







Trust Risk Management Services, Inc. (TRMS)

1791 Paysphere Circle, Chicago, IL 60674

Phone (877) 637-9700

FAX (877) 251-5111

January 22, 2021

SRP Psychological Services Inc 1501 N Broadway Ste 403 Walnut Creek, CA 94596 7223

RE: Your Trust Sponsored Professional Liability Insurance Policy # 78G22706834

Dear SRP Psychological Services Inc

Thank you for your continued participation in the Trust Sponsored Professional Liability Program.

Enclosed is your Trust Sponsored Professional Liability Insurance Renewal. In an effort to conserve resources and "go green" with your renewal, we have not included a copy of your insurance policy form as part of this renewal packet. The insurance policy form was provided to you previously, and the enclosed endorsements included in this renewal packet will reflect changes to your coverage, if any. If you would like a copy of the policy form, you are able to request it by accessing your account at the Online Service Center at www.trustinsurance.com or by contacting our Customer Service Center. We urge you to read this renewal packet and notify us if you believe any changes are necessary.

At the first notice of claim, lawsuit or incident, please contact our Customer Service Center immediately at 1.877.637.9700. We will assist you in providing the necessary information to get your claims process started. Our claims staff is dedicated to listening, understanding, and taking action to route your claim to the appropriate experts working on your behalf.

If you have not already done so, **be sure to access your Online Service Center** account at www.trustinsurance.com. Your account is available 24 hours a day, 7 days a week, with anytime access to your professional liability insurance form. You can request additional Memorandums of Insurance, view all of your account transactions, submit requests for changes, update your personal information and (if eligible) **renew your policy**. For your convenience we have provided your user name at the bottom of this letter. If you wish to change your customer information, simply log into the Online Service Center and click on Customer Service.

Should you have any questions regarding this correspondence, or for additional information regarding further membership benefits and other membership insurance options, please be sure to contact us at 1.877.637.9700. Our professional staff is available to assist you Monday-Friday 8:30am-6:00pm (est) or visit our website at www.trustinsurance.com. You may also email us your questions at info@trustrms.com.

Sincerely,

Jana N. Martin, Ph.D., President

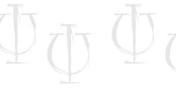
Trust Risk Management Services, Inc. doing business in CA as TRMS Insurance Agency

Licensed Producer - Heath Benas, CA #0D95636, FL #E013597. Principal Place of Business - Maryland. Insurance provided by ACE American Insurance Company, Philadelphia, PA and its U.S.-based Chubb underwriting company affiliates. Program Administered by Trust Risk Management Services, Inc.

OSC User Name: SPowers143593

M. Martin, Ph.D.











Trust Risk Management Services, Inc. (TRMS)

1791 Paysphere Circle, Chicago, IL 60674

Phone (877) 637-9700

FAX (877) 251-5111

SRP Psychological Services Inc 1501 N Broadway Ste 403 Walnut Creek, CA 94596 7223

Installment Billing Schedule

Statement Date: January 22, 2021

TRUST Sponsored Professional Liability Insurance Program

Insured: Sara Rice Schiff Policy Number: 78G22706834

Underwritten by: ACE American Insurance Company Coverage Type: Psychologist's Professional Liability

Effective Date: 02/11/2021 to 02/11/2022

Listed below are the premium due dates per your installment schedule

- You are enrolled in the auto debit program to allow payment of your policy premium by installment.
- Your credit/debit card will be charged/debited on the payment date listed below.
- Please ensure that we have a current credit/debit card on file to prevent any unnecessary delays in payment and thereby prevent gaps in coverage.
- Should payment (including installment fees where applicable) not be received by the payment date, you will receive a notice of cancellation for non-payment of premium.

	Payment Due Date	Installment Amount
Installment 2	04/01/2021	\$452.75
Installment 3	07/02/2021	\$452.75
Installment 4	10/02/2021	\$452.75

~ Thank You ~



ACE American Insurance Company

PRODUCER NUMBER 273865	DATE OF ISSUE January 22, 2021
------------------------	--------------------------------

PSYCHOLOGISTS' PROFESSIONAL LIABILITY CLAIMS MADE INSURANCE POLICY

NOTICE: THIS IS A CLAIMS MADE POLICY, PLEASE READ THE POLICY CAREFULLY
THIS POLICY/CERTIFICATE IS ISSUED IN ASSOCIATION WITH THE PSYCHOLOGISTS PURCHASING
GROUP ASSOCIATION

