

MT. DIABLO UNIFIED SCHOOL DISTRICT
 1936 Carlotta Drive
 Concord, CA 94519

JAN 21 2015

Fiscal Services

**AGREEMENT BETWEEN
 MT. DIABLO UNIFIED SCHOOL DISTRICT
 AND INDEPENDENT CONTRACTOR**

THIS AGREEMENT is made this 17th day of December, by and between the Mt. Diablo Unified School District (hereinafter "District") and Learning for Living (hereinafter "Contractor").

District hereby engages Contractor to render services under the terms and conditions of this Agreement.

1. Performance of Services

(a) Contractor agrees to perform the services described on Exhibit "A" (hereinafter "Services") on page 4 of this Agreement as an independent contractor. Contractor will determine the means, manner, method, and details of performing the Services. Contractor shall be responsible for providing the materials, tools and transportation necessary for the performance of the services. Contractor may, at Contractor's own expense, use non-District employees to perform the Services under this Agreement. Subcontractors may be used only with the written approval of the District.

(b) Contractor represents that Contractor has the qualifications and ability to perform the Services in a professional manner, without the advice, control, or supervision of the District. Contractor shall be solely responsible for the professional performance of the services, and shall receive no assistance, direction, or control from District. Contractor shall have sole discretion and control of Contractor's services and the manner in which they are performed.

2. Compensation. District agrees to compensate Contractor for the performance of the services on the following basis:

Not to exceed \$ 3,220.00 for Services 273 - 3141 - 10 - 5800 \$ 3,220.00

The basis of the fee for Services shall be as follow - - - \$

- a. \$ per hour, - - - \$
- b. \$ per day, or - - - \$
- c. \$ 3,220.00 per engagement. - - - \$

BUDGET CODE(S)

Check One:

- Partial Payments: Contractor shall invoice District on a monthly basis or as agreed to for all hours worked pursuant to this Agreement.
- Partial Payments: District shall make a payment per schedule detailed in Exhibit A. District Administrator will verify invoice indicating that all required services have been performed by each timeline.
- Payment in Full: Contractor shall invoice District on completion of services. District Administrator will verify invoice indicating that all required services have been performed.

Contractor shall be responsible for all expenses incurred in association with the performance of the Services.

3. Term and Termination. This Agreement will become effective on August 27, 2015. This Agreement will terminate upon the completion of the Services or when terminated as set forth below.

Either party may terminate this Agreement at any time by giving thirty (30) days written notice to the other party. Should either party default in the performance of this Agreement or materially breach any of its provisions, the non-breaching party may terminate this Agreement by giving written notice to the breaching party. Termination shall be effective immediately on receipt of said notice.

4. Relationship of the Parties. Contractor enters into this Agreement as, and shall continue to be, an independent contractor. Under no circumstances shall Contractor be considered an employee of District within the meaning of any federal, state, or local law or regulation including, but not limited to, laws or regulations governing unemployment insurance, old age benefits, workers' compensation, industrial illness or accident coverage, taxes, or labor and employment in general. Under no circumstances shall Contractor look to District as his/her employer, or as a partner, agent, or principal. Contractor shall not be entitled to any benefits accorded to District's employees, including, without limitation, workers' compensation, disability insurance, vacation, or sick pay. Contractor shall be responsible for providing, at Contractor's expense, and in the Contractor's name, disability, workers' compensation or other insurance, as well as licenses and permits usual or necessary for conducting the Services hereunder.

Contractor shall pay, when and as due, any and all local, state and federal income or other taxes incurred as a result of Contractor's compensation hereunder, including estimated taxes, and shall provide District with proof of said payments upon demand.

5. Fingerprinting and Criminal Records Check of Contractor's Employees. Contractor shall comply with the provisions of California Education Code §45125.1 regarding the submission of fingerprints to the California Department of Justice and the completion of criminal background investigations of the contractor and/or its employees. To the extent Education Code §45125.1 is applicable, Contractor shall not permit any employee to have any contact with District pupils until such time as Contractor has verified in writing to the governing board of the District that such employee has not been convicted of a felony, as defined in Education Code §45125.1. Contractor shall provide the certification document attached hereto as Exhibit ____ prior to commencing work under this Agreement.

