

CERTIFICATE OF LIABILITY INSURANCE

05/22/2023

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 confir rights to the certificate holder in lieu of such endorsement(s).

this certificate does not confer rights to	o me c	ceru	ncare noider in ned or so	CONTA	CT Automatic	Data Proces	sing Insurance Agency, Inc.	
PRODUCER				PHONE 1 000 COA 7024				
Automatic Data Processing Insurance Agency, Inc.				(A/C, No, Ext): 1-800-324-7024 (A/C, No):				
				ADDRE	65:			100000000000000000000000000000000000000
1 Adp Boulevard					INS	URER(5) AFFOR	DING COVERAGE	NAIC #
Roseland NJ 07068				INSURER A : Technology Insurance Company, Inc.			42376	
INSURED California Therapy Connection Inc				INSURER B:				
Canonia many con-				INSURE	nc.			
404 Fami 64				INSURE				
191 Easy St								
			CA 94507	INSURE				
Alamo				INSURE	RF:		REVISION NUMBER:	
COVERAGES CER	TIFIC	ATE	NUMBER: 3024498					LICY PERIOD
THIS TO CERTIFY THAT THE POLICIES INDICATED. NOTWITHSTANDING ANY CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH	PERT/ POLIC	IEME AIN, IES.	THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	DED BY	THE POLICIE	S DESCRIBE	D HEREIN IS SUBJECT TO ALL	
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Community Community							MED EXP (Any one person) \$	
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	1 1					i i	GENERAL AGGREGATE \$	
GEN'L AGGREGATE LIMIT APPLIES PER	1 1						PRODUCTS - COMP/OP AGG \$	
POLICY PRO-	1 1						S S	
OTHER	\perp						COMBINED SINGLE LIMIT	
AUTOMOBILE LIABILITY							(En accident)	
ANY AUTO								
OWNED SCHEDULED AUTOS	1 1						PROPERTY DAMAGE «	
HIRED NON-OWNED AUTOS ONLY	1 1						(Per accident)	
Hadron Charles							3	
UMBRELLA LIAB OCCUR	1 1						EACH OCCURRENCE \$	
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COMO MOS	1						s	
WORKERS COMPENSATION	+	_					X PER OTH-	
AND EMPLOYERS LIABILITY Y/N	1 1							000,000
A OFFICERMEMBER EXCLUDED?		N	1 TWC4244150		03/24/2023	03/24/2024	EL DISEASE - EA EMPLOYEE \$ 1.0	
(Mandatory in NH)	1						EL DISEASE · POLICYLIMIT S 1.0	000 000
If yes, describe under DESCRIPTION OF OPERATIONS below							EL DISEASE - POLICY LIMIT S	,00,000
						}		
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHI	CLEB (A	COR	D 101, Additional Remarks Sched	ule, may	be attached if mo	ta aboon la tadri	red)	
The state of the s								
		_		0	OEL LATION			
CERTIFICATE HOLDER		_		CAN	CELLATION			
				SH	OULD ANY OF	THE ABOVE	DESCRIBED POLICIES BE CANCI	LLED BEFORE

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THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

CA 94591

AUTHORIZED REPRESENTATIVE

1936 Carlotta Drive

Concord

Mt. Diablo Unified School District, Attn: Frank Monaghan

SERVICE

DATE (MM/DD/YYYY)