		GROUP A	ASSOCIATIO	N		
Item	POLICY/CERTIFICATE NUMBER: 78G22706834					
		Named Insured:	SRP Psycho	logical Services Inc		
1.		Address:	1501 N Broadv	vay Ste 403		
	City, State & Zip Code: Walnut Creek, CA 94596 7223					
2.	Policy Period: From: 02/11/2021 To: 02/11/2022					
3.	COVERAGE		LIMITS O	F LIABILITY	PREMIUM	
	Professional Liability \$2,000,000 Each Incident \$4,000,000 Aggregate Wrongful Employment \$5,000 Aggregate Practices				\$1,736.00	
			REIMBU	RSEMENTS		
	Licensing Board Defense Other Governmental Regulatory Body Defense	•	roceeding		\$75.00	
	Deposition Expense Premises Medical Payment Assault and/or Battery		nsured Person	\$75,000 Aggregate \$1,000 Aggregate		
	Loss of Earnings	\$500 per Day, per Insured \$15,000 Aggregate Per Incident Surcharge(s)				
				Total Premium	\$1,811.00	
4.	Retroactive Date 02/11/2008					
5.	This policy is made and accepted s agreements contained in the follow PF15215a, PF33748, PF15217a (ing form(s) or endorse	ement(s).	policy together with the provisions, stipu	lations and	
6.	Notice of claim should be sent to: Trust Risk Management Services, Inc. 111 Rockville Pike Ste 700 Rockville MD 20850 All other correspondence should be sent to: Trust Risk Management Services, Inc. 1791 Paysphere Circle Chicago, IL 60674					
7.	REPRESENTATIVE:	Agent or l		Risk Management Services, Inc. usiness in CA as TRMS Insurance Agency		
		Office ac	_	aysphere Circle		
		City, Sta	ite, Zip Chicag	o, IL 60674		
		W	ebsite: www.tr	ustinsurance.com		
			Phone: 1.877.6	37.9700		

PF-15215a (04/07) © 2007 The Trust

PF-15215a (04/07) © 2007 The Trust



Renewal Notice

IMPORTANT INFORMATION TO ALL POLICYHOLDERS

AS PART OF OUR EFFORT TO REDUCE OUR USE OF PRINTED PAPER, PLEASE BE ADVISED THAT THE ENCLOSED POLICY DOES NOT INCLUDE A COPY OF THE FOLLOWING FORM: PF15217a Psychologist CM Policy (05/07) WE HAVE NOT INCLUDED THIS FORM BECAUSE SUCH FORM WAS PREVIOUSLY PROVIDED TO YOU AND SINCE THAT TIME, THERE HAVE BEEN NO MATERIAL CHANGES TO THE FORM.

IF YOU WOULD LIKE TO OBTAIN COPIES OF THE FORM(S) PLEASE CONTACT US AT:

TRUST RISK MANAGEMENT SERVICES, INC.
doing business in CA as TRMS Insurance Agency
1791 Paysphere Circle
Chicago, IL 60674

OR

1.877.637.9700
1.877.251.5111
info@trustrms.com
www.trustinsurance.com



SIGNATURES

Named Insured SRP Psychological Services Inc			Endorsement Number			
Policy Symbol CRL						
	Issued By (Name of Insurance Company) ACE American Insurance Company					

THE ONLY COMPANY APPLICABLE TO THIS POLICY IS THE COMPANY NAMED ON THE FIRST PAGE OF THE DECLARATIONS.

By signing and delivering the policy to you, we state that it is a valid contract.

INDEMNITY INSURANCE COMPANY OF NORTH AMERICA(A stock company)

BANKERS STANDARD INSURANCE COMPANY(A stock company)

ACE AMERICAN INSURANCE COMPANY(A stock company)

ACE PROPERTY AND CASUALTY INSURANCE COMPANY(A stock company)

INSURANCE COMPANY OF NORTH AMERICA(A stock company)

PACIFIC EMPLOYERS INSURANCE COMPANY(A stock company)

ACE FIRE UNDERWRITERS INSURANCE COMPANY(A stock company)

WESTCHESTER FIRE INSURANCE COMPANY(A stock company)

436 Walnut Street, P.O. Box 1000, Philadelphia, Pennsylvania 19106-3703

COLL
REBECCA L. COLLINS, Secretary

JOHN J. LUPICA, President

Authorized Representative

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

Named Insured SRP Psychological Se	Endorsement Number					
Policy Symbol CRL	Effective Date 02/11/2021					
	Issued By (Name of Insurance Company) ACE American Insurance Company					

Retroactive Date(s) Designated Individual(s) or Entity(ies)

It is agreed that, in consideration of the premium charged, and solely with respect to the following designated individual(s) or entity(ies), Item 4. of the Declarations, **Retroactive Date**, is deleted with respect to such designated individual(s) or entity(ies) and replaced with the **Retroactive Date** for such designated individual(s) or entity(ies) listed in below.

