



CERTIFICATE OF LIABILITY INSURANCE

OBRIN-1

OP ID: EV

DATE (MM/DD/YYYY)

08/28/2015

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).

PRODUCER R. L. Milsner, Inc. CA License #0557311 1233 Alpine Rd Walnut Creek, CA 94596 R.L. Milsner, Inc.		CONTACT NAME: R.L. Milsner, Inc. PHONE (A/C, No, Ext): 925-932-0424 E-MAIL ADDRESS: FAX (A/C, No): 925-932-2317	
INSURED Kristen W. Obrinsky 1205 Tulane Drive Walnut Creek, CA 94596-6249		INSURER(S) AFFORDING COVERAGE INSURER A: The Hartford Insurance Co INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	
		NAIC # 22357	

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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER	X		57SBMRI2419	08/28/2015	08/28/2016	EACH OCCURRENCE	\$ 2,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000
							MED EXP (Any one person)	\$ 5,000
							PERSONAL & ADV INJURY	\$ 2,000,000
							GENERAL AGGREGATE	\$ 4,000,000
							PRODUCTS - COMP/OP AGG	\$ 4,000,000
								\$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident)	\$
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE	\$
							AGGREGATE	\$
								\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY <input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			N/A			PER STATUTE	OTH-ER
							E.L. EACH ACCIDENT	\$
							E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$

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 insured to the above general liability policy per written contract.

CERTIFICATE HOLDER**CANCELLATION**

MTDIA77

MT Diablo Unified
 School District
 1936 Carlotta Drive
 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
 R.L. Milsner, Inc.



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

POLICY CHANGE

This endorsement changes the policy effective on the Inception Date of the policy unless another date is indicated below:

Policy Number: 57 SBMRI2419 SC

Named Insured and Mailing Address; KRISTEN W OBRINSKY

1205 TULANE DR
WALNUT CREEK CA 94596

Policy Change Effective Date: 08/28/15

**Effective hour is the same as stated in the
Declarations Page of the Policy.**

Policy Change Number: 001

Agent Name: R L MILSNER INC INS BROKERAGE

Code: 100667

POLICY CHANGES:

SENTINEL INSURANCE COMPANY, LIMITED

ANY CHANGES IN YOUR PREMIUM WILL BE REFLECTED IN YOUR NEXT BILLING
STATEMENT. IF YOU ARE ENROLLED IN REPETITIVE EFT DRAWS FROM YOUR BANK
ACCOUNT, CHANGES IN PREMIUM WILL CHANGE FUTURE DRAW AMOUNTS.
THIS IS NOT A BILL.

NO PREMIUM DUE AS OF POLICY CHANGE EFFECTIVE DATE

RATES AND PREMIUMS ARE CHANGED.

BUSINESS LIABILITY OPTIONAL COVERAGES ARE REVISED

ADDITIONAL INSURED(S) ARE ADDED

THE FOLLOWING ARE ADDITIONAL INSURED FOR BUSINESS LIABILITY COVERAGE IN
THIS POLICY.

LOCATION 001 BUILDING 001

PERSON/ORGANIZATION: SEE FORM IH 12 00

PRO RATA FACTOR: 1.000

THIS ENDORSEMENT DOES NOT CHANGE THE POLICY EXCEPT AS SHOWN.

Form SS 12 11 04 05 T
Process Date: 09/01/15

Page 001 (CONTINUED ON NEXT PAGE)
Policy Effective Date: 08/28/15
Policy Expiration Date: 08/28/16

POLICY CHANGE (Continued)

Policy Number: 57 SBM RI2419

Policy Change Number: 001

FORM NUMBERS OF ENDORSEMENTS ADDED AT ENDORSEMENT ISSUE:

IH12001185 ADDITIONAL INSURED - PERSON-ORGANIZATION

POLICY NUMBER: 57 SBM RI2419



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED - PERSON-ORGANIZATION

LOC 001/ BLDG 001
MT. DIABLO UNIFIED SCHOOL DISTRICT
1936 CARLOTTA DRIVE
CONCORD, CA 94519



HEALTHCARE PROVIDERS SERVICE ORGANIZATION PURCHASING GROUP



Certificate of Insurance

OCCURENCE POLICY FORM

Print Date: 8/26/2015

Producer Branch Prefix Policy Number Policy Period
018098 970 HPG 0159917591 from 03/08/15 to 03/08/16 at 12:01 AM Standard Time

Named Insured and Address:
Kristen W Obrinsky
1205 Tulane Dr
Walnut Creek, CA 94596-6429

Program Administered by:
Healthcare Providers Service Organization
159 E. County Line Road
Hatboro, PA 19040-1218
1-800-982-9491
www.hpso.com

Medical Specialty: Code: Insurance is provided by:
Physical Therapist 80995 American Casualty Company of Reading, Pennsylvania
333 S. Wabash Avenue, Chicago, IL 60604

Excludes Cosmetic Procedures

Professional Liability \$2,000,000 each claim \$ 4,000,000 aggregate

Your professional liability limits shown above include the following:

- * Good Samaritan Liability * Malplacement Liability * Personal Injury Liability
* Sexual Misconduct Included in the PL limit shown above subject to \$ 25,000 aggregate sublimit

Coverage Extensions

Table with 5 columns: Coverage Extension, Amount, Frequency, Aggregate Limit, and Aggregate Limit. Rows include License Protection, Defendant Expense Benefit, Deposition Representation, Assault, Medical Payments, First Aid, Damage to Property of Others, and Information Privacy (HIPAA) Fines and Penalties.