6. Rules and Regulations. All rules, policies, and regulations of the Mt. Diablo Unified School District Board of Education and all federal, state, and local laws, ordinances and regulations are to be observed strictly by Contractor pursuant to this Agreement.

7. Indemnification. Contractor shall hold harmless, defend and indemnify District and its officers, elected and appointed officials, employees and volunteers from and against any and all liability, loss, damage, expense, costs (including without limitation costs and fees of litigation) of every nature arising out of or in connection with Contractor's performance of work hereunder or its failure to comply with any of its obligations contained in this agreement, except such loss or damage which was caused by the sole negligence or willful misconduct of the District.

8. Insurance. Contractor shall procure and maintain for the duration of the agreement insurance against claims for injuries to persons or damages to property which may arise from or in connection with the performance of the work hereunder and the results of that work by the Contractor, his agents, representatives, employees or subcontractors. Insurance is to be placed with insurers with a current A.M. Best's rating of no less than A:VII, unless otherwise acceptable to the District.

Coverage shall be at least as broad as:

1. **Commercial General Liability (CGL):** Insurance Services Office Form CG 00 01 covering CGL on an "occurrence" basis, including products and completed operations, property damage, bodily injury and personal & advertising injury with limits no less than \$2,000,000 per occurrence. If a general aggregate limit applies, either the general aggregate limit shall apply separately to this project/location or the general aggregate limit shall be twice the required occurrence limit. **EXCEPTION:** Contracts of less than \$5,000 need only provide general liability insurance of \$1,000,000 per occurrence.
2. **Automobile Liability:** ISO Form Number CA 00 01 covering any auto (Code 1), or if Contractor has no owned autos, hired, (Code 8) and non-owned autos (Code 9), with a limit no less than \$1,000,000 per accident for bodily injury and property damage.
3. **Workers' Compensation:** as required by the State of California, with Statutory Limits, and Employer's Liability Insurance with limit of no less than \$1,000,000 per accident for bodily injury or disease.
4. **Professional Liability/Errors & Omissions Liability,** if applicable: \$1,000,000 per occurrence.

If the contractor maintains higher limits than the minimums shown above, the District requires and shall be entitled to coverage for the higher limits maintained by the contractor.

The insurance policies are to contain, or be endorsed to contain, the following provisions:

Additional Insured Status

The District, its officers, officials, employees, and volunteers are to be named as additional insured by endorsement to the Commercial General Liability policy with respect to liability arising out of work or operations performed by or on behalf of the Contractor including materials, parts or equipment furnished in connection with such work or operations.

Primary Coverage

For any claims related to this contract, the Contractor's insurance coverage shall be primary insurance as respects the District, its officers, officials, employees, and volunteers. Any insurance or self-insurance maintained by the District, its officers, officials, employees, or volunteers shall be excess of the Contractor's insurance and shall not contribute with it.

Notice of Cancellation

Each insurance policy required above shall provide that coverage shall not be canceled, except with notice to the District.

INSURANCE REQUIREMENTS

No waiver will be granted to eliminate the insurance requirements outlined in this contract. However, in special circumstances, certain insurance requirements may be modified or waived. The following items in Insurance section 8 are hereby waived or modified as follows:

Limits: _____

Other: _____

The initials of the Superintendent, or his/her designee, and the General Counsel, are **required** to waive or modify any Insurance requirements in this Agreement:

Superintendent

General Counsel

- 9. Ownership of Designs and Plans. Contractor agrees that all designs, plans, reports, specifications, drawings, schematics, prototypes, models, inventions and all other information and items made during the course of this Agreement and arising from the Services shall be owned by and assigned to District as its sole and exclusive property.
- 10. Notice. Any notice required or permitted to be given under this Agreement shall be deemed to have been given, served and received if given in writing and either personally delivered or deposited in the United States mail, registered or certified mail, postage prepaid, return receipt required, or sent by telegram, overnight delivery service, or facsimile transmission, addressed as follows:

DISTRICT

Mt. Diablo Unified School District
1936 Carlotta Drive
Concord, CA 94519-1397
Attn: Superintendent

CONTRACTOR

Name: Learning for Living
Attn: _____
Address: P.O.Box 657
Auburn, Ca. 95604
Phone: 800-874-1100
Fax: _____
Tax ID #: 20-1038575

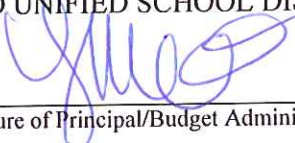
Any notice personally given or sent by telegram or facsimile transmission shall be effective upon receipt. Any notice sent by overnight delivery service shall be effective the next business day following delivery thereof to

the overnight delivery service. Any notice given by mail shall be effective three (3) days after deposit in the United States mail.