<u>Designated Individual(s) or Entity(ies)</u> SRP Psychological Services Ind Sara Rice Schiff		<u>pactive Date(s)</u> 02/11/2008 09/07/2005
The premium for this endorsement is included in the premium shown on the Declarations unless a	Additional Premium:	
specific amount is shown here:	Return Premium:	

All other terms and conditions of this policy remain unchanged.

Authorized Agent

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

Named Insured SRP Psychological Serv	Endorsement Number					
Policy Symbol CRL	Effective Date 02/11/2021					
	Issued By (Name of Insurance Company) ACE American Insurance Company					

Additional Insured

It is agreed that in consideration of the premium charged, the individual(s) or entity(ies) designated below shall be an **Insured**, under Section III. PERSONS INSURED, but only with respect to such individual's or entity's liability arising solely out of an **Incident** caused by the sole negligence of another **Insured**:

Additional Insured	Address
Mount Diablo Unified School District	1936 Carlotta Drive Concord CA 94519
Castro Valley Unified School District	4400 Alma Avenue P.O. Box 2146Castro Valley CA 94546
Vallejo City Unified School District	665 Walnut Avenue Vallejo CA 94592

The premium for this endorsement is included in the premium shown on the Declarations unless a	Additional Premium:	
specific amount is shown here:	Return Premium:	

All other terms and conditions of this policy remain unchanged.

Authorized Agent



U.S. Treasury Department's Office Of Foreign Assets Control ("OFAC") Advisory Notice to Policyholders

This Policyholder Notice shall not be construed as part of your policy and no coverage is provided by this Policyholder Notice nor can it be construed to replace any provisions of your policy. You should read your policy and review your Declarations page for complete information on the coverages you are provided.

This Notice provides information concerning possible impact on your insurance coverage due to directives issued by OFAC. Please read this Notice carefully.

The Office of Foreign Assets Control (OFAC) administers and enforces sanctions policy, based on Presidential declarations of "national emergency". OFAC has identified and listed numerous:

- Foreign agents;
- Front organizations;
- Terrorists;
- Terrorist organizations; and
- Narcotics traffickers:

as "Specially Designated Nationals and Blocked Persons". This list can be located on the United States Treasury's web site – http://www.treas.gov/ofac.

In accordance with OFAC regulations, if it is determined that you or any other insured, or any person or entity claiming the benefits of this insurance has violated U.S. sanctions law or is a Specially Designated National and Blocked Person, as identified by OFAC, this insurance will be considered a blocked or frozen contract and all provisions of this insurance are immediately subject to OFAC. When an insurance policy is considered to be such a blocked or frozen contract, no payments nor premium refunds may be made without authorization from OFAC. Other limitations on the premiums and payments also apply.





Trust Risk Management Services, Inc. (TRMS)

1791 Paysphere Circle, Chicago, IL 60674

Phone (877) 637-9700

FAX (877) 251-5111

January 22, 2021

Rate Summary

Named insured SRP Psychological Services Inc Switch Over Credit No

Application ID/ 78G22706834 BOP Credit No Policy

 Effective Date
 02/11/2021
 CE Discount
 No

 Retroactive Date
 02/11/2008
 Group PCF
 No

Prescription Privileges No

of Employees for EPLI No

Limits of Liability

Professional Liability \$2,000,000 Each Incident \$4,000,000 Aggregate

Wrongful Employment Practices \$5,000 Aggregate

Reimbursements

 Licensing Board Defense
 \$100,000
 per Proceeding

 Other Governmental Regulatory Body Defense
 \$15,000
 per Proceeding

Deposition Expense \$5,000 per Insured
Premises Medical Payment \$2,500 per Person

Premises Medical Payment \$2,500 per Person \$75,000 Aggregate

Assault and/or Battery \$1,000 Aggregate

Loss of Earnings \$500 per day, per Insured \$15,000 Aggregate per Incident

Owners

Name	Field of Practice	Degree	Retroactive Date	Hours Worked	CE Credit	PCF	Rate
Sara Rice Schiff	Psychologist	PhD	09/07/2005	30	0%	No	\$ 1,369