General Liability

General Liability \$1,000,000 each claim / \$1,000,000 aggregate
Fire & Water Legal Liability Included in the GL limit shown above subject to \$250,000 aggregate sublimit
Personal Liability \$1,000,000 aggregate

Total: \$ 730.00

Base Premium \$730.00

Premium reflects Self Employed , Full Time

Policy Forms & Endorsements(Please see attached list for a general description of many common policy forms and endorsements.)

- G-121500-D G-121501-C1 G-145184-A G-147292-A GSL15563 GSL15564
GSL15565 GSL17101 GSL13424 G-123846-D04 GSL3886 GSL3908
G-121486-B G-121504-C CNA79575

Handwritten signature of Thomas F. Motamed

Chairman of the Board

Handwritten signature of Secretary

Secretary

Keep this document in a safe place. It and proof of payment are your proof of coverage. There is no coverage in force unless the premium is paid in full. In order to activate your coverage, please remit premium in full by the effective date of this Certificate of Insurance. Master Policy # 188711433

G-141241-B (03/2010)

Coverage Change Date: 8/20/2015

Endorsement Change Date:

POLICY FORMS & ENDORSEMENTS

The list below contains general descriptions of the policy forms and endorsements that may or may not apply to your professional liability insurance policy. **Please refer to your Certificate of Insurance for the policy forms & endorsements specific to your state and your policy period.** Coverages, rates and limits may differ or may not be available in all states. All products and services are subject to change without notice.

Think Green –expanded definitions and copies of these policy forms and endorsements are available online at www.hpsso.com/policyforms

COMMON POLICY FORMS & ENDORSEMENTS

<u>FORM #</u>	<u>DESCRIPTION</u>
G-121500-D	Common Policy Conditions
G-121501-C1	Occurrence Policy Form - California
G-145184-A	Policyholder Notice - OFAC Compliance Notice
G-147292-A	Policyholder Notice - Silica, Mold & Asbestos Disclosure
GSL15563	Information Privacy Coverage Endorsement HIPAA Fines, Penalties & Notification Costs
GSL15564	Sexual Misconduct Sublimits of Liability Professional Liability & Sexual Misconduct Exclusion
GSL15565	Healthcare Providers Professional Liability Assault Coverage
GSL17101	Exclusion of Specified Activities Reuse of Parenteral Devices and Supplies
GSL13424	Services to Animals
G-123846-D04	California Cancellation and Non-Renewal
GSL3886	Coverage & Cap on Losses from Certified Acts Terrorism
GSL3908	Notice - Offer of Terrorism Coverage & Disclosure of Premium
CNA79575	Exclusion of Cosmetic Procedures

OPTIONAL ENDORSEMENTS

<u>FORM #</u>	<u>DESCRIPTION</u>
G-121486-B	Additional Insured Non - Healthcare Entity
G-121504-C	General Liability Form
CNA79575	Exclusion of Cosmetic Procedures

PLEASE REFER TO YOUR CERTIFICATE OF INSURANCE FOR THE POLICY FORMS & ENDORSEMENTS SPECIFIC TO YOUR STATE AND YOUR POLICY PERIOD.

- For NJ residents: The PLIGA surcharge shown on the Certificate of Insurance is the NJ Property & Liability Insurance Guaranty Association.
- For KY residents: The Surcharge shown on the Certificate of Insurance is the KY Firefighters and Law Enforcement Foundation Program Fund and the KY LGPT is the KY Local Government Premium Tax which includes charges at a municipality and/or county level.
- For WV residents: The surcharge shown on the Certificate of Insurance is the WV Premium Surcharge.
- For FL residents: The FIGA Assessment shown on the Certificate of Insurance is the FL Insurance Guaranty Association - 2012 Regular Assessment.

Form#: G-141241-B (03/2010)
Master Policy#: 188711433

Named Insured: Kristen W Obrinsky
Policy#: 0159917591



HEALTHCARE PROVIDERS
GENERAL LIABILITY COVERAGE PART

OCCURRENCE

THIS IS AN OCCURRENCE COVERAGE PART AND, SUBJECT TO ITS PROVISIONS, APPLIES ONLY TO ANY CLAIM WHICH IS THE RESULT OF INJURY OR DAMAGE THAT OCCURRED ON OR AFTER THE EFFECTIVE DATE OF COVERAGE, AND BEFORE THE EXPIRATION OF THE POLICY PERIOD STATED ON THE CERTIFICATE OF INSURANCE. CLAIM EXPENSES ARE IN ADDITION TO THE LIMIT OF LIABILITY.

I. COVERAGE AGREEMENT

A. GENERAL LIABILITY

Subject to paragraph B below, we will pay all amounts, up to the General Liability limit of liability stated on the **certificate of insurance**, which **you** become legally obligated to pay, including **host liquor liability** and **products liability**, as a result of **injury** or **damage** to which this coverage part applies. We will also pay **claim expenses**. The **injury** or **damage** must be caused by an **occurrence** that happens anywhere in the world, including the **workplace** during the **policy period**.

B. FIRE & WATER LEGAL LIABILITY

With respect to the **named insured's** legal liability for **damage** to property in which the **named insured** does not have a financial interest or own, caused by:

1. fire;
2. discharge, leakage or overflow of water or steam from a plumbing, heating, refrigeration or air conditioning system; or
3. rain which enters directly into the building through open doors, windows, skylights, transoms or ventilators;

we will pay up to \$250,000 provided that the **named insured** does not assume liability under a contract or agreement greater than is imposed by law. The **damage** must be caused by an **occurrence** that happens anywhere in the world, including the **workplace**, during the **policy period**.

