

**CERTIFICATE OF INSURANCE - COMMERCIAL
ALLSTATE INSURANCE COMPANY - NORTHBROOK, IL**

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

Description of Operation:
ANY AND ALL JOB LOCATIONS

CERTIFICATE HOLDER	NAMED INSURED
Name and Address of Party to Whom this Certificate is Issued	Name and Address of Insured
MT DIABLO UNIFIED SCHOOL DISTRICT 1936 CARLOTTA DR CONCORD, CA 94519-1358	SARA RICE SCHIFF PHD 1910 OLYMPIC BLVD STE 225 WALNUT CREEK, CA 94596-5096
	Location Address (if different than above)

This is to certify that policies of insurance listed below have been issued to the insured named above subject to the expiration date indicated below, 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.

TYPE OF INSURANCE AND LIMITS

Policy Number: 648827683	Effective Date: 09-11-2022	Expiration Date: 09-11-2023
COVERAGE SUMMARY		
BUSINESS LIABILITY	AMOUNT	
COMPREHENSIVE LIABILITY	\$ 2,000,000	Per Occurrence
DAMAGE TO PREMISES RENTED TO YOU	\$ 50,000.00	Any One Premises
MEDICAL PAYMENTS	\$ 10,000	Per Person
OTHER THAN PRODUCTS / COMPLETED OPERATIONS AGGREGATE	\$ 4,000,000.00	
PRODUCTS / COMPLETED OPERATION AGGREGATE	\$ 4,000,000.00	
PROPERTY INSURANCE		
POLICY TYPE		
<input checked="" type="checkbox"/> SPECIAL FORM	<input type="checkbox"/> BROAD FORM	<input type="checkbox"/> BASIC FORM
<input type="checkbox"/> BUILDERS RISK SPECIAL FORM		
<input type="checkbox"/> BUILDING	<input type="checkbox"/> Replacement Cost	<input type="checkbox"/> Actual Cash Value
<input type="checkbox"/> Blanket Limit		
<input checked="" type="checkbox"/> CONTENTS \$ 45,900	<input checked="" type="checkbox"/> Replacement Cost	<input type="checkbox"/> Actual Cash Value
<input type="checkbox"/> Blanket Limit		
Deductible \$ 2,500	Wind Deductible % 0	Exclude Wind <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
ADDITIONAL COVERAGES: EQUIPMENT BREAKDOWN		
MORTGAGE CLAUSE -- The policy contains a Mortgage Clause in favor of:		
Mortgagee		
Address		
CERTIFICATE PERIOD		
THIS CERTIFICATE WILL REMAIN IN FORCE FROM THE INCEPTION OF THE POLICY UNTIL THE POLICY IS CANCELLED OR EXPIRES.		
POLICY INCEPTION DATE: 09-11-2022	<input checked="" type="checkbox"/> 12:01 AM	<input type="checkbox"/> 12:00 NOON
Standard Time at the location of the Insured Premises.		
PROVISIONS		
This form is not the contract of insurance, but attests that a policy as identified above has been issued. The provisions of the policy shall prevail in all respects.		
SHOULD THE ABOVE DESCRIBED POLICY BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.		
JAYNE OERTWIG	09-14-22	
Authorized Representative	Date	

Policy Number
648827683

THIS ENDORSEMENT CHANGES THE POLICY.
PLEASE READ IT CAREFULLY.
COMMON POLICY CHANGE ENDORSEMENT

Endorsement No. 002

Allstate Insurance Company

Named Insured SARA RICE SCHIFF PHD
(SEE NAMED INSURED ENDORSEMENT)

Effective Date: 02-01-23
12:01 A.M., Standard Time

Agent Name JAYNE OERTWIG

This endorsement will not be used to decrease coverages, increase rates or deductibles or alter any terms or conditions of coverage unless at the sole request of the insured.

COVERAGE PART INFORMATION – Coverage parts affected by this change as indicated by below.