Additional Insureds

Name	Туре	Rate Date	Rate
Mount Diablo Unified School District	Organization	04/07/2015	\$ 130
Castro Valley Unified School District	Organization	09/28/2016	\$ 122
Vallejo City Unified School District	Organization	05/09/2018	\$ 115

RATING DETAIL

Base Premium: \$1,736.00

Licensing Board Defense/Other Governmental Regulatory Body Defense \$75.00

TOTAL PREMIUM \$1,811.00

812 Rate Summary Page | 1



DATE(MM/DD/YYYY) 01/22/2021

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.

en	dorsement. A statement on this certific	cate	does	not confer rights to		older in lieu of	such endorsement(s).		
PRO	DDUCER				CONTACT NAME: Trust Risk Management Services, Inc					
	ust Risk Management Services, Inc. do	ing b	usine	ss in CA as TRMS	PHONE FAX (A/C, No, Ext): 877.637.9700 (A/C, No): 877.251.5111					
	urance Agency				EMAIL ADDRESS: info@trustrms.com					
	91 Paysphere Circle					SURER(S) AFFORDIN	IG COVERAGE	NAIC#		
	icago, IL 60674				INSURER A: ACI	E American Insur	ance Company	22667		
	ured RP Psychological Services Inc				INSURER B:					
					INSURER C:					
	01 N Broadway Ste 403 alnut Creek, CA 94596 7223				INSURER D:					
vvc	and Greek, 67 34090 7225				INSURER E:					
					INSURER F:					
				NUMBER:			SION NUMBER:			
PE TO	S IS TO CERTIFY THAT THE POLICIES OF RIOD INDICATED. NOTWITHSTANDING ANY WHICH THIS CERTIFICATE MAY BE ISSUE! ALL THE TERMS, EXCLUSIONS AND COND	REC O OR ITION	UIRE MAY I	MENT, TERM OR CON PERTAIN, THE INSURA	DITION OF ANY C NCE AFFORDED I	CONTRACT OR O	THER DOCUMENT WITH DESCRIBED HEREIN I	RESPECT		
LTR	TYPE OF INSURANCE			POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	LIMITS			
	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	\$		
	CLAIMS MADE OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$		
							MED EXP (Any one person)	\$		
							PERSONAL & ADV INJURY			
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$		
	POLICY PRO- JECT LOC						PRODUCTS-COMP/OP AG	G [*]		
	OTHER:									
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$		
	ANY AUTO						BODILY INJURY (Per Perso	•		
	ALL OWNED SCHEDULED AUTOS AUTOS						BODILY INJURY (Per accide	ent) \$		
	HIRED AUTOS NON-OWNED AUTOS						PROPERTY DAMAGE	\$		
							(Per accident)	\$		
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$		
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$		
	DED RETENTION \$							\$		
	WORKERS COMPENSATION						PER OT			
	AND EMPLOYERS LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE Y / N	N/A					STATUTE ER E.L.EACH ACCIDENT	\$		
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A					E.L. DISEASE-EA EMPLOY	EE \$		
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIN	IIT \$		
Α	Psychologist's Professional Liability Retroactive Date: 02/11/2008			78G22706834	02/11/2021	02/11/2022		2,000,000		
DES	SCRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (A	ACORD	101, Additional Remarks	Schedule, may be atta	ached if more space	is required):			
		- 1-					. ,			
CE	RTIFICATE HOLDER			(CANCELLATION			1		
				1	BEFORE THE EXP DELIVERED IN AC	IRATION DATE THE CORDANCE WITH	CRIBED POLICIES BE C HEREOF, NOTICE WILL I THE POLICY PROVISION	BE		
					AUTHORIZED REPRE	SENTATIVE				



DATE(MM/DD/YYYY) 01/22/2021

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.