C. PERSONAL LIABILITY

Where the **named insured** is a natural person, we will pay all amounts, up to the Personal Liability limit of liability stated on the **certificate of insurance**, that the **named insured** becomes legally obligated to pay for **injury** or **damage** as a result of a **personal liability claim**. The **injury** or **damage** must be caused by an **occurrence** that happens at **named insured's residence** and arises out of **named insured's** non-business activities. This coverage shall not apply to **damage** to property the **named insured** owns, rents, occupies or uses, or which is in the **named insured's** care, custody or control.

Coverage for **personal liability claims** will only apply if the **named insured** is a natural person with no **employees**.

II. DEFENSE AND SETTLEMENT

We have the right and duty to defend any **claim**. We will:

- A. do this even if any of the charges of the **claim** are groundless, false or fraudulent;
- B. investigate and settle any **claim** as we feel appropriate.

Our payment of the limit of liability ends our duty to defend or settle. We have no duty to defend any **claims** not covered by this Coverage Part.

III. ADDITIONAL DEFINITIONS

For purposes of this coverage part only, words in bold have the meaning set forth below:

"Host Liquor Liability" means **injury or damage** arising out of the giving or serving of alcoholic beverages at functions incidental to **your** business providing:

1. **you** are not engaged in the business of manufacturing, distributing, selling or serving of alcoholic beverages; or
2. there has not been an intentional violation of any statute, regulation or ordinance relating to the sale, gift, distribution or use of alcoholic beverages, committed by **you**, or at **your** direction.

"Injury" means bodily **injury**, sickness, disease, mental or emotional distress sustained by a person, or death.

"Insured Contract" means:

1. a lease of **business premises**;
2. a sidetrack agreement;
3. an easement or license agreement except in connection with construction or demolition operations on or within 50 feet of a railroad;
4. an obligation, as required by ordinance, to indemnify a municipality, except in connection with work for a municipality;
5. an elevator maintenance agreement; or
6. that part of any other contract or agreement pertaining to the **named insured's** business, including an indemnification of a municipality in connection with work performed for a municipality, under which the **named insured** assumes the tort liability of another party to pay for **injury or damage** to a third party if the contract or agreement is made prior to the **injury or damage**.

"Insured Contract" does not mean that part of any contract or agreement:

1. that indemnifies any entity for **injury or damage** arising out of construction or demolition operations, within 50 feet of any railroad property and affecting any railroad bridge or trestle, tracks, road beds, tunnel, underpass or crossing;
2. that indemnifies an architect, engineer or surveyor for **injury or damage** arising out of:
 - a. preparing, approving or failing to prepare or approve maps, drawings, opinions, reports, surveys, change orders, designs or specifications; or
 - b. giving directions or instructions, or failing to give them, if that is the primary cause of the **injury or damage**; or
3. that indemnifies any entity for **damage** by fire to **business premises** rented or loaned to the **named insured**.

"Occurrence" means an accident, including continuous or repeated exposure to conditions, which results in **injury or damage**.

"Personal liability claim" means a **claim** arising out of **injury or damage** to a third party that happens at the **named insured's** personal residence and arises out of non-business activity.

"Product" means:

1. any healthcare goods or items manufactured or modified by:
 - a. the **named insured**; or
 - b. others trading under the **named insured's** name; or
 - c. an entity whose business or assets the **named insured** has acquired; or
2. containers (other than vehicles), materials, parts or equipment furnished in connection with such healthcare goods or items.

"Product" does not include real property, or any goods and items that the **named insured** sells.

"Products Liability" means **injury** or **damage** caused by a **product**.

"You" or "Your" means the **named insured** and, if the **named insured** is not a natural person:

1. any individual who, during the **policy period**, is or becomes a partner, officer, director, stockholder-**employee**, manager, member or **employee** of the **named insured**, but only while acting within the scope of their employment by the **named insured**; or
2. any individual who, during the **policy period**, is or becomes a substitute health care provider, other than a physician, dentist, nurse anesthetist, nurse mid-wife, chiropractor, self-employed perfusionist, or podiatrist, that the **named insured** contracts with, but only while acting within the scope of their employment by the **named insured**; or
3. any individual previously affiliated with the **named insured** as its partner, officer, director, stockholder-**employee**, manager, member or **employee** but only while acting within the scope of their employment by the **named insured**, during the course of such employment.

IV. EXCLUSIONS

We will not defend any **claim** for, or pay any amounts, including **claim expenses**, based on, arising out of, or related to:

A. **injury** to:

1. an **employee** of the **named insured** arising out of and in the course of employment by the **named insured**; or
2. a **family member** of that **employee** as a consequence of 1 above; or
3. the **named insured's family member**.

This exclusion applies:

1. whether the **named insured** may be liable as an employer or in any other capacity; and
2. to any obligation to share amounts with or repay someone else who must pay amounts because of the **injury** or **damage**;

B. amounts which the **named insured** or any party must pay under any unemployment or workers' compensation, disability benefits, or other similar law;

C. **injury** or **damage** resulting from any **professional services**, **placement services** or **personal injury**;

D. any liability the **named insured** assumes under any contract or agreement, other than an **insured contract**. This exclusion does not apply to:

1. liability the **named insured** assumes under a contract with a Health Maintenance Organization, Preferred Provider Organization, Independent Practice Association, or any other similar organization; but only for such liability as is attributable to **your** alleged negligence; or
2. a warranty of fitness or quality of any therapeutic agents or supplies the **named insured** has furnished or supplied in connection with treatment **you** have performed;

E. any liability **you** have for a business or profession, including **consulting services**, other than that named on the **certificate of insurance**;

F. **injury** or **damage** resulting from an **occurrence** which is also a willful violation of a statute, ordinance or regulation imposing criminal penalties. We will defend any civil suit against **you** seeking amounts that would be covered if this exclusion did not apply. In such case, we will pay only **claim expenses** related to such defense;