- 11. Entire Agreement of Parties. This Agreement constitutes the entire agreement between the parties and supersedes all prior discussions, negotiations and agreements, whether oral or written. This Agreement may be amended or modified only by a written instrument executed by both parties.
- 12. California Law. This Agreement shall be governed by and the rights, duties and obligations of the parties shall be determined and enforced in accordance with the laws of the State of California. The parties further agree that any action or proceeding brought to enforce the terms and conditions of this Agreement shall be maintained in Contra Costa County, California.
- 13. Attorneys' Fees. If either party files any action or brings any proceedings against the other arising out of this Agreement, the prevailing party shall be entitled to recover, in addition to its costs of suit and damages, reasonable attorneys' fees to be fixed by the court. The "prevailing party" shall be the party who is entitled to recover its costs of suit as awarded by a court of competent jurisdiction, whether or not suit proceeds to final judgment. No sum for attorneys' fees shall be counted in calculating the amount of a judgment for purposes of determining whether a party is entitled to its costs or attorneys' fees.
- 14. Waiver. The waiver by either party of any breach of any term, covenant, or condition herein contained shall not be deemed to be a waiver of such term, covenant, condition, or any subsequent breach of the same or any other term, covenant, or condition herein contained.

IN WITNESS WHEREOF, the parties hereto have executed this Agreement on the date first above written.

MT. DIABLO UNIFIED SCHOOL DISTRICT

By: 
 Signature of Principal/Budget Administrator Date

Title: Lisa Murphy Oates, Equity Administrator
 Print Name and Title

Learning for Living
 Name of Company/Organization or Independent Contractor/Consultant

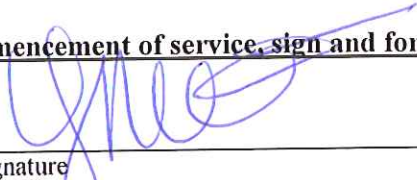
By: See Attached
 Signature of Contractor/Consultant Date

Title: _____
 Print Name and Title

Authorized and Approved by:

 Superintendent or Designee Date

Prior to commencement of service, sign and forward completed original contract to Fiscal Services.


 Originator's Signature Date

Lisa Murphy Oates, Equity Administrator
 Print Name of Originator and Title

 Site/Department Originating this Contract

Billing Address if reimbursed by outside agency—i.e. ASB, PTA, PFC

<i>Distribution</i>	
<i>original:</i>	<i>Fiscal Services for payment</i>
<i>copy:</i>	<i>Contractor</i>
<i>copy:</i>	<i>Originator/Budget Administrator</i>

Purchase Requisition # R83398

the overnight delivery service. Any notice given by mail shall be effective three (3) days after deposit in the United States mail.

- 11. Entire Agreement of Parties. This Agreement constitutes the entire agreement between the parties and supersedes all prior discussions, negotiations and agreements, whether oral or written. This Agreement may be amended or modified only by a written instrument executed by both parties.
- 12. California Law. This Agreement shall be governed by and the rights, duties and obligations of the parties shall be determined and enforced in accordance with the laws of the State of California. The parties further agree that any action or proceeding brought to enforce the terms and conditions of this Agreement shall be maintained in Contra Costa County, California.
- 13. Attorneys' Fees. If either party files any action or brings any proceedings against the other arising out of this Agreement, the prevailing party shall be entitled to recover, in addition to its costs of suit and damages, reasonable attorneys' fees to be fixed by the court. The "prevailing party" shall be the party who is entitled to recover its costs of suit as awarded by a court of competent jurisdiction, whether or not suit proceeds to final judgment. No sum for attorneys' fees shall be counted in calculating the amount of a judgment for purposes of determining whether a party is entitled to its costs or attorneys' fees.
- 14. Waiver. The waiver by either party of any breach of any term, covenant, or condition herein contained shall not be deemed to be a waiver of such term, covenant, condition, or any subsequent breach of the same or any other term, covenant, or condition herein contained.