					NAME: Trust Risk Management Services, Inc				
Tru	ust Risk Management Services, Inc. doi	ng bi	usine	ss in CA as TRMS	PHONE (A/C, No, Ext): 877.637.9700 FAX (A/C, No): 877.251.5111				1 5111
	urance Agency	J			ÈMAIL				
179	91 Paysphere Circle				ADDRESS: info@trustrms.com INSURER(S) AFFORDING COVERAGE NAI				NAIC#
Ch	icago, IL 60674				INSURER A: ACE American Insurance Company				22667
	URED					American insura	ance Company		22007
	ra Rice Schiff				INSURER B:				
	01 N Broadway Ste 403				INSURER C:				
	alnut Creek, CA 94596 7223				INSURER D:				
v v c	mut orcer, OA 94550 7225				INSURER E:				
					INSURER F:				
CO	VERAGES CER	TIFIC	ATE	NUMBER:		REVI	SION NUMBE	R:	
PE TO	IS IS TO CERTIFY THAT THE POLICIES OF I RIOD INDICATED. NOTWITHSTANDING ANY WHICH THIS CERTIFICATE MAY BE ISSUED ALL THE TERMS, EXCLUSIONS AND CONDI	REC OR TION	UIRE MAY	MENT, TERM OR CONE PERTAIN, THE INSURAL SUCH POLICIES. LIMITS	DITION OF ANY C NCE AFFORDED E	ONTRACT OR OT BY THE POLICIES	THER DOCUME DESCRIBED H	NT WITH FIEREIN IS S	RESPECT
LTR		INSR		POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)		LIMITS	
	COMMERCIAL GENERAL LIABILITY						EACH OCCURRE		\$
	CLAIMS MADE OCCUR						DAMAGE TO REI PREMISES (Ea o		\$
							MED EXP (Any or	ne person)	\$
							PERSONAL & AD	V INJURY	\$
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGR	EGATE	\$
	POLICY PRO-						PRODUCTS-COI	MP/OP AGG	\$
	OTHER:								
	AUTOMOBILE LIABILITY						COMBINED SING (Ea accident)	SLE LIMIT	\$
	ANY AUTO						BODILY INJURY	(Per Person)	\$
	ALL OWNED SCHEDULED AUTOS AUTOS						BODILY INJURY	(Per accident	\$
	HIRED AUTOS NON-OWNED AUTOS						PROPERTY DAM (Per accident)	AGE	\$
							(* 5: 5:5:5:5:1)		\$
	UMBRELLA LIAB OCCUR						EACH OCCURRE	NCE	\$
	EXCESS LIAB CLAIMS-MADE						AGGREGATE		\$
	DED RETENTION \$								\$
	WORKERS COMPENSATION						PER	OTH-	\$
	AND EMPLOYERS LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE Y / N						STATUTE E.L.EACH ACCID	ER	\$
	OFFICER/MEMBER EXCLUDED?	N/A					E.L. DISEASE-EA		\$
	(Mandatory in NH) If yes, describe under								\$
	DESCRIPTION OF OPERATIONS below						E.L. DISEASE - P	OLICY LIMIT	
Α	Psychologist's Professional Liability Retroactive Date: 09/07/2005			78G22706834	02/11/2021	02/11/2022	Each Incident Annual Aggregate		00,000 00,000
				444 4 1 11/11					
DES	SCRIPTION OF OPERATIONS / LOCATIONS / VEHICE	LES (A	ACORE) 101, Additional Remarks S	Schedule, may be atta	iched if more space	is required):		
CE	RTIFICATE HOLDER			C	ANCELLATION				
				В	HOULD ANY OF T SEFORE THE EXPI SELIVERED IN ACC	RATION DATE TH	HEREOF, NOTIC	E WILL BE	
				A	UTHORIZED REPRES	SENTATIVE			



CONTACT

NAME: Trust Risk Management Services, Inc

DATE(MM/DD/YYYY) 01/22/2021

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.