G. **injury** or **damage** for which **you** may be held liable as a result of:

1. causing or contributing to the alcoholic beverage intoxication of any person; or

2. furnishing of alcoholic beverages to a person under the legal drinking age or under the influence of alcohol;

This exclusion does not apply to **host liquor liability**;

- H. **injury or damage** based upon, arising out of, directly or indirectly resulting from, in consequence of, or in any way involving **you** owning, using, taking care of, operating, leasing or renting, loading or unloading of patients or property from, transporting patients in, or entrusting to others an **auto**, mobile equipment, watercraft or aircraft, including an **auto**, mobile equipment, watercraft or aircraft which is loaned to the **named insured** or which is operated for the **named insured** by its **employee**, including an **employee-owned auto**;
- I. loss, under any circumstances, due to nuclear reaction, radiation, or contamination, regardless of cause;
- J. the return or withdrawal of fees or government payments imposed directly upon **you**; any fines, penalties or sanctions; punitive or exemplary amounts; or the multiplied portion of any multiplied award, imposed by law;
- K. **injury or damage** **you** expected or intended, or which a reasonable person would have expected. This exclusion does not apply to **injury or damage** resulting from the use of reasonable force to protect persons or property;
- L. any **claim** arising out of actual or alleged involvement in any:
 1. federal or state anti-trust law violation; or
 2. agreement or conspiracy to restrain trade;
- M. any loss, cost or expense:
 1. which would not have happened, in whole or in part, but for the actual, alleged or threatened discharge, dispersal, seepage, migration, release or escape of **pollutants** at any time; or
 2. arising out of any:
 - a. **claim** or suit by or on behalf of a governmental authority for amounts because of testing for, monitoring, cleaning up, containing, treating, detoxifying or neutralizing, or in any way responding to, or assessing the effects of **pollutants**; or
 - b. request, demand or order that **you** or others test for, monitor, clean up, remove, contain, treat, detoxify or neutralize, or in any way respond to, or assess the effects of **pollutants**;
- N. any loss, cost or expense arising out of, relating to, or involving the actual, alleged or threatened exposure at any time to **asbestos**; or that may be awarded or incurred:
 1. by reason of a **claim** or suit relating to **asbestos**; or
 2. in complying with a governmental directive or request to test for, monitor, clean up, remove, contain, or dispose of **asbestos**;
- O. **damage** to property **you** own, rent or occupy, hold for sale, or which has been given to **you** for storage or safekeeping except to the extent coverage would apply under Section I, paragraph B, Fire & Water legal liability;
- P. loss of use of tangible property which has not been physically damaged if:
 1. a delay in or lack of performance has been caused by or on **your** behalf under any contract or agreement; or
 2. **products** or work completed on the **named insured's** behalf do not meet the standards the **named insured** has warranted or represented;

We will cover loss of use of tangible property if:

 1. the loss results from a sudden and accidental physical **damage** to or destruction of **products** or work completed by or on the **named insured's** behalf; and
 2. **products** or work has been put to use by a person or organization other than the **named insured**;

- Q. **damage** to property while on the **business premises** to have operations performed on the property by or on the **named insured's** behalf;
- R. **damage** to tools or equipment while being used to perform operations;
- S. **damage** to property in **your** custody which **you** are to install, erect or use in any construction;
- T. **damage** to any property away from the **business premises**:
 1. upon which **you** or someone on **your** behalf is performing operations at the time the **damage** occurs; or
 2. which must be restored, repaired or replaced because of faulty workmanship by or on **your** behalf;
- U. **injury** or **damage** on leased **business premises**:
 1. after the **named insured** ceases to be a tenant of the leased **business premises**; or
 2. for structural alterations, new construction or demolition operations performed by or for the owner of the **business premises**.
- V. any act of sexual intimacy, sexual molestation or sexual **assault**. We shall provide **you** with a defense of such **claim** unless or until such act has been determined to have occurred, by any trial verdict, court ruling, regulatory ruling or legal admission, whether appealed or not. Such defense will not waive any of our rights under this Policy. Criminal proceedings are not covered under this Policy regardless of the allegations made against **you**;
- W. any direct or consequential **injury** or **damage** arising out of any:
 1. refusal to employ; or
 2. termination of employment; or
 3. coercion, demotion, reassignment, defamation, harassment, humiliation, discrimination or other employment related practices, policies, act or omissions;
- X. by or on behalf of **you** against any other of **you**.

V. LIMIT OF LIABILITY

A. Each Occurrence

The limit of liability stated on the **certificate of insurance** for each **occurrence**, is the limit of our liability for all **injury** or **damage** arising out of, or in connection with the same **occurrence**. This limit applies regardless of the number of persons or organizations who are covered under this policy.

B. Aggregate

Subject to provision A. above, the total limit of our liability for all **injury** and **damage** shall not exceed the limit of liability stated on the **certificate of insurance** as aggregate. The aggregate limit of liability applies to each policy period for all **occurrences** for which **claims** are made.

C. Claim expenses are in addition to the limit of liability.

VI. DUTIES IN THE EVENT OF AN OCCURRENCE, OFFENSE OR CLAIM

The **named insured** must notify us, or our program administrator, in writing, as soon as practicable, of an **occurrence**, an offense which may result in a **claim**, or a **claim**. To the extent possible, notice should include:

- A. How, when and where the **occurrence**, offense or **claim** took place;
- B. The names and addresses of any injured persons or witnesses; and
- C. The nature and location of any **injury** or **damage** arising out of the **occurrence**, offense or **claim**.