IN WITNESS WHEREOF, the parties hereto have executed this Agreement on the date first above written.

MT. DIABLO UNIFIED SCHOOL DISTRICT

By: [Signature]
 Signature of Principal/Budget Administrator Date

Title: Lisa Murphy Oates, Equity Administrator
 Print Name and Title

Learning for Living
 Name of Company/Organization or Independent Contractor Consultant

By: Laurie Boyte 12-18-14
 Signature of Contractor/Consultant Date

Title: Laurie Boyte, President
 Print Name and Title

Authorized and Approved by:
[Signature] Egan 1/16/15
 Superintendent or Designee Date

Prior to commencement of service, sign and forward completed original contract to Fiscal Services.

Originator's Signature _____ Date _____
Lisa Murphy Oates, Equity Administrator
 Print Name of Originator and Title

Site/Department Originating this Contract _____

Billing Address if reimbursed by outside agency—i.e. ASB, PTA, PFC

Distribution	
original:	Fiscal Services for payment
copy:	Contractor
copy:	Originator/Budget Administrator

EXHIBIT A

LIST OF SERVICES, INCLUDING DATE(S), TO BE PERFORMED BY CONTRACTOR

**IF PARTIAL PAYMENTS ARE TO BE MADE TO CONTRACTOR ON A SCHEDULE
AS INDICATED ON PAGE 1, PLEASE LIST PAYMENT SCHEDULE HERE**

Presentation Information:

Presenter, Phil Boyte will conduct a half day, four-hour Breaking Down the Walls staff development workshop at Riverview Middle School on August 27, 2015.

In this session the community building session described above happens. In addition time is spent with staff to discuss what needs to improve on campus to allow learning to happen in a more effective way. It all goes back to the relationship between the learner and the teacher. Over and over it has been discovered that people want to learn from people who care about them. Conversation will happen between staff about how they connect with students to enhance the learning happening in the classroom. Connection and conversations lead to greater engagement during the year and years to come.

Purchase Requisition # R83398

EXHIBIT B
Contractor *REQUIRED* to Complete
CRIMINAL BACKGROUND CHECK CERTIFICATION

Mt. Diablo Unified School District
Consultant/Independent Contractor Agreement - Criminal Background Check

Name of Independent Consultant/Contractor:	Learning for Living, Inc.
Services to be performed under the Agreement:	Learning for Living
Schools/Locations where services will be performed:	Riverview Middle School
Total amount to be paid by the District under this Agreement:	\$ 3,220.00
Term of Agreement:	
<i>Check the applicable box(es) and fill in any blanks.</i>	
1	<input checked="" type="checkbox"/> I certify that none of my employees, nor myself, will have more than limited contact (as defined by the District) with District students during the term of the Agreement. Therefore, we have not been fingerprinted.
2A	If this box is checked, then Box 2B also applies and must be checked to indicate these employees have been fingerprinted. The following employees will have more than limited contact (as defined by the District) with District students during the term of the Agreement (attach and sign additional pages, as needed):
2B	I certify that the employees noted in 2A above have been fingerprinted under procedures established by the California Department of Justice, and the results of those fingerprints reveal that none of these employees have been arrested or convicted of a serious or violent felony, as defined by the California Penal Code.

Certification by Contractor/Consultant

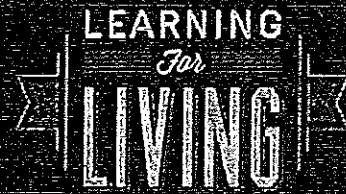
"I certify that the information provided herein is true and accurate. I further acknowledge that during the term of my Agreement with the District, if I learn of any additional information which differs from the responses provided above, I promise to forward this additional information to the District immediately."

Laurie Boyte
 Independent Contractor/Consultant Signature

Jonathan Egan
 Superintendent or Designee's Signature

Laurie Boyte 12-18-14
 Print Name Date
 Independent Contractor/Consultant

Jonathan Egan 1/16/15
 Print Name Date
 Superintendent or Designee's Signature



PO BOX 657 - AUBURN, CA 95604 - P: 800-874-1100 - E: ASKPHIL@LEARNINGFORLIVING.COM

December 13, 2014

Laura Hallberg
Riverview Middle School
205 Pacifica Avenue
Bay Point, CA 94565

Hello Laura,

Phil Boyte is really excited about the privilege of working with Riverview Middle School on **Thursday, August 27, 2015**. He is looking forward to an outstanding event and appreciates all you have done to make it possible to present *Staff Development Workshop* for your organization.

