



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
6/27/2014

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 ECBM LP 300 Conshohocken State Rd Suite 405 West Conshohocken PA 19428	CONTACT NAME: Barbara Shaw PHONE (A/C, No, Ext): (610) 668-7100 E-MAIL ADDRESS: bshaw@ecbm.com	FAX (A/C, No): (610) 667-2208
	INSURER(S) AFFORDING COVERAGE	
INSURED Devereux Foundation 2012 Renaissance Boulevard King of Prussia PA 19406	INSURER A: Homeland Insurance Co. of DE	NAIC # 14231
	INSURER B: Zurich American Ins Co	NAIC # 16535
	INSURER C:	
	INSURER D:	
	INSURER E:	

COVERAGES **CERTIFICATE NUMBER:** 14-15 M ALL EXCL UMB **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/YYYY)	LIMITS	
A	GENERAL LIABILITY			MPP-6333-14	7/1/2014	7/1/2016	EACH OCCURRENCE \$ 10,000,000	
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	X					DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000	
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person) \$	
	<input checked="" type="checkbox"/> Sexual Abuse/Molestation						PERSONAL & ADV INJURY \$ 10,000,000	
GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	GENERAL AGGREGATE \$ 18,000,000							
							PRODUCTS - COMP/OP AGG \$ 18,000,000	
B	AUTOMOBILE LIABILITY			BAP02936363-14	7/1/2014	7/1/2015	COMBINED SINGLE LIMIT (Ea accident) \$	
	<input checked="" type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$ 1,000,000	
	<input type="checkbox"/> ALL OWNED AUTOS						<input type="checkbox"/> SCHEDULED AUTOS	BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS						<input type="checkbox"/> NON-OWNED AUTOS	PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB						EACH OCCURRENCE \$	
	EXCESS LIAB						AGGREGATE \$	
	DED	RETENTION \$						
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			WC 2936362-14	7/1/2014	7/1/2015	WC STATU-TORY LIMITS	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N	N/A				E.L. EACH ACCIDENT \$ 1,000,000	
	If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/>					E.L. DISEASE - EA EMPLOYEE \$ 1,000,000	
							E.L. DISEASE - POLICY LIMIT \$ 1,000,000	
A	Professional Liability				MPP-6333-14	7/1/2014	7/1/2016	Each Claim \$10,000,000 Aggregate \$18,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
 Mount Diablo Unified School District, its officers, officials, agents, employees and volunteers are included as additional insured under General Liability per Endorsement HPL-P-DEVXI 08/08 (attached) and Auto Liability only with respect to the negligent acts by the Named Insured in the performance of their agreed upon duties.

CERTIFICATE HOLDER**CANCELLATION**

Mount Diablo Unified School District Attn: Christine Wilburn, Admin. Asst. 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 J Shefsky, CPCU, ARM/
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ENDORSEMENT NO. 1

HEALTH CARE ORGANIZATIONS AND PROVIDERS
PROFESSIONAL LIABILITY, GENERAL LIABILITY AND
EMPLOYEE BENEFIT LIABILITY POLICY

AMEND DEFINITION OF "INSURED" TO INCLUDE ADDITIONAL
INDIVIDUALS

This Endorsement, which is effective at 12:01 a.m. 7/1/14, forms part of

Policy No. MPP-6333-14
Issued to Devereix Foundation
Issued by Homeland Insurance Company of New York

In consideration of the premium charged, the term "Insured," as defined in Section II Definitions of this Policy, is amended to include the following person(s) (each an "Additional Insured"), but only with respect to the specific activities and/or liabilities set forth opposite the name of each such individual:

<u>Additional Insured</u>	<u>Insured Activity/Liability</u>
Foster Parents	Activities performed by or on behalf of the Named Insured
Funding Sources	Activities performed by or on behalf of the Named Insured and/or their placement of clients with the Named Insured
Governmental Agencies	Activities performed on behalf of the Named Insured and/or their placement of clients with the Named Insured
Landlords	Liability arising out of the negligence and/or legal liability of the Named Insured
Lessors or Managers of Premises	Liability arising out of the negligence and/or legal liability of the Named Insured
Lessors of Leased Equipment	Liability arising out of the negligence and/or legal liability of the Named Insured

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