**HEALTHCARE PROVIDERS
PROFESSIONAL LIABILITY COVERAGE PART ENDORSEMENT**

Additional Insured – Person or Entity

In consideration of the premium paid, and subject to the Professional Liability limit of liability shown on the **certificate of insurance**, it is agreed that the **PROFESSIONAL LIABILITY COVERAGE PART** is amended as follows:

The person or entity named below (the "additional insured") is an insured under this Coverage Part but only as respects its liability for **your medical incidents** and solely to the extent that:

1. a **professional liability claim** is made against **you** and the additional insured; and
2. in any ensuing litigation arising out of such **claim**, **you** and the additional insured remain as co-defendants.

In no event is there any coverage provided under this policy for a **medical incident** that is the direct liability of the additional insured.

Mt Diablo Unified School District
1936 Carlotta Drive
Concord, CA 94519

This endorsement is a part of **your** policy and takes effect on the effective date of **your** policy, unless another effective date is shown below. All other provisions of the policy remain unchanged.

<i>Must Be Completed</i>	
ENDT. NO.	POLICY NO.
1	159917591

<i>Complete Only When This Endorsement Is Not Prepared with the Policy Or Is Not to be Effective with the Policy</i>	
ISSUED TO	ENDORSEMENT EFFECTIVE DATE
Kristen Obrinsky	3/8/15

NF 8/20/15

**SAFECO INSURANCE COMPANY OF AMERICA
AUTOMOBILE POLICY DECLARATIONS**

(CONTINUED)

NAMED INSURED:
ALLEN OBRINSKY
KRISTEN OBRINSKY
PO BOX 23
ALAMO CA 94507-0023

RENEWAL

POLICY PERIOD FROM: MAY 22 2015
TO: NOV. 22 2015

at 12:01 A.M. standard time at
the address of the insured as
stated herein.

AGENT:
R L MILSNER INC INS BROKERAGE
PO BOX 8197
WALNUT CREEK CA 94596-8197

AGENT TELEPHONE:
1-866-472-3326

RATED DRIVERS ALLEN OBRINSKY, KRISTEN OBRINSKY, TREVOR OBRINSKY, PHILIP OBRINSKY

2014 TOYOTA CAMRY L/SE/LE/XLE 4 DOOR SEDAN ID# 4T1BF1FKXEU854513
LOSS PAYEE TOYOTA MOTOR CREDIT CORP.

2002 HONDA ACCORD EX/SE 4 DOOR SEDAN ID# 1HGCG66892A142712

Insurance is afforded only for the coverages for which limits of liability or premium charges are indicated.

COVERAGES	2014 TOYT LIMITS	PREMIUMS	2002 HOND LIMITS	PREMIUMS
LIABILITY:				
BODILY INJURY	\$500,000 Each Person	\$ 92.40	\$500,000 Each Person	\$ 121.80
	\$500,000 Each Occurrence		\$500,000 Each Occurrence	
PROPERTY DAMAGE	\$100,000 Each Occurrence	77.90	\$100,000 Each Occurrence	92.40
MEDICAL PAYMENTS	\$25,000	16.60	\$25,000	20.00
UNINSURED AND UNDERINSURED MOTORISTS:				
BODILY INJURY	\$500,000 Each Person	46.80	\$500,000 Each Person	55.70
	\$500,000 Each Accident		\$500,000 Each Accident	
COMPREHENSIVE	Actual Cash Value Less \$100 Deductible	41.10	Actual Cash Value Less \$100 Deductible	39.30
COLLISION	Actual Cash Value Less \$500 Deductible	169.20	Actual Cash Value Less \$500 Deductible	108.40
WAIVER OF COLLISION DEDUCTIBLE		11.00		6.60
ADDITIONAL COVERAGES:				
LOSS OF USE	\$50 Per Day/\$1200 Max	17.40	\$50 Per Day/\$1200 Max	19.30
AUTO LOAN/LEASE		5.80		
ANTI FRAUD FEE		.87		
		-----		-----
TOTAL		\$ 479.07		\$ 464.37

TOTAL EACH VEHICLE:

2007 TOYT \$ 1,129.47
2004 LINC 328.77
2014 TOYT 479.07
2002 HOND 464.37

**PREMIUM SUMMARY
VEHICLE COVERAGES**

PREMIUM
\$ 2,401.68

-CONTINUED-

P O BOX 515097, LOS ANGELES, CA 90051

002907200000172413409332

**SAFECO INSURANCE COMPANY OF AMERICA
AUTOMOBILE POLICY DECLARATIONS**

(CONTINUED)

NAMED INSURED:
ALLEN OBRINSKY
KRISTEN OBRINSKY
PO BOX 23
ALAMO CA 94507-0023

RENEWAL

POLICY PERIOD FROM: MAY 22 2015
TO: NOV. 22 2015

at 12:01 A.M. standard time at
the address of the insured as
stated herein.

AGENT:
R L MILSNER INC INS BROKERAGE
PO BOX 8197
WALNUT CREEK CA 94596-8197

AGENT TELEPHONE:
1-866-472-3326

RATED DRIVERS ALLEN OBRINSKY, KRISTEN OBRINSKY, TREVOR OBRINSKY, PHILIP OBRINSKY

2014 TOYOTA CAMRY L/SE/LE/XLE 4 DOOR SEDAN ID# 4T1BF1FKXEU854513
LOSS PAYEE TOYOTA MOTOR CREDIT CORP.

2002 HONDA ACCORD EX/SE 4 DOOR SEDAN ID# 1HGCG66892A142712

Insurance is afforded only for the coverages for which limits of liability or premium charges are indicated.

