions. You can log in to your account at geico.com, click on "Update Email Preferences" on the right side of the screen and choose the level of communication you'd like to receive from us. If you have not yet enrolled online, you will need to enroll with geico.com to update your email preferences.

Information About Your Transactions

We may collect information about your transactions and experiences with us and others, such as your payment history, claims, coverage, and vehicles changes.

Information From Third Parties

We may receive Information about you from consumer reporting agencies, which provide us with motor vehicle reports, claim reports, and/or credit information where permitted by law. When you ask for a rate quotation, we may obtain credit information if permitted by applicable state law.

Our sales and service representatives do not have access to the details of your credit information. Other companies who view your credit report will not see the GEICO inquiry. It will be visible only to you. Our inquiry will not affect your credit score or credit rating. If you commit to purchase a policy with GEICO, we will also confirm your motor vehicle record and claims history.

As permitted by law, we may also review your motor vehicle record and credit information in connection with any renewal.

The information We Disclose

Information about our customers or former customers will only be disclosed as permitted or required by law. Information about you that has been collected is maintained in your policy and/or claims records.

We use this information to process and service your policy; to settle claims; with your consent; or as directed by you. We may also disclose it to persons or organizations as necessary to perform transactions you request or authorize. Information about our former customers and about individuals who have obtained quotes from us is safeguarded to the same extent as information about our current policyholders.

Following are some examples of how we may disclose Information:

We must exchange Information about you with our agents, investigators, appraisers, attorneys, and other persons who are or will become involved in processing your application and servicing your policy or any claims you may make.

When you are involved in a claim, policy information is provided to adjusters and the businesses that will repair your vehicle.

We may share information with persons or organizations that we have determined need the Information to perform a business, professional, or insurance function for us. These include businesses that help us with administrative functions. If the law in your state permits, we may share Information with financial institutions with which we have a joint-marketing agreement. All of these entities are obligated to keep the Information that we provided to them confidential and to use the Information only for the purpose for which the Information was provided.

Information may be provided to organizations conducting actuarial research or audits. In this case, you will not be individually identified in any research report. The organization must agree not to redisclose the Information and the Information will be returned to us or destroyed when it is no longer needed.

We may also share your Information for other permitted purposes, including:

- with another insurance company if you are involved in an accident with their insured
- with our reinsurers
- with insurance-support organizations that detect and prevent fraud
- among the GEICO companies listed above in order to offer you additional products and services
- with medical professionals or institutions in order to verify coverage or conduct operations or services audits
- with state insurance departments or other governmental or law enforcement authorities if required by law or to protect our legal interests or in cases of suspected fraud or illegal activities
- if ordered by a subpoena, search warrant or other court order

Confidentiality and Security

We restrict access to your Information to employees who we have determined need it in order to provide products or services to you. We train our employees to safeguard

customer information, and we require them to sign confidentiality and non-disclosure agreements. We maintain strict physical, electronic and procedural safeguards to protect your Information from unauthorized access by third parties.

Changes to This Privacy Policy

Each of our policyholders receives a copy of our privacy policy at least once per year. In addition, in the event that we make a significant change to our privacy practices, we will send a revised copy of our privacy policy to each of our current policyholders.

What to Do if You Have Privacy or Security Concerns

If you have a concern about privacy or security at GEICO, we want to hear about it by mail or email.

Please write to us at:
Privacy Administration
GEICO

One GEICO Plaza
Washington, DC 20076

or email us at privacypolicy@geico.com.

This Privacy Policy applies to all of the companies listed at the top of this notice.

ADDITIONAL LEGAL RIGHTS

HOW YOU CAN REVIEW RECORDED INFORMATION ABOUT YOU

You have the right to review recorded information about you contained in our files. If you have any questions about what information we may have on file, please write us at the address at the end of this notice. We will need your complete name, address and all policy numbers under which you are insured. Tell us what information you would like to receive. We will also need your home and office telephone numbers so that we can get in touch with you should it be necessary. Within 30 business days of receipt of your request, we will inform you of the nature of that recorded information and identify the persons or organizations to whom we have disclosed this information in the preceding two years. We will also give you the name and address of any consumer reporting agency who prepared a report about you so that you can contact them to get a copy of that report. You may either see and copy your information in person or we will mail you a copy of your information.

We are not required to give you access to information collected in evaluating a claim under an insurance policy or when the possibility of a lawsuit exists. Any information you request that is in coded form will be translated into plain language and provided in written form. We may charge a reasonable fee to cover our costs incurred in providing a copy of our recorded personal information to you.

IF YOU DISAGREE WITH OUR RECORDS

If, after reading the information in your file, you believe it is incorrect, please notify us in writing. Tell us what is inaccurate and why. You have the right to request that we correct, amend or delete information that you believe is incorrect.

Upon receiving your request, we will, within thirty business days, reinvestigate the information you think is incorrect. If we agree with you, we will notify you and make the necessary corrections, amendments or deletions and also notify anyone you specify who may have received such information within the past two years. We will also notify any organization that supplied the information to us. Insurance-support organizations to whom we systematically reveal information will also be informed of the change.

If we do not agree to make the correction, amendment or deletion, we will notify you and tell you our reason. You may then file with us a brief statement setting forth what you believe to be the correct, relevant or fair information and why you disagree with our decision not to correct, amend or delete the original information. Your statement will become a permanent part of our file and will be made part of any future disclosure of the original information. In addition, copies of your statement will be sent to any person or insurance support organization to whom the original information was disclosed or from whom it was received.

Auto and Umbrella Policy Inquiries

GEICO
Underwriting Department
One GEICO WEST
PO Box 509090
San Diego, CA 92150-9090

GEICO Motorcycle Policy Inquiries

GEICO
Underwriting Department
One GEICO Landing
Virginia Beach, VA 23454