- Commercial Property
- Commercial General Liability
- Commercial Crime
- Commercial Inland Marine
- BUSINESSOWNERS
-

NO CHARGE

The following item(s):

- | | |
|--|---|
| <input type="checkbox"/> Insured's Name | <input type="checkbox"/> Insured's Mailing Address |
| <input type="checkbox"/> Policy Number | <input type="checkbox"/> Company |
| <input type="checkbox"/> Effective/Expiration Date | <input type="checkbox"/> Insured's Legal Status/Business of Insured |
| <input type="checkbox"/> Payment Plan | <input type="checkbox"/> Premium Determination |
| <input type="checkbox"/> Additional Interested Parties | <input type="checkbox"/> Coverage Forms and Endorsements |
| <input type="checkbox"/> Limits/Exposures | <input type="checkbox"/> Deductibles |
| <input type="checkbox"/> Covered Property/Location Description | <input type="checkbox"/> Classification/Class Codes |
| <input type="checkbox"/> Rates | <input type="checkbox"/> Underlying Exposure/Insurance |

is (are) changed to read {See Additional Page(s)}

THE FOLLOWING ADDITIONAL INTEREST (ADDITIONAL INSURED) HAS BEEN ADDED TO THE POLICY:
MT DIABLO UNIFIED SCHOOL DISTRICT
1936 CARLOTTA DR
CONCORD CA 94519-1358

The above amendments result in a change in the premium as follows:

This premium does not include taxes and surcharges.

No Changes To be Adjusted at Audit

Additional NO CHARGE Return NO CHARGE

Tax and Surcharge Changes

Additional Return

Countersigned By: _____ JAYNE OERTWIG
AUTHORIZED AGENT

Policy Number
648827683

COMMON POLICY CHANGE ENDORSEMENT

Endorsement No. 002

Allstate Insurance Company

Named Insured SARA RICE SCHIFF PHD

Effective Date: 02-01-23
12:01 A.M., Standard Time

Agent Name JAYNE OERTWIG

POLICY CHANGES ENDORSEMENT DESCRIPTION (CONT'D)

ALL OTHER TERMS AND CONDITIONS REMAIN THE SAME

REMOVAL PERMIT

If this policy includes the Commercial Property Coverage Part, the following applies with respect to the Coverage Part:

If Covered Property is removed to a new location that is described on this Policy Change, you may extend this insurance to include that Covered Property at each location during the removal. Coverage at each location will apply in the proportion that the value at each location bears to the value of all Covered Property being removed. This permit applies up to 10 days after the effective date of this Policy Change; after that, this insurance does not apply at the previous location.

Policy Number

648827683

SCHEDULE OF NAMED INSURED(S)
Allstate Insurance Company

Named Insured SARA RICE SCHIFF PHD

Effective Date: 02-01-23

12:01 A.M., Standard Time

Agent Name JAYNE OERTWIG

DM CW 30 (cont.)

THE NAMED INSURED ON FORM DM CW 30 IS AMENDED TO READ:

SARA RICE SCHIFF PHD

DBA - SRP PSYCHOLOGICAL
SERVICES INC.

Policy Number
648827683

SCHEDULE OF FORMS AND ENDORSEMENTS

Allstate Insurance Company

Named Insured SARA RICE SCHIFF PHD

Effective Date: 02-01-23

12:01 A.M., Standard Time

Agent Name JAYNE OERTWIG

COMMON POLICY FORMS AND ENDORSEMENTS

DM CW 30	01-10	COMMON POLICY CHANGE ENDORSEMENT
DM CW 03	01-10	SCHEDULE OF NAMED INSURED(S)
DM CW 12	01-10	SCHEDULE OF FORMS AND ENDORSEMENTS
DM CW 14	01-10	SCHEDULE OF LOCATIONS

BUSINESSOWNERS FORMS AND ENDORSEMENTS

DB CW 01	01-16	BUSINESSOWNERS POLICY DECLARATIONS
DB CW 02	01-16	BUSINESSOWNERS POLICY DECLARATIONS-2
BP 04 48	07-13	ADDL INSD-DESIGNATED PERSON/ORG.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**ADDITIONAL INSURED – DESIGNATED PERSON
OR ORGANIZATION**

This endorsement modifies insurance provided under the following:

BUSINESSOWNERS COVERAGE FORM

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s):
MT DIABLO UNIFIED SCHOOL DISTRICT
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

Section II – Liability is amended as follows:

A. The following is added to Paragraph **C. Who Is An Insured**:

3. Any person(s) or organization(s) shown in the Schedule is also an additional insured, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf in the performance of your ongoing operations or in connection with your premises owned by or rented to you.