CERTIFICATE OF LIABILITY INSURANCE

ACORE

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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 Ileu of such endorsement(s). CONTACT Elizabeth Haro PRODUCER License # 0196531 FAX (A/C, No): GS Insurance Solutions, Inc. 5201 Great America Parkway Suite 320 Santa Clara, CA 95054 PHONE (A/C, No, Ext): (650) 567-3944 E-MAIL ADDRESS: eli@gsisol.com NAIC # INSURER(S) AFFORDING COVERAGE 11000 INSURER A: Sentinel Insurance Company, Ltd. INSURER B : Employers Preferred Insurance Company 10346 INSURER C: American Casualty Company of Reading, Pennsylvania INSURED 20427 California Therapy Connection DBA: Diablo Valley Speech **PO Box 1014** Alamo, CA 94507 INSURER E INSURER F 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. CERTIFICATE NUMBER: COVERAGES ADDL SUBR INSD WVD POLICY NUMBER TYPE OF INSURANCE 2,000,000 EACH OCCURRENCE X COMMERCIAL GENERAL LIABILITY DAMAGE TO RENTED PREMISES (Ea occurre 1,000,000 9/12/2023 9/12/2022 57SBMRB5685 CLAIMS-MADE X OCCUR X 10,000 MED EXP (Any one person) 2,000,000 PERSONAL & ADV INJURY 4,000,000 GENERAL AGGREGATE GEN'L AGGREGATE LIMIT APPLIES PER: 4,000,000 PRODUCTS - COMPIOP AGG TEC+ X POLICY 2,000,000 COMBINED SINGLE LIMIT (Fa accident) OTHER: AUTOMOBILE LIABILITY 9/12/2022 9/12/2023 BODILY INJURY (Per person) 57SBMRB5685 ANY AUTO BODILY INJURY (Per accident) \$
PROPERTY DAMAGE
(Per accident) \$ SCHEDULED AUTOS OWNED AUTOS ONLY NON-OWNED AUTOS ONLY WIFES ONLY EACH OCCURRENCE UMBRELLA LIAB OCCUR AGGREGATE CLAIMS-MADE **FXCESS LIAB** DED RETENTIONS STATUTE WORKERS COMPENSATION AND EMPLOYERS' LIABILITY 1,000,000 5/28/2022 5/28/2023 EIG223818007 E.L. EACH ACCIDENT ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) 1,000,000 E.L. DISEASE - EA EMPLOYEE 1,000,000 E.L. DISEASE - POLICY LIMIT If yes, describe under DESCRIPTION OF OPERATIONS below 3,000,000 8/8/2023 8/8/2022 Aggregate 0683787567 Errors & Omissions 1,000,000 Each Claim 8/8/2023 8/8/2022 0683787567 **Errors & Omissions** DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
MT. Diablo Unified School District is named as additional insureds with respect to General Liability as per the written contract. CANCELLATION CERTIFICATE HOLDER SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. MT. Diable Unified School District 1936 Carlotta Drive, Wing D Concord, CA 94519 **AUTHORIZED REPRESENTATIVE**

ACORD 25 (2016/03)

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Elizabeth Hars

(b) Rented to, in the care, custody or control of, or over which physical control is being exercised for any purpose by you, any of your "employees", "volunteer workers", any partner or member (if you are a partnership or joint venture), or any member (if you are a limited liability company).

b. Real Estate Manager

Any person (other than your "employee" or "volunteer worker"), or any organization while acting as your real estate manager.

c. Temporary Custodians Of Your Property

Any person or organization having proper temporary custody of your property if you die, but only:

- (1) With respect to liability arising out of the maintenance or use of that property; and
- (2) Until your legal representative has been appointed.

d. Legal Representative If You Die

Your legal representative if you die, but only with respect to duties as such. That representative will have all your rights and duties under this insurance.

e. Unnamed Subsidiary

Any subsidiary and subsidiary thereof, of yours which is a legally incorporated entity of which you own a financial interest of more than 50% of the voting stock on the effective date of this Coverage Part.

The insurance afforded herein for any subsidiary not shown in the Declarations as a named insured does not apply to injury or damage with respect to which an insured under this insurance is also an insured under another policy or would be an insured under such policy but for its termination or upon the exhaustion of its limits of insurance.

3. Newly Acquired Or Formed Organization

Any organization you newly acquire or form, other than a partnership, joint venture or limited liability company, and over which you maintain financial interest of more than 50% of the voting stock, will qualify as a Named Insured if there is no other similar insurance available to that organization. However:

a. Coverage under this provision is afforded only until the 180th day after you acquire or form the organization or the end of the policy period, whichever is earlier; and

BUSINESS LIABILITY COVERAGE FORM

- b. Coverage under this provision does not apply to:
 - (1) "Bodily injury" or "property damage" that occurred; or
 - (2) "Personal and advertising injury" arising out of an offense committed

before you acquired or formed the organization.

4. Operator Of Mobile Equipment

With respect to "mobile equipment" registered in your name under any motor vehicle registration law, any person is an insured while driving such equipment along a public highway with your permission. Any other person or organization responsible for the conduct of such person is also an insured, but only with respect to liability arising out of the operation of the equipment, and only if no other insurance of any kind is available to that person or organization for this liability. However, no person or organization is an insured with respect to:

- a. "Bodily injury" to a co-"employee" of the person driving the equipment; or
- b. "Property damage" to property owned by, rented to, in the charge of or occupied by you or the employer of any person who is an insured under this provision.