Attached you will find a copy of our agreement. We ask that you sign one and return it to our office as soon as possible. You can fax it back to 530.653.2049 or scan it to Julie@learningforliving.com. Please fill in any missing blanks (i.e. times and directions). I have attached an invoice for your billing purposes and asked for a deposit to be returned with the signed contract. Please fax or email a copy of the Purchase Order to the above number. Checks are to be made payable to **Learning for Living, Inc.** and sent to our office before the day of the presentation.

We have included all travel expenses in the original contract and no expenses will be billed later. We have based our travel expenses on the part of the country the presentation is in and the speaker who is doing the program. We hope this makes it easier to put a budget together as well as obtain PO's and/or grants.

Phil will call before the presentation to discuss the details of the day. If we can provide you with any further information in the meantime, please feel free to call. You may contact us directly at 800.874.1100.

Sincerely,

Julie Vincent

Attach.

Agreement for the Services of Learning for Living, Inc.

SPONSOR: Riverview Middle School
CONTACT: Laura Hallberg
SCHOOL PHONE: (925) 682-8000, ext. 5207
EMAIL: hallbergl@mdusd.org
CELL PHONE:

ADDRESS: 205 Pacifica Avenue
CITY, STATE, ZIP: Bay Point, CA 94565
ALT CONTACT: Louise Neville, (925) 682-8000, ext. 6219
ALT EMAIL: nevillel@mdusd.org

PRESENTATION INFORMATION

SPEAKER: Phil Boyte
Learning for Living's Federal ID # 20-1038575

DATE(S) AND DAY(S): Thursday, August 27, 2015

PROGRAM NAME: *Staff Development Workshop*

PROGRAM LENGTH: 4 Hours

ARRIVAL TIME: TBD

COMPLETION TIME: TBD

AUDIENCE: All Staff

DETAILS: Phil will present a four hour Breaking Down the Walls staff workshop.

FINANCIAL AGREEMENT

* Speaker's fee is \$3220.00 and is to be paid on the day of presentation. Checks are to be made payable to Learning for Living, Inc. An invoice is included with this contract. All fees in US funds only.

* A deposit of \$500.00, or a Purchase Order is requested to hold this date. If final payment cannot be made on the day of the presentation, speaker's fee will be \$3542.00.

* Speaker's fee is all inclusive, including all fees and expenses.

ADDITIONAL TERMS AND CONDITIONS

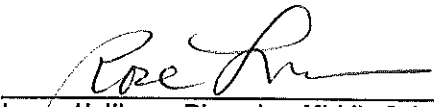
* In the event of a cancellation, four weeks notice will be needed. If this is not possible, there will be a 50% cancellation fee of speaker's honorarium. If, through events beyond the control of the speaker, the speaker is unable to appear, Learning for Living, Inc. will arrange to send a suitable and qualified speaker as a replacement, reschedule the engagement, or refund the deposit.

* Please provide a wireless microphone, and a quality sound system. Phil Boyte will also need a six foot table.

THE ABOVE INFORMATION IS AGREED TO AND ACCEPTED BY:

Julie Vincent, Learning for Living, Inc.

Date



Laura Hallberg, Riverview Middle School

8/25/15
Date



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
05/06/2014

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 State Farm 	Frank R. Lewis-State Farm Insurance 185 Linden ave Auburn, Ca. 95603	CONTACT NAME: Frank R. Lewis PHONE (A/C No. Ext): 530-823-5330 E-MAIL ADDRESS: FAX (A/C No):
	INSURED LEARNING FOR LIVING INC PO BOX 657 AUBURN CA 95604-0657	INSURER(S) AFFORDING COVERAGE INSURER A: State Farm General Insurance Company 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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GENL AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y		90-B6-A837-1 G	05/05/2014	05/05/2015	EACH OCCURRENCE	\$ 2,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$
							MED EXP (Any one person)	\$ 5,000
							PERSONAL & ADV INJURY	\$ 2,000,000
							GENERAL AGGREGATE	\$ 4,000,000
							PRODUCTS - COMPOP AGG	\$ 4,000,000
								\$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED 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"/> DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE	\$
							AGGREGATE	\$
								\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY <input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below:						PER STATUTE	
							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)
Certificate holder also listed as additional insured

CERTIFICATE HOLDER

CANCELLATION

Mt. Diablo Unified School District
1936 Carlotta Dr
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.