However:

- a.** The insurance afforded to such additional insured only applies to the extent permitted by law; and
- b.** If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

B. With respect to the insurance afforded to these additional insureds, the following is added to Paragraph **D. Liability And Medical Expenses Limits Of Insurance**:

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

- 1.** Required by the contract or agreement; or
- 2.** Available under the applicable Limits Of Insurance shown in the Declarations;

whichever is less.

This endorsement shall not increase the applicable Limits Of Insurance shown in the Declarations.



CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)
01/09/2023

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 have ADDITIONAL INSURED provisions or 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 Trust Risk Management Services, Inc. doing business in CA as TRMS Insurance Agency 1791 Paysphere Circle Chicago, IL 60674	CONTACT NAME: Trust Risk Management Services, Inc PHONE (A/C, No, Ext): 877.637.9700 FAX (A/C, No): 877.251.5111 EMAIL ADDRESS: info@trustrms.com <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 80%;">INSURER(S) AFFORDING COVERAGE</th> <th style="width: 20%;">NAIC #</th> </tr> <tr> <td>INSURER A: ACE American Insurance Company</td> <td>22667</td> </tr> <tr> <td>INSURER B:</td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: ACE American Insurance Company	22667	INSURER B:		INSURER C:		INSURER D:		INSURER E:		INSURER F:	
INSURER(S) AFFORDING COVERAGE	NAIC #														
INSURER A: ACE American Insurance Company	22667														
INSURER B:															
INSURER C:															
INSURER D:															
INSURER E:															
INSURER F:															
INSURED SRP Psychological Services Inc 1910 Olympic Blvd, Ste 225 Walnut Creek, CA 94596															

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/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS-COMP/OP AGG \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per Person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> If yes, describe under DESCRIPTION OF OPERATIONS below	Y / N	N / A				PER STATUTE OTH-ER \$ E.L EACH ACCIDENT \$ E.L. DISEASE-EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Psychologist's Professional Liability Retroactive Date: 02/11/2008			78G22706834	02/11/2023	02/11/2024	Each Incident \$2,000,000 Annual Aggregate \$4,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required):

CERTIFICATE HOLDER Mount Diablo Unified School District 1936 Carlotta Drive 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
--	--



Trust Risk Management Services, Inc. (TRMS)

1791 Paysphere Circle, Chicago, IL 60674

Phone (877) 637-9700

FAX (877) 251-5111

January 09, 2023

SRP Psychological Services Inc
1910 Olympic Blvd, Ste 225
Walnut Creek, CA 94596

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,

A handwritten signature in cursive script that reads "Jana N. Martin, Ph.D.".

Jana N. Martin, Ph.D., President
Trust Risk Management Services, Inc. doing business in CA as TRMS Insurance Agency

Licensed Producer - Elizabeth Rucker, CA #0L41393, FL #W370684. 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



Trust Risk Management Services, Inc. (TRMS)

1791 Paysphere Circle, Chicago, IL 60674

Phone (877) 637-9700

FAX (877) 251-5111

SRP Psychological Services Inc
1910 Olympic Blvd, Ste 225
Walnut Creek, CA 94596

Installment Billing Schedule

Statement Date: January 09, 2023

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: 02/11/2023 to 02/11/2024

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	04/01/2023	\$426.00
Installment 3	07/02/2023	\$426.00
Installment 4	10/04/2023	\$426.00