COVERAGES	2014 TOYT LIMITS	PREMIUMS	2002 HOND LIMITS	PREMIUMS
LIABILITY:				
BODILY INJURY	\$500,000	\$ 92.40	\$500,000	\$ 121.80
	Each Person		Each Person	
	\$500,000		\$500,000	
PROPERTY DAMAGE	\$100,000	77.90	\$100,000	92.40
	Each Occurrence		Each Occurrence	
MEDICAL PAYMENTS	\$25,000	16.60	\$25,000	20.00
UNINSURED AND UNDERINSURED MOTORISTS:				
BODILY INJURY	\$500,000	46.80	\$500,000	55.70
	Each Person		Each Person	
	\$500,000		\$500,000	
	Each Accident		Each Accident	
COMPREHENSIVE	Actual Cash Value	41.10	Actual Cash Value	39.30
	Less \$100 Deductible		Less \$100 Deductible	
COLLISION	Actual Cash Value	169.20	Actual Cash Value	108.40
	Less \$500 Deductible		Less \$500 Deductible	
WAIVER OF COLLISION DEDUCTIBLE		11.00		6.60
ADDITIONAL COVERAGES:				
LOSS OF USE	\$50 Per Day/\$1200 Max	17.40	\$50 Per Day/\$1200 Max	19.30
AUTO LOAN/LEASE		5.80		
ANTI FRAUD FEE		.87		.87
		-----		-----
TOTAL		\$ 479.07	TOTAL	\$ 464.37

TOTAL EACH VEHICLE:

2007 TOYT \$ 1,129.47
2004 LINC 328.77
2014 TOYT 479.07
2002 HOND 464.37

**PREMIUM SUMMARY
VEHICLE COVERAGES**

PREMIUM
\$ 2,401.68

-CONTINUED-

P O BOX 515097, LOS ANGELES, CA 90051

0029072000000172413409332



**HEALTHCARE PROVIDERS SERVICE
ORGANIZATION PURCHASING GROUP**
Certificate of Insurance



OCCURRENCE POLICY FORM

PRODUCER	BRANCH	PREFIX	POLICY NUMBER	Policy Period:
018098	970	HPG	0159917591-8	From 03/08/15 to 03/08/16 at 12:01 AM Standard Time

Named Insured	Program Administered by:
Kristen W Obrinsky 1205 Tulane Dr Walnut Creek, CA 94596-6429	Healthcare Providers Service Organization 159 E. County Line Road Hatboro, PA 19040-1218 1-800-982-9491 www.hpso.com

Medical Specialty	Code	Insurance is provided by:
Physical Therapist <small>Excludes Cosmetic Procedures</small>	80995	American Casualty Company of Reading, Pennsylvania 333 South Wabash Avenue Chicago, Illinois 60604

Professional Liability \$1,000,000 each claim \$3,000,000 aggregate

- Your professional liability limits shown above include the following:
- Good Samaritan Liability
 - Malplacement Liability
 - Personal Injury Liability
 - Sexual Misconduct included in the PL Limit shown above subject to \$25,000 aggregate sublimit

Coverage Extensions

License Protection	\$ 25,000 per proceeding	\$ 25,000 aggregate
Defendant Expense Benefit	\$ 1,000 per day limit	\$ 25,000 aggregate
Deposition Representation	\$ 10,000 per deposition	\$ 10,000 aggregate
Assault	\$ 25,000 per incident	\$ 25,000 aggregate
<i>Includes Workplace Violence Counseling</i>		
Medical Payments	\$ 25,000 per person	\$ 100,000 aggregate
First Aid	\$ 10,000 per incident	\$ 10,000 aggregate
Damage to Property of Others	\$ 10,000 per incident	\$ 10,000 aggregate
Information Privacy (HIPAA) Fines & Penalties	\$ 25,000 per incident	\$ 25,000 aggregate

General Liability

General Liability	1,000,000 each claim / 1,000,000 aggregate
Fire and Water Legal Liability	Included in the GL limit above subject to \$250,000 aggregate sublimit
Personal Liability	\$1,000,000 aggregate

Total: \$662.00

Premium reflects self-employed, full-time rate.

Policy Forms & Endorsements (Please see attached list for a general description of many common policy forms and endorsements.)

G-121500-D G-121501-C1 G-145184-A G-147292-A GSL3886 GSL3908 GSL13424 GSL15563 GSL15564
GSL15565 GSL17101 G-123846-D04 CNA79575 G-121486-B G-121504-C

Thomas F. Motamed
Chairman of the Board

John A. Walter
Secretary

Keep this Certificate of Insurance in a safe place. This Certificate of Insurance and proof of payment are your proof of coverage. There is no coverage in force unless the premium is paid in full. In order to activate your coverage, please remit premium in full by the effective date of this Certificate of Insurance.

Form #: G-141241-B (3/2010) Master Policy: 188711433

**HEALTHCARE PROVIDERS
PROFESSIONAL LIABILITY INSURANCE ENDORSEMENT**

Additional Insured - Person or Entity

In consideration of the premium paid, and subject to the Professional Liability limit of liability shown on the certificate of insurance, it is agreed that the **PROFESSIONAL LIABILITY COVERAGE PART** is amended as follows:

The person or entity named below (the "Additional Insured") is an insured under this Coverage Part but only as respects its liability for your medical incidents and solely to the extent that:

1. a professional liability claim is made against you and the additional insured; and
2. in any ensuing litigation arising out of such claim, you and the additional insured remain as co-defendants.

In no event is there any coverage provided under this policy for a medical incident that is the direct liability of the additional insured.

Additional Insured: Mt. Diablo Unified School District

1936 Carlotta Drive

Concord, CA 94519

Additional Premium:

This endorsement is a part of your policy and takes effect on the effective date of your policy, unless another effective date is shown below. All other provisions of the policy remain unchanged.

