



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
4/17/2015

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).


|                                                                                                                                       |                                                                       |  |                                        |
|---------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|--|----------------------------------------|
| <b>PRODUCER License # 0564249</b><br><b>Heffernan Insurance Brokers</b><br><b>1460B O'Brien Drive</b><br><b>Menlo Park, CA 94025</b>  | <b>CONTACT NAME:</b><br><b>PHONE (A/C, No, Ext): 1 (650) 842-5200</b> |  | <b>FAX (A/C, No): 1 (650) 842-5201</b> |
|                                                                                                                                       | <b>E-MAIL ADDRESS:</b>                                                |  |                                        |
| <b>INSURED</b><br><br><b>FamillesFirst, Inc. dba EMQ FamillesFirst Inc.</b><br><b>251 Llewellyn Ave.</b><br><b>Campbell, CA 95008</b> | <b>INSURER(S) AFFORDING COVERAGE</b>                                  |  | <b>NAIC #</b>                          |
|                                                                                                                                       | <b>INSURER A : Lexington Insurance Company</b>                        |  | <b>19437</b>                           |
|                                                                                                                                       | <b>INSURER B : Allmerica Financial Benefit Insurance Company</b>      |  | <b>41840</b>                           |
|                                                                                                                                       | <b>INSURER C : Travelers Property Casualty Company of America</b>     |  | <b>25674</b>                           |
|                                                                                                                                       | <b>INSURER D :</b>                                                    |  |                                        |
|                                                                                                                                       | <b>INSURER E :</b>                                                    |  |                                        |
| <b>INSURER F :</b>                                                                                                                    |                                                                       |  |                                        |

**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/SUBR INSD   WVD | POLICY NUMBER    | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS                                                                          |
|------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|----------------------|------------------|-------------------------|-------------------------|---------------------------------------------------------------------------------|
| A                                                                                              | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY                | X                    | 6797441          | 03/01/2015              | 03/01/2016              | EACH OCCURRENCE \$ 1,000,000                                                    |
|                                                                                                | <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  |                      |                  |                         |                         | DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000                          |
|                                                                                                | <input checked="" type="checkbox"/> Professional Liab                           |                      |                  |                         |                         | MED EXP (Any one person) \$ 50,000                                              |
|                                                                                                | <input checked="" type="checkbox"/> (Claims Made)                               |                      |                  |                         |                         | PERSONAL & ADV INJURY \$ 1,000,000                                              |
| GEN'L AGGREGATE LIMIT APPLIES PER:                                                             |                                                                                 |                      |                  |                         |                         | GENERAL AGGREGATE \$ 3,000,000                                                  |
| POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> |                                                                                 |                      |                  |                         |                         | PRODUCTS - COM/OP AGG \$ 3,000,000                                              |
| OTHER:                                                                                         |                                                                                 |                      |                  |                         |                         | \$                                                                              |
| B                                                                                              | <input checked="" type="checkbox"/> AUTOMOBILE LIABILITY                        | X                    | AWF987096102     | 03/01/2015              | 03/01/2016              | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000                                |
|                                                                                                | <input checked="" type="checkbox"/> ANY AUTO                                    |                      |                  |                         |                         | BODILY INJURY (Per person) \$                                                   |
|                                                                                                | <input type="checkbox"/> ALL OWNED AUTOS                                        |                      |                  |                         |                         | BODILY INJURY (Per accident) \$                                                 |
|                                                                                                | <input type="checkbox"/> HIRED AUTOS                                            |                      |                  |                         |                         | PROPERTY DAMAGE (Per accident) \$                                               |
| SCHEDULED AUTOS NON-OWNED AUTOS                                                                |                                                                                 |                      |                  |                         |                         | \$                                                                              |
| A                                                                                              | <input checked="" type="checkbox"/> UMBRELLA LIAB                               | X                    | 6797444          | 03/01/2015              | 03/01/2016              | EACH OCCURRENCE \$ 10,000,000                                                   |
|                                                                                                | <input type="checkbox"/> EXCESS LIAB                                            |                      |                  |                         |                         | AGGREGATE \$ 10,000,000                                                         |
|                                                                                                | <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 0 |                      |                  |                         |                         | \$                                                                              |
| C                                                                                              | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY                                   | N/A                  | TC2JUB9E10019515 | 03/01/2015              | 03/01/2016              | <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER |
|                                                                                                | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)     |                      |                  |                         |                         | E.L. EACH ACCIDENT \$ 1,000,000                                                 |
|                                                                                                | if yes, describe under DESCRIPTION OF OPERATIONS below                          |                      |                  |                         |                         | E.L. DISEASE - EA EMPLOYEE \$ 1,000,000                                         |
|                                                                                                |                                                                                 |                      |                  |                         |                         | E.L. DISEASE - POLICY LIMIT \$ 1,000,000                                        |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
Re: As Per Contract or Agreement on File with Insured.  
Mt. Diablo Unified School District, its officers, officials, agents, employees and volunteers are named as Additional Insured on the General Liability and Automobile Liability policies per the attached endorsements. This certificate replaces and supersedes all previously issued certificates. (EMQFF only: CCC - Mt. Diablo USD - ERMHS Services)

|                                                                                                                                                                                    |                                                                                                                                                                                           |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>CERTIFICATE HOLDER</b><br><br><b>Mt. Diablo Unified School District</b><br><b>Attn: Marie Antonette U. Fable</b><br><b>1936 Carlotta Drive</b><br><b>Concord, CA 94519-1397</b> | <b>CANCELLATION</b><br><br>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. |
|                                                                                                                                                                                    | <b>AUTHORIZED REPRESENTATIVE</b><br><br>                                                               |

**ENDORSEMENT**

This endorsement, effective 12:01 AM: March 1, 2015

Forms a part of policy no.: 6797441

Issued to: FAMILIES FIRST, INC DBA EMQ FAMILIES FIRST

By: LEXINGTON INSURANCE COMPANY

**ADDITIONAL INSUREDS ENDORSEMENT**

The Policy is amended as follows:

Section II. WHO IS AN INSURED of the HEALTHCARE GENERAL LIABILITY COVERAGE PART is amended by adding the following:

**Mt. Diablo Unified School District**

but only as respects liability arising out of the conduct of your business.

All other terms, conditions and exclusions of the policy remain unchanged.



\_\_\_\_\_  
Authorized Representative  
or countersignature (where required by law)