5. Operator of Nonowned Watercraft

With respect to watercraft you do not own that is less than 51 feet long and is not being used to carry persons for a charge, any person is an insured while operating such watercraft with your permission. Any other person or organization responsible for the conduct of such person is also an insured, but only with respect to liability arising out of the operation of the watercraft, and only if no other insurance of any kind is available to that person or organization for this liability.

However, no person or organization is an insured with respect to:

- a. "Bodily injury" to a co-"employee" of the person operating the watercraft; or
- b. "Property damage" to property owned by, rented to, in the charge of or occupied by you or the employer of any person who is an insured under this provision.

6. Additional Insureds When Required By Written Contract, Written Agreement Or Permit

The person(s) or organization(s) identified in Paragraphs a. through f. below are additional insureds when you have agreed, in a written

BUSINESS LIABILITY COVERAGE FORM

contract, written agreement or because of a permit issued by a state or political subdivision, that such person or organization be added as an additional insured on your policy, provided the injury or damage occurs subsequent to the execution of the contract or agreement, or the issuance of the permit.

A person or organization is an additional insured under this provision only for that period of time required by the contract, agreement or permit.

However, no such person or organization is an additional insured under this provision if such person or organization is included as an additional insured by an endorsement issued by us and made a part of this Coverage Part, including all persons or organizations added as additional insureds under the specific additional insured coverage grants in Section F. — Optional Additional Insured Coverages.

a. Vendors

Any person(s) or organization(s) (referred to below as vendor), but only with respect to "bodily injury" or "property damage" arising out of "your products" which are distributed or sold in the regular course of the vendor's business and only if this Coverage Part provides coverage for "bodily injury" or "property damage" included within the "products-completed operations hazard".

(1) The insurance afforded to the vendor is subject to the following additional exclusions:

This insurance does not apply to:

- (a) "Bodily injury" or "property damage" for which the vendor is obligated to pay damages by reason of the assumption of liability in a contract or agreement. This exclusion does not apply to liability for damages that the vendor would have in the absence of the contract or agreement;
- (b) Any express warranty unauthorized by you;
- (c) Any physical or chemical change in the product made intentionally by the vendor;
- (d) Repackaging, except when unpacked solely for the purpose of inspection, demonstration, testing, or the substitution of parts under instructions from the manufacturer, and then repackaged in the original container;

- (e) Any failure to make such inspections, adjustments, tests or servicing as the vendor has agreed to make or normally undertakes to make in the usual course of business, in connection with the distribution or sale of the products;
- (f) Demonstration, installation, servicing or repair operations, except such operations performed at the vendor's premises in connection with the sale of the product;
- (g) Products which, after distribution or sale by you, have been labeled or relabeled or used as a container, part or ingredient of any other thing or substance by or for the vendor; or
- (h) "Bodily injury" or "property damage" arising out of the sole negligence of the vendor for its own acts or omissions or those of its employees or anyone else acting on its behalf. However, this exclusion does not apply to:
 - (i) The exceptions contained in Subparagraphs (d) or (f); or
 - (ii) Such inspections, adjustments, tests or servicing as the vendor has agreed to make or normally undertakes to make in the usual course of business, in connection with the distribution or sale of the products.
- (2) This insurance does not apply to any insured person or organization from whom you have acquired such products, or any ingredient, part or container, entering into, accompanying or containing such products.

b. Lessors Of Equipment

(1) Any person or organization from whom you lease equipment; but only with respect to their liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your maintenance, operation or use of equipment leased to you by such person or organization.

(2) With respect to the insurance afforded to these additional insureds, this insurance does not apply to any "occurrence" which takes place after you cease to lease that equipment.

c. Lessors Of Land Or Premises

- (1) Any person or organization from whom you lease land or premises, but only with respect to liability arising out of the ownership, maintenance or use of that part of the land or premises leased to you.
- (2) With respect to the insurance afforded to these additional insureds, this insurance does not apply to:
 - (a) Any "occurrence" which takes place after you cease to lease that land or be a tenant in that premises; or
 - (b) Structural alterations, new construction or demolition operations performed by or on behalf of such person or organization.

d. Architects, Engineers Or Surveyors

- (1) Any architect, engineer, or surveyor, 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.
 - (a) In connection with your premises;
 - (b) In the performance of your ongoing operations performed by you or on your behalf.
- (2) With respect to the insurance afforded to these additional insureds, the following additional exclusion applies:

