

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 05/14/2020

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 SUBROGATIONIS 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).

	of comer rights to the certificate in	oluci	III lieu c	i such endorsement	(3).						
PRODUCER			CONTACT NAME:	CONTACT NAME:							
AUTOMATIC DATA PROCESSING INS AGCY 76250717				PHONE (800	(555)						
71 HANOVER ROAD				(A/C, No, Ext):							
FLORHAM PARK NJ 07932				E-MAIL ADDRESS:	E-MAIL ADDRESS:						
					INSURER(S) A	FFORDING COVE	RAGE	NAIC#			
				INSURER A: Sentir	nel Insurance Con	npany Ltd.		11000			
INSL	IRED			INSURER B: Hartfo	ord Fire Insurance	Company		19682			
	SPEECH & LANGUAGE PATHOLO	GIST	SINC	INSURER C:							
	A COMMUNICATION WORKS			INSURER D:							
	RISA RD AYETTE CA 94549-3418			INSURER E:							
U (i	7.112 O/ 34343-3410			INSURER F:							
CO	VERAGES C	FRTII	FICATE	NUMBER:		REVIS	SION NUMBER:				
	HIS IS TO CERTIFY THAT THE POLICIE				VE BEEN ISSUED			THE POLICY PERIOD			
IN	DICATED.NOTWITHSTANDING ANY RE	EQUIR	EMENT,	TERM OR CONDITION	OF ANY CONTRAC	CT OR OTHER	DOCUMENT WITH RESPI	ECT TO WHICH THIS			
	ERTIFICATE MAY BE ISSUED OR MAY							JECT TO ALL THE			
INSF	ERMS, EXCLUSIONS AND CONDITIONS TYPE OF INSURANCE		SUBR	POLICY NUMBER	POLICY EFF	POLICY EXP	T T	-0			
LTR	COMMERCIAL GENERAL LIABILITY	INSR	WVD	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/Y YYY)	LIMIT EACH OCCURRENCE				
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED	\$2,000,000			
Α							PREMISES (Ea occurrence)	\$1,000,000			
	X General Liability			70.0004/11/10040	0.4/0.4/0000	04/24/2021	MED EXP (Any one person) PERSONAL & ADV INJURY	\$10,000			
				76 SBW UH9019	04/24/2020			\$2,000,000			
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$4,000,000			
	POLICY PRO- X LOC						PRODUCTS - COMP/OP AGO	\$4,000,000			
	OTHER:						COMBINED SINGLE LIMIT				
	AUTOMOBILE LIABILITY				04/24/2020	04/24/2021	(Ea accident)	\$2,000,000			
	ANY AUTO						BODILY INJURY (Per person)				
Α	ALL OWNED SCHEDULED AUTOS AUTOS			76 SBW UH9019			BODILY INJURY (Per acciden	t)			
	✓ HIRED ✓ NON-OWNED						PROPERTY DAMAGE				
	AUTOS AUTOS						(Per accident)	-			
	X UMBRELLA LIAB X OCCUR		-				EACH OCCURRENCE	\$1,000,000			
	EXCESS LIAB CLAIMS-			70 000411110040	0.4/0.4/00000	0.4/0.4/0004	AGGREGATE	\$1,000,000			
Α	MADE			76 SBW UH9019	04/24/2020	04/24/2021	AGGREGATE	\$1,000,000			
	DED X RETENTION \$ 10,000						1858				
	AND EMPLOYERS' LIABILITY						X PER OTH	1-			
_	ANY Y/N					06/12/2021	E.L. EACH ACCIDENT	\$1,000,000			
В	OFFICER/MEMBER EXCLUDED?	N/ A		76 WEG GF6128	06/12/2020		E.L. DISEASE -EA EMPLOYER	\$1,000,000			
	(Mandatory in NH) If yes, describe under						E.L. DISEASE - POLICY LIMIT	\$1,000,000			
	DESCRIPTION OF OPERATIONS below							\$1,000,000			
DESC	RIPTION OF OPERATIONS / LOCATIONS / VE	UICI E	CACOBD	101 Additional Damada Sa	hadula may be ettech	ad if man an an a					
	se usual to the Insured's Operations.										
(C. 200.00)	RTIFICATE HOLDER	1 loud	0 000 7 10	aditional remarks con	CANCELLA						
	JNT DIABLO UNIFIED SCHOOL DIS	STRIC	Т				E DESCRIBED POLICIES	BE CANCELLED			
1936 CARLOTTA DR					BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED						
COI	NCORD CA 94519			}			LICY PROVISIONS.				
					AUTHORIZED REPRESENTATIVE						
					Sugar J.	Castan	edas				

AGENCY CUSTOMER ID:	
LOC#:	



ADDITIONAL REMARKS SCHEDULE

Page <u>2</u> of <u>2</u>

AGENCY		NAMED INSURED					
AUTOMATIC DATA PROCESSING INS AGC	Υ	CW SPEECH & LANGUAGE PATHOLOGISTS INC DBA					
POLICY NUMBER		COMMUNICATION WORKS					
SEE ACORD 25		950 RISA RD					
CARRIER	NAIC CODE	LAFAYETTE CA 94549-3418					
SEE ACORD 25		EFFECTIVE DATE: SEE ACORD 25					