<i>Must Be Completed</i>		<i>Complete only when this endorsement is not treated as part of the policy or is not to be effective with the policy.</i>	
ENDORSEMENT NO.	POLICY NO.	ISSUED TO	ENDORSEMENT EFFECTIVE DATE
	15917691	Kristen W. Gattuso	3/05/15

CA 1000000000

POLICY FORMS & ENDORSEMENTS

The list below contains general descriptions of the policy forms and endorsements that may or may not apply to your professional liability insurance policy. State specific policy forms and endorsements are not included in the list below. Should you require descriptions or samples of these documents, please visit us online at www.hpsso.com/policyforms. Please refer to your Certificate of Insurance for the policy forms & endorsements specific to your state and your policy period. All products and services may not be available in all states and may be subject to change without notice.

Think Green – expanded definitions and copies of these policy forms and endorsements are available online at www.hpsso.com/policyforms.

COMMON POLICY FORMS & ENDORSEMENTS

<u>FORM #</u>	<u>DESCRIPTION</u>
G-121500-D	Common Policy Conditions
G-121501-C1	Occurrence Policy Form - California
G-145184-A	Policyholder Notice - OFAC Compliance Notice
G-147292-A	Policyholder Notice - Silica Mold & Asbestos Disclosure
GSL3886	Coverage & Cap on Losses from Certified Acts of Terrorism
GSL3908	Notice - Offer of Terrorism Coverage & Disclosure of Premium
GSL13424	Services to Animals
GSL15563	Information Privacy Coverage Endorsement HIPAA Fines Penalties & Notification Costs
GSL15564	Sexual Misconduct Sublimits of Liability Professional Liability & Sexual Misconduct Exclusion
GSL15565	Healthcare Providers Professional Liability Assault Coverage
GSL17101	Exclusion of Specified Activities Reuse of Parenteral Devices and Supplies
G-123846-D04	California Cancellation and Non-Renewal
CNA79575	Exclusion of Cosmetic Procedures
G-121486-B	Additional Insured Non - Healthcare Entity

OPTIONAL ENDORSEMENTS

<u>FORM #</u>	<u>DESCRIPTION</u>
G-121504-C	General Liability Form

PLEASE REFER TO YOUR CERTIFICATE OF INSURANCE FOR THE POLICY FORMS & ENDORSEMENTS SPECIFIC TO YOUR STATE AND YOUR POLICY PERIOD.

Self-employed individuals may be eligible for General Liability coverage subject to underwriting approval. Should an individual practitioner's status change from self-employed to employed, general liability coverage will be deleted and replaced with workplace liability. Please contact Healthcare Providers Service Organization for details.



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ECONOMIC AND TRADE SANCTIONS CONDITION

The following condition is added to the Policy:

ECONOMIC AND TRADE SANCTIONS CONDITION

In accordance with laws and regulations of the United States concerning economic and trade embargoes, this policy is void from its inception with respect to any term or condition of this policy that violates any laws or regulations of the United States concerning economic and trade embargoes including, but not limited to the following:

1. Any insured under this Policy, or any person or entity claiming the benefits of such insured, who is or becomes a Specially Designated National or Blocked Person or who is otherwise subject to U.S. economic or trade sanctions;
2. Any claim or suit that is brought in a Sanctioned Country or by a Sanctioned Country Government, where any action in connection with such claim or suit is prohibited by U.S. economic or trade sanctions;
3. Any claim or suit that is brought by any Specially Designated National or Blocked Person or any person or entity who is otherwise subject to U.S. economic or trade sanctions;
4. Property that is located in a Sanctioned Country or that is owned by, rented to or in the care, custody or control of a Sanctioned Country Government, where any activities related to such property are prohibited by U.S. economic or trade sanctions; or
5. Property that is owned by, rented to or in the care, custody or control of a Specially Designated National or Blocked Person, or any person or entity who is otherwise subject to U.S. economic or trade sanctions.

As used in this endorsement a Specially Designated National or Blocked Person is any person or entity that is on the list of Specially Designated Nationals and Blocked Persons issued by the U.S. Treasury Department's Office of Foreign Asset Control (O.F.A.C.) as it may be from time to time amended.

As used in this endorsement a Sanctioned Country is any country that is the subject of trade or economic embargoes imposed by the laws or regulations of the United States of America.



**HEALTHCARE PROVIDERS
GENERAL LIABILITY AND WORKPLACE LIABILITY INSURANCE ENDORSEMENT**

Exclusion – Asbestos, Fungi, Silica

In consideration of the premium paid, it is agreed that the **GENERAL LIABILITY COVERAGE PART** or the **WORKPLACE LIABILITY COVERAGE PART** that is attached to this policy is amended as follows:

I. Section IV. EXCLUSIONS is amended by the addition of the following:

We will not defend any claim for, or pay any amounts, including **claim expenses**, based on or arising out of, or related to:

- Loss due to **asbestos**, meaning:
 1. **Injury or damage** arising in whole or in part out of the actual, alleged or threatened exposure at any time to **asbestos**; or
 2. any loss, cost or expense that may be awarded or incurred:
 - a. by reason of a **claim or suit** for any such **injury or damage**; or
 - b. in complying with a governmental direction or request to test for, monitor, clean up, remove, contain or dispose of **asbestos**.
- loss due to **Fungi or microbes**, meaning:
 1. **Injury or damage** arising out of or relating to, in whole or in part, the actual, alleged or threatened inhalation of, ingestion of, contact with, exposure to, existence of, or growth or presence of any **fungi or microbes**.
 2. Any loss cost or expense arising out of or relating to the testing for, monitoring, cleaning up, removing, containing, treating, detoxifying, neutralizing, remediating, or disposing of, or in any way responding to or assessing the effects of **fungi or microbes** by any insured or anyone else.
 3. **Damage** caused by water where there also exists any **damage** arising out of or relating to, in whole or in part, the actual, alleged or threatened inhalation of, ingestion of, contact with, exposure to, existence of, or growth or presence of any **fungi or microbes**.

