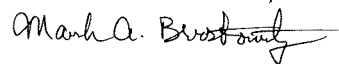


MEMORANDUM OF INSURANCE				Date Issued 09/28/2022	
Producer Mercer Consumer, a service of Mercer Health & Benefits Administration LLC P.O. Box 14576 Des Moines, IA 50306-3576 1-800-375-2764			This memorandum is issued as a matter of information only and confers no rights upon the holder. This memorandum does not amend, extend or alter the coverages afforded by the Certificate listed below.		
Insured Shari Krell 2464 Encinal Drive Walnut Creek, CA 94597			Company Affording Coverage Liberty Insurance Underwriters Inc.		
<p>This is to certify that the Certificate listed below has 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 memorandum may be issued or may pertain, the insurance afforded by the Certificate described herein is subject to all the terms, exclusions and conditions of such Certificate. The limits shown may have been reduced by paid claims.</p> <p>The Memorandum of Insurance and verification of payment are your evidence of coverage. No coverage is afforded unless the premium is successfully paid in full.</p>					
Type of Insurance	Certificate Number	Effective Date	Expiration Date	Limits	
Professional Liability and General Liability SpeechLangH SE Speech Language Pathologist	AHY-931760005	10/01/2022	10/01/2023	Per Incident/ Occurrence	\$1,000,000
				Annual Aggregate	\$3,000,000
Memorandum Holder is added as an additional insured, but only as respects to claims arising out of the sole negligence of the Named Insured subject to the terms and provision of the policy. Coverage includes General Liability for Occurrences at 2464 Encinal Drive Walnut Creek, CA 94597 arising out of the sole negligence of the Named Insured.					
Memorandum Holder: Mt Diablo Unified School District 1936 Carlotta Drive Concord CA 94519			Should the above described Certificate be cancelled before the expiration date thereof, the issuing company will endeavor to mail 30 days written notice to the Memorandum Holder named to the left, but failure to mail such notice shall impose no obligation or liability of any kind upon the company, its agents or representatives.		
			Authorized Representative Mark Brostowitz		
					



Healthcare Professional Liability

LIBERTY INSURANCE UNDERWRITERS INC.

(A Stock Insurance Company, hereinafter the "Company")

ENDORSEMENT NO. []

Effective Date: 10/01/2022

Policy Number: AHY-931760005

Issued To: Shari Krell

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED ENDORSEMENT

This endorsement applies to:

- _____ Professional Liability Coverage Part Only \$ _____ Additional Premium
- _____ General Liability Coverage Part Only \$ _____ Additional Premium
- _____ Professional Liability and General Liability Coverage Parts \$ _____ Additional Premium

In consideration of the premium charged, any Designated Entity shown below shall be included as an additional Insured, but only as respects claims arising out of the sole negligence of the individual or entity specified in the PERSONS INSURED Section of the policy.

Designated Entity Schedule

Mt Diablo Unified School District (PL/GL Coverage)	1936 Carlotta Drive Concord CA 94519
NAME	ADDRESS
NAME	ADDRESS
NAME	ADDRESS
NAME	ADDRESS

ALL OTHER TERMS AND CONDITIONS OF THE POLICY REMAIN UNCHANGED.