SEE ACORD 25		EFFECTIVE DATE: SEE ACORD 25						
ADDITIONAL REMARKS								
THIS ADDITIONAL REMARKS FORM IS A SCHEDULE	TO ACORD FORM							
FORM NUMBER: ACORD 25 FORM TITLE:	<u>CERTIFICATE</u>	E OF LIABILITY INSURANCE	_					
MOUNT DIABLO UNIFIED SCHOOL DISTRICT, its subsidiares, officials and employees are covered as Additonal Insured with respect to liability arising out of activites performed by the named insured when required by written contract per the Business Liability Coverage Form SS0008, the Hired Auto and Non Owned Auto Endorsement SS0438 and the Umbrella Liability Provisions Form SX8002. Coverage is Primary and Non-Contributory per the Business Liability Coverage Form SS0008 and the Hired Auto and Non Owned Auto Endorsement SS0438 attached to this policy.								

POLICY NUMBER: 76 SBW UH9019



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED - OWNER, LESSEES OR CONTRACTOR

MT. DIABLO UNIFIED SCHOOL DIST 1936 CARLOTTA DRIVE CONCORD, CA 94519

Form IH 12 00 11 85 T SEQ. NO. 006 Printed in U.S.A. Page 001

Process Date: 02/06/20 Expiration Date: 04/24/21



PRODUCER

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 06/14/2019

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Affinity Insurance Services, Inc 1100 Virginia Drive, Suite 250					PHONE (A/C, No, Ext): 888-288-3534 E-MAIL ADDRESS: FAX (A/C, No): 847-953-0134									
	Fort Washington, PA 19034		NAIC#											
						INSURER(S) AFFORDING COVERAGE INSURER A: Columbia Casualty Company								
INSURE	CW Speech & Language Pat	CW Speech & Language Pathologist						INSURER B:						
	950 Risa Rd						INSURER C:							
	Lafayette, CA 94549			INSURER D:										
						RE:								
					INSURE	RF:								
COVE	RAGES CEF	RTIFI	CATE	NUMBER:				REVISION NUMBER						
INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDIT														
INSR LTR	TYPE OF INSURANCE	ADDL	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	L	MITS					
	COMMERCIALGENERALLIABILITY							EACHOCCURRENCE	\$					
	CLAIMS-MADE OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$					
								MED EXP (Any one person)	s					
								PERSONAL & ADV INJURY	\$					
G	EN'L AGGREGATE LIMIT APPLIES PER:							GENERALAGGREGATE	s					
	POLICY PRO- LOC							PRODUCTS - COMP/OP AG	G \$					
	OTHER							ACMINIST ON A STREET	\$					
Al	JTOMOBILE LIABILITY							(Ea accident)	\$					
	ANYAUTO							BODILY INJURY (Per persor	0.0					
	OWNED SCHEDULED AUTOS NON-ONLY HIRED OWNED							BODILY INJURY (Per accide PROPERTY DAMAGE						
	AUTOS AUTOS ONLY							(Per accident)	\$					
	ONLY								\$					
_	UMBRELLA LIAB OCCUR							EACHOCCURRENCE	\$					
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$					
18/	DED RETENTIONS PRICE COMPENSATION							I PER I LOTH	\$					
AN	D EMPLOYERS' LIABILITY Y/N							PER OTH STATUTE ER						
OF	YPROPRIETOR/PARTNER/EXECUTIVE FICER/MEMBEREXCLUDED?	N/A						E.L. EACH ACCIDENT	\$					
If y	andatory in NH) es, describe under							E.L. DISEASE - EA EMPLOY						
DĚ	SCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIM	T \$					
A Pr	ofessional Liability - Occurrence			411938046		06/15/2019	06/15/2020	Per Claim Aggregate		1,000,000 5,000,000				
DESCRIF	TION OF OPERATIONS / LOCATIONS / VEHICL	ES (A	CORD	101, Additional Remarks Schedule	, may be	attached if more	space is required	1)						
Sexual Abuse / Misconduct Increased Sublimit of Liability: \$1,000,000 per occurrence / \$6,000,000 aggregate DBA of Specified Location Endorsement: Communication Works														
CERT	CERTIFICATE HOLDER CANCELLATION													
Mt. Diablo USD 1936 Carlotta Dr Concord, CA 94519						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									
						"GGJOJUZ *OTVSBODF 4FSWJDFT, *OD								

May 14, 2020

MOUNT DIABLO UNIFIED SCHOOL DISTRICT 1936 CARLOTTA DR CONCORD CA 94519

Account Information:

Policy Holder Details : CW SPEECH & LANGUAGE
PATHOLOGISTS INC DBA
COMMUNICATION WORKS



Business Service Center

Business Hours: Monday - Friday (7AM - 7PM Central Standard Time)

Phone: (877) 287-1316 **Fax:** (888) 443-6112

Email: <u>agency.services@thehartford.com</u> **Website:** <u>https://business.thehartford.com</u>

Enclosed please find a for the above referenced Policyholder. Please contact us if you have any questions or concerns.

Sincerely,

Your Hartford Service Team