This insurance does not apply to "bodily injury", "property damage" or "personal and advertising injury" arising out of the rendering of or the failure to render any professional services by or for you, including:

- (a) The preparing, approving, or failure to prepare or approve, maps, shop drawings, opinions, reports, surveys, field orders, change orders, designs or drawings and specifications; or
- (b) Supervisory, inspection, architectural or engineering activities.

e. Permits Issued By State Or Political Subdivisions

- (1) Any state or political subdivision, but only with respect to operations performed by you or on your behalf for which the state or political subdivision has issued a permit.
- (2) With respect to the insurance afforded to these additional insureds, this insurance does not apply to:
 - (a) "Bodily injury", "property damage" or "personal and advertising injury" arising out of operations performed for the state or municipality; or
 - (b) "Bodily injury" or "property damage" included within the "productscompleted operations hazard".

f. Any Other Party

- (1) Any other person or organization who is not an insured under Paragraphs a. through e. above, 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:
 - (a) In the performance of your ongoing operations;
 - (b) In connection with your premises owned by or rented to you; or
 - (c) In connection with "your work" and included within the "productscompleted operations hazard", but only if
 - (i) The written contract or written agreement requires you to provide such coverage to such additional insured; and
 - (ii) This Coverage Part provides coverage for "bodily injury" or "property damage" included within the "productscompleted operations hazard".
- (2) With respect to the insurance afforded to these additional insureds, this insurance does not apply to:
 - "Bodily injury", "property damage" or "personal and advertising injury" arising out of the rendering of, or the failure to render, any professional architectural, engineering or surveying services, including:



EMPLOYERS PREFERRED INS. CO. A Stock Company Workers' Compensation and Employers Liability Insurance Policy

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Policy Number	Policy From	Period_ To
EIG 2238180 07	05/28/2022 1E:DIAM Standard Tim Insulad St Stated Berran	05/28/2023

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			Trans	action			
RENEWAL DEC	LARATION:	5					
NCCI Carrier #	31283	WCIRB CARRIE	R# 00920	PRIOR FOLICY NUMBER	EIG2238180	006	
Named Insured and Address				Agent			
OUTMAN RIC (IND) PO BOX 1014 ALAMO CA 94507			GOLDEN STATE INS SOLUTIONS INC GS INS SOLUTIONS INC 5201 GREAT AMERICA PARKWAY SUI SANTA CLARA, CA 95054 Telephone: 6502823104				
Customer #			FEIN # 547 66 6887	Risk ID ≠	Entity of Insured INDIVIDUAL		

Additional Locations:

- 2. The Policy Period is from 05/28/2022 to 05/28/2023 12:01 a.m. Standard Time at the Insured's mailing address.
- 3. A. Workers Compensation Insurance: Part ONE of the policy applies to the Workers Compensation Law of the states listed here: CA
 - B. Employers Liability Insurance: Part TWO of the policy applies to work in each state listed in Item 3A. The limits of our liability under Part TWO are:

Bodily Injury by Accident S 1,000,000 each accident Bodily Injury by Disease S 1,000,000 policy limit Bodily Injury by Disease S 1,000,000 each employee

- C. Other States Insurance: Part THREE of the policy applies to the states, if any, listed here: All states except ND. OH. WA. WY and states listed in item 3.A.
- D. This policy includes these endorsements and schedules: See attached schedule.
- 4. The premium for this policy will be determined by our Manuals of Rules, Classifications, Rates, and Rating Plans. All Information required below is subject to verification and change by audit.

SEE EXTENSION OF INFORMATION PAGE

Minimum Premium	\$	750	Expense Constant Premium Discount	\$	160	
Assessments and Taxes	\$		Total Estimated AnnualPremium	\$	1,821	
☐ This is a Three Year F Premium Adjustment Pe		ate Policy 区 Аппиаі; ☐ Semia	annual; Quarterly; Monthly A. A. A. A. A. A. A. A.	_ع ي	<u></u>	
Countersigned this Da Issued Date: 04/18/2022	y of	F	Authorized Repres	entativ	3	
Issuing Office EMPLOYERS P.O. BOX 53 HENDERSON	2003	ERRED INS. CO. 39053-9003				

Issued Date 04/18/2022 WC990530 (5/98 Ed.) INSURED COPY

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