~ Thank You ~



ACE American Insurance
Company

PRODUCER NUMBER 273865

DATE OF ISSUE January 09, 2023

**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

Item	POLICY/CERTIFICATE NUMBER: 78G22706834		
1.	Named Insured: Address: City, State & Zip Code:	SRP Psychological Services Inc 1910 Olympic Blvd, Ste 225 Walnut Creek, CA 94596	
2.	Policy Period: 12:01 A.M. local time at the address shown in Item 1.	From: 02/11/2023	To: 02/11/2024
3.	COVERAGE	LIMITS OF LIABILITY	PREMIUM
	Professional Liability Wrongful Employment Practices	\$2,000,000 Each Incident	\$4,000,000 Aggregate \$5,000 Aggregate \$1,629.00
	Licensing Board Defense Other Governmental Regulatory Body Defense Deposition Expense Premises Medical Payment Assault and/or Battery Loss of Earnings	\$100,000 per Proceeding \$15,000 per Proceeding \$5,000 per Insured \$2,500 per Person \$500 per Day, per Insured	REIMBURSEMENTS \$75,000 Aggregate \$1,000 Aggregate \$15,000 Aggregate Per Incident \$75.00
	Surcharge(s)		
	Total Premium		\$1,704.00
4.	Retroactive Date 02/11/2008		
5.	This policy is made and accepted subject to the printed conditions in this policy together with the provisions, stipulations and agreements contained in the following form(s) or endorsement(s). PF15215a, PF33748, PF15217a (05/07), CC-1K11j (03/21), PF15245a, PF15235a, PF17914 (02/05),		
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 broker: Office address: City, State, Zip Website: Phone:	Trust Risk Management Services, Inc. doing business in CA as TRMS Insurance Agency 1791 Paysphere Circle Chicago, IL 60674 www.trustinsurance.com 1.877.637.9700

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:

<p>TRUST RISK MANAGEMENT SERVICES, INC. doing business in CA as TRMS Insurance Agency 1791 Paysphere Circle Chicago, IL 60674</p>
<p>OR</p>
<p>Phone: 1.877.637.9700 Fax: 1.877.251.5111 info@trustrms.com www.trustinsurance.com</p>

CHUBB®

SIGNATURES

Named Insured SRP Psychological Services Inc			Endorsement Number
Policy Symbol CRL	Policy Number 78G22706834	Policy Period 02/11/2023 to 02/11/2024	Effective Date 02/11/2023
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.

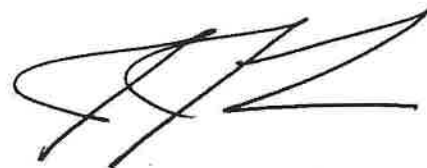
By signing and delivering the policy to you, we state that it is a valid contract.

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



JULIET SCHWEIDEL, Secretary



JOHN J. LUPICA, President

Authorized Representative

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

Named Insured SRP Psychological Services Inc			Endorsement Number
Policy Symbol CRL	Policy Number 78G22706834	Policy Period 02/11/2023 to 02/11/2024	Effective Date 02/11/2023
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>	<u>Retroactive Date(s)</u>
SRP Psychological Services Inc Sara Rice Schiff	02/11/2008 09/07/2005
The premium for this endorsement is included in the premium shown on the Declarations unless a specific amount is shown here:	Additional Premium:
	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 Services Inc			Endorsement Number
Policy Symbol CRL	Policy Number 78G22706834	Policy Period 02/11/2023 to 02/11/2024	Effective Date 02/11/2023
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 2146 Castro Valley CA 94546

The premium for this endorsement is included in the premium shown on the Declarations unless a specific amount is shown here:	Additional Premium:	
	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 09, 2023

Rate Summary

Named insured	SRP Psychological Services Inc	Switch Over Credit	No
Application ID/ Policy	78G22706834	BOP Credit	No
Effective Date	02/11/2023	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	\$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	Type	Rate Date	Rate
Mount Diablo Unified School District	Organization	04/07/2015	\$ 130
Castro Valley Unified School District	Organization	09/28/2016	\$ 130

RATING DETAIL

Base Premium:	\$1,629.00
Licensing Board Defense/Other Governmental Regulatory Body Defense	\$75.00
TOTAL PREMIUM	\$1,704.00