



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
06/11/2023

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 A J GALLAGHER RISK MGMNT SRVCS LLC 83556227 2850 W GOLF RD ROLLING MEADOWS IL 60008	CONTACT NAME:	
	PHONE (630) 773-3800 (A/C, No, Ext):	FAX (A/C, No):
E-MAIL ADDRESS:		
INSURER(S) AFFORDING COVERAGE		NAIC#
INSURER A : Sentinel Insurance Company Ltd.		11000
INSURED NEURO DISCOVERY PSYCHOLOGICAL CORPORATION 756 MARJORAM DR BRENTWOOD CA 94513-5178	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/Y YYY)	LIMITS	
A	<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> General Liability	X		83 SBA BM8619	07/09/2023	07/09/2024	EACH OCCURRENCE	\$2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER:						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$1,000,000
	<input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> AUTOS						<input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB						<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE	EACH OCCURRENCE AGGREGATE
	<input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A					<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT 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 S. Castaneda

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POLICY NUMBER: 83 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

SAN RAMON UNIFIED SCHOOL DISTRICT
699 OLD ORCHARD DR
DANVILLE, CA 94526



3/01/23 - A

CLAIMS-MADE MENTAL HEALTH COUNSELORS' PROFESSIONAL AND BUSINESS LIABILITY POLICY

THIS IS A CLAIMS MADE POLICY - PLEASE READ CAREFULLY *RENEWAL*

NOTICE: A LOWER LIMIT OF LIABILITY APPLIES TO JUDGEMENTS OR SETTLEMENTS WHEN THERE ARE ALLEGATIONS OF SEXUAL MISCONDUCT (SEE THE SPECIAL PROVISION "SEXUAL MISCONDUCT" IN THE POLICY).

DECLARATIONS

POLICY NO: 5003-3501
 ITEM 1. (a) NAME AND ADDRESS OF INSURED:

ACCOUNT NO: CA-NEUR756-0 0560582R
 ITEM 1. (b) ADDITIONAL NAMED INSURED:

JAMES BYLUND

NEURO DISCOVERY,
 PSYCHOLOGICAL CORP
 756 MARJORAM DR
 BRENTWOOD, CA 94513

TYPE OF ORG: PROFESSIONAL CORPORATION

ITEM 2. ADDITIONAL INSURED:

SAN RAMON VALLEY USD
 699 OLD ORCHARD DR
 DANVILLE, CA 94526

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

PLEASANTON UNIFIED
 SCHOOL DISTRICT
 4665 BERNAL AVE
 PLEASANTON, CA 94566
 Continued...

ITEM 3. POLICY PERIOD:

FROM: 02/05/23 TO: 02/05/24
 12:01A.M. STANDARD TIME AT THE ADDRESS OF THE INSURED AS STATED HEREIN:

ITEM 4. LIMITS OF LIABILITY:

(a) \$ 2,000,000 PER-CLAIM-INSURING AGREEMENT A. (c) \$ 4,000,000 AGGREGATE
 (b) \$ 2,000,000 PER-CLAIM-INSURING AGREEMENT B.(1) and B.(2) (d) \$ 5,000 PER PROCEEDING

ITEM 5. PREMIUM SCHEDULE:

CLASSIFICATION	NUMBER	RATE	ANNUAL PREMIUM
SELF-EMPLOYED COUNSELOR CORPORATION	1	449.00	449.00
PROFESSIONAL	1	449.00	449.00
INDEPENDENT CONTRACTOR	3	26.00	78.00
ADDITIONAL INSURED	1	30.00	30.00
ADDITIONAL INSURED AFTER FIRST DEFENSE LIMIT	12	15.00	180.00
CYBER COVERAGE			.00
			381.00
TOTAL PREMIUM:			1,567.00

ITEM 6. RETROACTIVE DATE: 02/05/13

ITEM 7. EXTENDED REPORTING PERIOD
 ADDITIONAL PREMIUM (if exercised): \$ 2,076.00

ITEM 8. POLICY FORMS AND ENDORSEMENTS ATTACHED TO THIS POLICY

APA-MH 00002 00 (06/14) APA 00127 04 (06/14)

APA-MH 00012 00 (6/14)

APA-MH 00001 00 (06/14)

THIS IS NOT A BILL. PREMIUM HAS BEEN PAID.

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