AUTHORIZED REPRESENTATIVE

Digitally signed by Pam Phillips
DN: cn=Pam Phillips, o, ou, email=pam@franklewis.com, c=US
Date: 2014.05.06 13:10:24 -0700



DECLARATIONS (CONTINUED)

Office Policy for LEARNING FOR LIVING INC
 Policy Number 90-B6-H985-1

SECTION II - LIABILITY

COVERAGE	LIMIT OF INSURANCE
Coverage L - Business Liability	\$2,000,000
Coverage M - Medical Expenses (Any One Person)	\$5,000
Damage To Premises Rented To You	\$300,000
AGGREGATE LIMITS	LIMIT OF INSURANCE
Products/Completed Operations Aggregate	\$4,000,000
General Aggregate	\$4,000,000

Each paid claim for Liability Coverage reduces the amount of insurance we provide during the applicable annual period. Please refer to Section II - Liability in the Coverage Form and any attached endorsements.

Your policy consists of these Declarations, the BUSINESSOWNERS COVERAGE FORM shown below, and any other forms and endorsements that apply, including those shown below as well as those issued subsequent to the issuance of this policy.

FORMS AND ENDORSEMENTS

CMP-4101	*Businessowners Coverage Form
CMP-4819.1	*Unauthorized Business Card Use
CMP-4705.1	*Loss of Income & Extra Expense
CMP-4710	*Employee Dishonesty
CMP-4704	*Dependent Prop Loss of Income
CMP-4698	*Back-Up of Sewer or Drain
CMP-4709	*Money and Securities
CMP-4703	*Utility Interruption Loss Incom
FE-6999.2	*Terrorism Insurance Cov Notice
CMP-4713.1	*Excl Testing Consulting E&O
CMP-4839	*Loss Payable
CMP-4786.1	*Addl Insd Owners Lessee Sched
FD-6007	*Inland Marine Attach Dec

Prepared
 MAR 12 2015
 CMP-4000

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Page 5 of 7

DECLARATIONS (CONTINUED)

Office Policy for LEARNING FOR LIVING INC
 Policy Number 90-B6-H985-1

NOTICE: INFORMATION CONCERNING
 CHANGES IN YOUR POLICY
 LANGUAGE IS INCLUDED. PLEASE
 CALL YOUR AGENT IF YOU HAVE
 ANY QUESTIONS.

* New Form Attached

SCHEDULE OF ADDITIONAL INTERESTS

Interest Type: Loss Payee
 Endorsement #: CMP4839
 Loan Number:

PITNEY BOWES GLOBAL FINANCIAL
 SERVICES LLC
 27 WATERVIEW DR
 SHELTON CT 064844301

Interest Type: Addl Insured-Section II
 Endorsement #: CMP47861
 Loan Number: N/A

PLACENTIA-YORBA LINDA UNIFIED
 SCHOOL DISTRICT
 1301 E ORANGETHORPE AVE
 PLACENTIA CA 928705396

Interest Type: Addl Insured-Section II
 Endorsement #: CMP47861
 Loan Number: N/A

MT DIABLO UNIFIED SCHOOL
 DISTRICT
 C/O GLAVES, STACIE
 1936 CARLOTTA DR
 CONCORD CA 945191358

Interest Type: Addl Insured-Section II
 Endorsement #: CMP47861
 Loan Number: N/A

SOUTHERN CALIFORNIA SCHOOLS
 RISK MANAGEMENT (SCSRM) JPA
 1950 S SUNWEST LN STE 100
 SN BERNRDNO CA 924083264

SCHEDULE OF OPERATIONS

Description of Operations	Stat Class	Premium Base * / Estimated Exposure	Section II Estimated Premium
BUSINESS CONSULTANT - NOT COMPUTER RELATED	982	P. 58000	\$ 196.00

*PREMIUM BASES
 P. PER \$1000 PAYROLL
 I. PER \$1000 TOTAL COST

Prepared
 MAR 12 2015
 CMP-4000

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Continued on Next Page

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VEHICLE OR EQUIPMENT CERTIFICATE OF INSURANCE

DATE (MM/DD/YYYY)
01/13/2015

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.