Ins	Trust Risk Management Services, Inc. doing business in CA as TRMS nsurance Agency								ss in CA as TRMS	PHONE FAX (A/C, No, Ext): 877.637.9700 (A/C, No): 877.25 EMAIL ADDRESS: info@trustrms.com				51.5111
179	1791 Paysphere Circle									INSURER(S) AFFORDING COVERAGE				NAIC #
Ch	icaç	30, IL 60	674							INSURER A: AC	E American Insur	ance Company		22667
	URE									INSURER B:		,,		
		•	_		ervices Inc					INSURER C:				
		N Broad								INSURER D:				
Wa	alnu	it Creek	c, CA	4 94	596 7223					INSURER E:				
										INSURER F:				
СО	VEF	RAGES				CEF	RTIFIC	CATE	NUMBER:		REVI	SION NUMBER:		
PEI TO	RIOE WH	INDICA	TED.	NOT RTIFIC	WITHSTANDI CATE MAY BE	NG AN	Y REC D OR DITION	QUIRE MAY I	E LISTED BELOW HAN MENT, TERM OR CON PERTAIN, THE INSURA SUCH POLICIES. LIMIT	IDITION OF ANY O	CONTRACT OR O'BY THE POLICIES	THER DOCUMENT W S DESCRIBED HEREI	ITH F	RESPECT
LTR		TY	PE OF	INSU	IRANCE			WVD	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	LIMITS	3	
		COMMER	CIAL	GENE	RAL LIABILITY							EACH OCCURRENCE		\$
		CLAI	MS M	ADE	occı	R						DAMAGE TO RENTED PREMISES (Ea occurrer	nce)	\$
												MED EXP (Any one pers	on)	\$
												PERSONAL & ADV INJU	JRY	\$
	GEN	ı'l aggre	GATE	LIMIT	APPLIES PER:							GENERAL AGGREGATE	Ξ	\$
		POLICY	L		RO- CT L	ОС						PRODUCTS-COMP/OP	AGG	\$
		OTHER:												
	AUT	OMOBILE	LIAB	ILITY								COMBINED SINGLE LIN (Ea accident)	1IT	\$
		ANY AUT			i							BODILY INJURY (Per Pe	erson)	\$
		ALL OWN AUTOS	ED		SCHEDULED AUTOS							BODILY INJURY (Per ac	cident	\$
		HIRED AL	JTOS		NON-OWNED AUTOS							PROPERTY DAMAGE (Per accident)		\$
														\$
		UMBREL	LA LIA	ΑВ	OCCUR							EACH OCCURRENCE		\$
		EXCESS	LIAB		CLAIMS-MA	DE						AGGREGATE		\$
		DED	R	ETEN	TION \$									\$
		RKERS CO										PER STATUTE	OTH- ER	\$
		PROPRIET			.ITY :R/EXECUTIVE	Y / N	N/A					E.L.EACH ACCIDENT	LIX	\$
	OFF	ICER/MEMI	BER EX				N/A					E.L. DISEASE-EA EMPL	OYEE.	\$
	If yes	s, describe ı	ınder	ERATI	ONS below							E.L. DISEASE - POLICY	LIMIT	\$
A Psychologist's Professional Liability Retroactive Date: 02/11/2008					Y		78G22706834	02/11/2021	02/11/2022	Each Incident Annual Aggregate	, , -	00,000 00,000		
DES	CRIE	PTION OF	OPER	ATIO	NS / LOCATION	S / VEHIC	CLES (A	ACORD	0 101, Additional Remarks	Schedule, may be att	ached if more space	is required):		
CE	RTII	FICATE	HOL	DEF	?				(CANCELLATION	I			
Additional Insured Mount Diablo Unified School District 1936 Carlotta Drive								BEFORE THE EXP	IRATION DATE T	CRIBED POLICIES BE HEREOF, NOTICE WI H THE POLICY PROV	LL BE			
CO	iicol	rd, CA, 9	,+ ∪ 13	J						AUTHORIZED REPRE	SENTATIVE			



CONTACT

NAME: Trust Risk Management Services, Inc.

DATE(MM/DD/YYYY) 01/22/2021

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.

Ins	ist Risk Management Services, Inc. do	oing b	usine	ss in CA as TRMS	PHONE FAX (A/C, No, Ext): 877.637.9700 (A/C, No): 877.251.5111 EMAIL ADDRESS: info@trustrms.com					
	91 Paysphere Circle				IN:	NAIC#				
Ch	icago, IL 60674				INSURER A: AC	E American Insur	ance Company	22667		
	JRED				INSURER B:					
	P Psychological Services Inc				INSURER C:					
	01 N Broadway Ste 403				INSURER D:					
VVč	alnut Creek, CA 94596 7223				INSURER E:					
					INSURER F:					
CO	VERAGES CEF	RTIFIC	CATE	NUMBER:		REVI	SION NUMBER:			
PEI TO	S IS TO CERTIFY THAT THE POLICIES OF RIOD INDICATED. NOTWITHSTANDING AN WHICH THIS CERTIFICATE MAY BE ISSUE ALL THE TERMS, EXCLUSIONS AND COND	Y REC D OR DITION	UIRE MAY	MENT, TERM OR CON PERTAIN, THE INSURA SUCH POLICIES. LIMI	NDITION OF ANY C ANCE AFFORDED	CONTRACT OR O'BY THE POLICIES	THER DOCUMENT WITH R DESCRIBED HEREIN IS S	ESPECT		
LTR	TYPE OF INSURANCE		WVD	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	LIMITS			
	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	\$		
	CLAIMS MADE OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$		
	_						MED EXP (Any one person)	\$		
							PERSONAL & ADV INJURY	\$		
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$		
	POLICY PRO- JECT LOC						PRODUCTS-COMP/OP AGG	\$		
	OTHER:									
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$		
	ANY AUTO						BODILY INJURY (Per Person)	\$		
	ALL OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident	\$		
	HIRED AUTOS NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$		
								\$		
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$		
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$		
	DED RETENTION \$							J		
	WORKERS COMPENSATION AND EMPLOYERS LIABILITY						PER OTH- STATUTE ER	\$		
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A					E.L.EACH ACCIDENT	\$		
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						E.L. DISEASE-EA EMPLOYEE	\$		
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$		
Α	Psychologist's Professional Liability Retroactive Date: 02/11/2008	Y		78G22706834	02/11/2021	02/11/2022		00,000 00,000		
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	CLES (ACORE) 101, Additional Remarks	Schedule, may be att	ached if more space	is required):			
CE	RTIFICATE HOLDER				CANCELLATION	l				
Add	ditional Insured									
Ca	stro Valley Unified School District				BEFORE THE EXP	IRATION DATE TI	CRIBED POLICIES BE CAN HEREOF, NOTICE WILL BE I THE POLICY PROVISION			
	D. Box 2146						2 . 02.01 1 100101010	- .		
	stro Valley, CA, 94546				AUTHORIZED REPRE	SENTATIVE				
Ju	7.10 Talloy, 071, 070 TO				HALD R					



CONTACT

NAME: Trust Risk Management Services, Inc.

DATE(MM/DD/YYYY) 01/22/2021

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.

Trust Risk Management Services, Inc. doing business in CA as TRMS Insurance Agency								usine	ss in CA as TRMS	PHONE FAX (A/C, No, Ext): 877.637.9700 (A/C, No): 877.251.5111 EMAIL					
179	91 F	aysp	here (Circle	1					ADDRESS: info@	gtrustrms.com SURER(S) AFFORDII	NG COVERAGE		NAIC#	
Ch	icaç	go, IL	6067	4							E American Insur			22667	
	URE									INSURER B:					
		•	_		ervices Inc					INSURER C:					
					e 403					INSURER D:					
Wa	alnu	ıt Cre	ek, C	A 94	596 7223					INSURER E:					
										INSURER F:					
СО	VEI	RAGE	S			CEF	RTIFIC	CATE	NUMBER:	•	REVI	ISION NUMBER:			
PEI TO TO	RIOI WH	O INDI	CATED	D. NOT	TWITHSTANDIN CATE MAY BE I	G AN` SSUE	Y REC D OR DITION	OUIRE MAY I IS OF	E LISTED BELOW HAV MENT, TERM OR CON PERTAIN, THE INSURA SUCH POLICIES. LIMIT	IDITION OF ANY C ANCE AFFORDED IS SHOWN MAY H.	RESPECT				
INSR LTR			TYPE (OF INSU	JRANCE			SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s		
		COMN	IERCIAI	L GENE	RAL LIABILITY							EACH OCCURRENCE		\$	
		С	LAIMS I	MADE	OCCUR							DAMAGE TO RENTED PREMISES (Ea occurre	noo\	\$	
												MED EXP (Any one per	, i	\$	
												PERSONAL & ADV INJ	URY	\$	
	GEN	ı'L AGO	REGAT	E LIMI	T APPLIES PER:							GENERAL AGGREGAT	E	\$	
		POLIC	Y		RO-	0						PRODUCTS-COMP/OF	AGG	\$	
		OTHE													
	AU1		ILE LIA	BILITY								COMBINED SINGLE LIMIT (Ea accident)		\$	
		ANY A	UTO									BODILY INJURY (Per Person)		\$	
		ALL O AUTO			SCHEDULED AUTOS							BODILY INJURY (Per a	ccident	\$	
		1	AUTOS	3	NON-OWNED AUTOS							PROPERTY DAMAGE (Per accident)		\$	
												V or accusing		\$	
		UMBR	ELLA L	IAB	OCCUR							EACH OCCURRENCE		\$	
		EXCE	SS LIAE	3	CLAIMS-MADE							AGGREGATE		\$	
		DED		RETEN	ITION \$									\$	
			COMP		ITV							PER STATUTE	OTH- ER	\$	
			OYERS RIETOR/I		-ITY Y ER/EXECUTIVE	/ N	N/A					E.L.EACH ACCIDENT	L	\$	
	OFF		EMBER			7	II. A					E.L. DISEASE-EA EMP	LOYEE	\$	
	If ye	s, descri	be unde		IONS below							E.L. DISEASE - POLICY	/ LIMIT	\$	
A Psychologist's Professional Liability Retroactive Date: 02/11/2008					Y		78G22706834	02/11/2021	02/11/2022	Each Incident \$2,000, Annual \$4,000, Aggregate					
DES	CRII	PTION	OF OPE	RATIO	NS / LOCATIONS	VEHIC	CLES (A	ACORD	0 101, Additional Remarks	Schedule, may be att	ached if more space	is required):			
CE	RTI	FICA	TE HO	LDEF	₹					CANCELLATION	ļ				
Additional Insured Vallejo City Unified School District 665 Walnut Avenue							SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.								
									_			CLIOT I NOV	.0.014	.	
v a	Vallejo, CA, 94592									AUTHORIZED REPRESENTATIVE					



CONTACT

NAME: Trust Risk Management Services, Inc.