This form is used to report coverages provided to a single specific vehicle or equipment. Do not use this form to report liability coverage provided to multiple vehicles under a single policy. Use ACORD 25 for that purpose.

PRODUCER Statefarm Frank R. Lewis-State Farm Ins. 185 Linden Ave. Auburn, CA 95603	CONTACT NAME: Frank R. Lewis PHONE (A/C, No, Ext): (530)823-5330 E-MAIL ADDRESS: PRODUCER CUSTOMER ID #:	FAX (A/C, No): (530)823-6250
	INSURER(S) AFFORDING COVERAGE	
INSURED Phillip & Laurie Boyte PO BOX 657 Auburn CA 95604	INSURER A: State Farm Mutual Automobile Insurance Company	NAIC # 25178
	INSURER B: State Farm General Insurance Company	NAIC # 25151
	INSURER C:	
	INSURER D:	
	INSURER E:	

DESCRIPTION OF VEHICLE OR EQUIPMENT

YEAR	MAKE / MANUFACTURER	MODEL	BODY TYPE	VEHICLE IDENTIFICATION NUMBER
2009	Audi	Q5	Sport Wagon	WA1KK78R29A044694
DESCRIPTION				SERIAL NUMBER

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICY(IES) OF INSURANCE LISTED BELOW HAS/HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD(S) 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 POLICY(IES) DESCRIBED HEREIN IS/ARE SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICY(IES).

INSR LTR	ADDL INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/>	VEHICLE LIABILITY	175 1851-E02-55D	11/02/2014	05/02/2015	COMBINED SINGLE LIMIT \$ BODILY INJURY (Per person) \$ 250,000 BODILY INJURY (Per accident) \$ 500,000 PROPERTY DAMAGE \$ 100,000
	<input type="checkbox"/>	GENERAL LIABILITY				EACH OCCURENCE \$ GENERAL AGGREGATE \$
INSR LTR	LOSS PAYEE	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS / DEDUCTIBLE
A	<input checked="" type="checkbox"/>	VEH COLLISION LOSS	175 1851-E02-55D	11/02/2014	05/02/2015	<input checked="" type="checkbox"/> ACV <input type="checkbox"/> AGREED AMT \$ LIMIT <input type="checkbox"/> STATED AMT \$ 1000 DED
A	<input checked="" type="checkbox"/>	VEH COMP <input type="checkbox"/> VEH OTC	175 1851-E02-55D	11/02/2014	05/02/2015	<input checked="" type="checkbox"/> ACV <input type="checkbox"/> AGREED AMT \$ LIMIT <input type="checkbox"/> STATED AMT \$ 100 DED
	<input type="checkbox"/>	PROPERTY				<input type="checkbox"/> ACV <input type="checkbox"/> AGREED AMT \$ LIMIT <input type="checkbox"/> RC <input type="checkbox"/> STATED AMT \$ DED
B	<input checked="" type="checkbox"/>	Personal Umbrella	55-LX-5821-4	06/03/2014	06/03/2015	Liability \$1,000,000

REMARKS (INCLUDING SPECIAL CONDITIONS / OTHER COVERAGES) (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

**Personal Liability extends to autos in the amount of \$1mm

ADDITIONAL INTEREST

Select one of the following:

The additional interest described below has been added to the policy(ies) listed herein by policy number(s).

A request has been submitted to add the additional interest described below to the policy(ies) listed herein by policy number(s).

VEHICLE / EQUIPMENT INTEREST: LEASED FINANCED

NAME AND ADDRESS OF ADDITIONAL INTEREST

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.

DESCRIPTION OF THE ADDITIONAL INTEREST

ADDITIONAL INSURED LOSS PAYEE

LENDER'S LOSS PAYEE

LOAN / LEASE NUMBER

AUTHORIZED REPRESENTATIVE
Marianne Bruns
Not Valid Without Signature of Marianne Bruns
2009-01-13 10:00:00 AM
2009-01-13 10:00:00 AM
2009-01-13 10:00:00 AM

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