DATE(MM/DD/YYYY) 01/22/2021

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.

Trust Risk Management Services, Inc. doing business in CA as TRMS Insurance Agency									ss in CA as TRMS	PHONE FAX (A/C, No, Ext): 877.637.9700 (A/C, No): 877.251.5111 EMAIL					
179	91 F	aysp	here (Circle	1					ADDRESS: info@	gtrustrms.com SURER(S) AFFORDII	NG COVERAGE		NAIC#	
Ch	icaç	go, IL	6067	4						INSURER A: AC	E American Insur	ance Company		22667	
	URE									INSURER B:					
	SRP Psychological Services Inc									INSURER C:					
					e 403					INSURER D:					
Wa	alnu	ıt Cre	ek, C	A 94	596 7223					INSURER E:					
										INSURER F:					
СО	VE	RAGE	S			CER	TIFIC	CATE	NUMBER:		REVI	SION NUMBER:			
PE TO TO	RIOI WH	O INDI	CATEI	D. NOT	TWITHSTANDING CATE MAY BE IS	G ANY	OF INSURANCE LISTED BELOW HAVE MY REQUIREMENT, TERM OR CONE JED OR MAY PERTAIN, THE INSURAI NDITIONS OF SUCH POLICIES. LIMITS			DITION OF ANY C NCE AFFORDED S SHOWN MAY HA	RESPECT				
INSR LTR			TYPE (OF INSU	JRANCE			SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMI"	rs		
		COMN	IERCIA	L GENE	RAL LIABILITY							EACH OCCURRENCE		\$	
			LAIMS	MADE	OCCUR							DAMAGE TO RENTED		\$	
		Ш°	LAINO	WADE								PREMISES (Ea occurre		\$	
												PERSONAL & ADV INJ	,	\$	
	GEN	J J'L AGO	REGA	LE LIMI.	T APPLIES PER:				I			GENERAL AGGREGA		\$	
			Γ	PF	RO-	_						PRODUCTS-COMP/O		\$	
		POLIC	,	JE	CT LO	3									
	AUT	ОТНЕ	ILE LIA	BILITY								COMBINED SINGLE LI (Ea accident)	MIT	\$	
		ANY A	UTO									BODILY INJURY (Per Person)		\$	
		ALL O AUTO			SCHEDULED AUTOS							BODILY INJURY (Per a	ccident	\$	
		1	AUTO:	s	NON-OWNED AUTOS							PROPERTY DAMAGE (Per accident)		\$	
												(i ci accident)		\$	
		UMBR	ELLA L	IAB	OCCUR							EACH OCCURRENCE		\$	
		EXCE	SS LIAE	3	CLAIMS-MADE							AGGREGATE		\$	
		DED		RETEN	ITION \$				<u> </u>					\$	
			COMP		ITV							PER STATUTE	OTH- ER	\$	
	ANY	PROPE	RIETOR/	PARTNE	R/EXECUTIVE	/ N	N/A					E.L.EACH ACCIDENT	, ,	\$	
		ICER/M ndatory	EMBER	EXCLU	DED?				I			E.L. DISEASE-EA EMP	LOYEE	\$	
	If ye	s, descri	be unde		IONS below	_						E.L. DISEASE - POLIC	Y LIMIT	\$	
A Psychologist's Professional Liability Retroactive Date: 02/11/2008						78G22706834	02/11/2021	02/11/2022			00,000 00,000				
DES	CRII	PTION	OF OPE	RATIO	NS / LOCATIONS /	VEHIC	LES (A	ACORD	0 101, Additional Remarks	Schedule, may be att	ached if more space	is required):			
CE	RTI	FICA	TE HC	LDEF	₹					CANCELLATION					
Мо	unt	Diabl	o Unif	ied Sc	chool District					2110111 D 4457 67	FUE ADOME DESC	ODIDED DOLLOIS S	F 64:	1051155	
			a Driv A, 945						1	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
	Concord, CA, 94519								7	AUTHORIZED REPRESENTATIVE					