This exclusion applies regardless of any other cause or event that contributes concurrently or in any sequence to such **injury or damage**, loss, cost or expense.

This exclusion does not apply where your business is food processing, sales, or serving, and the **injury** is caused solely by food poisoning in connection with such processing, sales or serving.
- Loss due to **silica**, meaning:
 1. **Injury** arising in whole or in part out of the actual, alleged or threatened respiration or ingestion at any time of **silica**; or
 2. **damage** arising in whole or in part out of the actual, alleged or threatened presence of **silica**.

II. Section III. ADDITIONAL DEFINITIONS is amended by the addition of the following:

"Asbestos" means the mineral in any form whether or not the asbestos was at any time:

1. airborne as a fiber, particle or dust;
2. contained in or formed a part of a product, structure or other real or personal property;
3. carried on clothing;
4. inhaled or ingested; or
5. transmitted by any other means.

"Fungi" means any form of fungus, including but not limited to, yeast, mold, mildew, rust, smut or mushroom, and including any spores, mycotoxins, odors, or any other substances, products, or byproducts produced by, released by, or arising out of the current or past presence of fungi. But **fungi** does not include any fungi intended by the insured for consumption.

"Microbe" means any non-fungal microorganism or non-fungal, colony-form organism that causes infection or disease. **Microbe** includes any spores, mycotoxins, odors, or other substances, products, or byproducts produced by, released by, or arising out of the current or past presence of microbes. But **microbe** does not mean microbes that were transmitted directly from person to person.

"Silica" means the chemical compound silicon dioxide (SiO₂) in any form, including dust which contains **silica**.

"Suit" means a civil proceeding in which damages because of **injury or damage** to which this insurance applies are alleged. **Suit** includes:

1. an arbitration proceeding in which such damages are claimed and to which you must submit or does submit with our consent; or
2. any other alternative dispute resolution proceeding in which such damages are claimed and to which you submit with our consent.

This endorsement is a part of your policy and takes effect on the effective date of your policy, unless another effective date is shown below. All other provisions of the policy remain unchanged.

<i>Must Be Completed</i>		<i>Complete Only When This Endorsement Is Not Prepared with the Policy Or Is Not to be Effective with the Policy</i>	
ENDT. NO.	POLICY NO.	ISSUED TO:	ENDORSEMENT EFFECTIVE DATE:



OBRIN-1

OP ID: EV

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

08/28/2015

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).

PRODUCER R. L. Milsner, Inc. CA License #0657311 1233 Alpine Rd Walnut Creek, CA 94596 R.L. Milsner, Inc.	CONTACT NAME: R.L. Milsner, Inc. PHONE (A/C, No, Ext): 925-932-0424 FAX (A/C, No): 925-932-2317 E-MAIL ADDRESS: <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;">INSURER(S) AFFORDING COVERAGE</td> <td style="text-align: center; border: none;">NAIC #</td> </tr> <tr> <td style="border: none;">INSURER A: The Hartford Insurance Co</td> <td style="border: none;">22357</td> </tr> <tr> <td style="border: none;">INSURER B:</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;">INSURER C:</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;">INSURER D:</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;">INSURER E:</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;">INSURER F:</td> <td style="border: none;"></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: The Hartford Insurance Co	22357	INSURER B:		INSURER C:		INSURER D:		INSURER E:		INSURER F:	
INSURER(S) AFFORDING COVERAGE	NAIC #														
INSURER A: The Hartford Insurance Co	22357														
INSURER B:															
INSURER C:															
INSURER D:															
INSURER E:															
INSURER F:															
INSURED Kristen W. Obrinsky 1205 Tulane Drive Walnut Creek, CA 94596-6249															

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	ADDITIONAL INSURED	SUBROGATION WAIVED	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	X		57SBMRI2419	08/28/2015	08/28/2016	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 4,000,000 PRODUCTS - COM/PO/AGG \$ 4,000,000
	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) \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE						EACH OCCURRENCE \$ AGGREGATE \$
	<input type="checkbox"/> DED <input type="checkbox"/> RETENTIONS WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) 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 \$

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 insured to the above general liability policy per written contract.

CERTIFICATE HOLDER**CANCELLATION**

MTDIA77

MT Diablo Unified
 School District
 1936 Carlotta Drive
 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
 R.L. Milsner, Inc.



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

POLICY CHANGE

This endorsement changes the policy effective on the Inception Date of the policy unless another date is indicated below:

Policy Number: 57 SBM RI2419 SC

Named Insured and Mailing Address; KRISTEN W OBRINSKY

1205 TULANE DR
WALNUT CREEK CA 94596

Policy Change Effective Date: 08/28/15 **Effective hour is the same as stated in the
Declarations Page of the Policy.**

Policy Change Number: 001

Agent Name: R L MILSNER INC INS BROKERAGE
Code: 100667

POLICY CHANGES:

SENTINEL INSURANCE COMPANY, LIMITED

ANY CHANGES IN YOUR PREMIUM WILL BE REFLECTED IN YOUR NEXT BILLING
STATEMENT. IF YOU ARE ENROLLED IN REPETITIVE EFT DRAWS FROM YOUR BANK
ACCOUNT, CHANGES IN PREMIUM WILL CHANGE FUTURE DRAW AMOUNTS.
THIS IS NOT A BILL.

NO PREMIUM DUE AS OF POLICY CHANGE EFFECTIVE DATE

RATES AND PREMIUMS ARE CHANGED.

BUSINESS LIABILITY OPTIONAL COVERAGES ARE REVISED

ADDITIONAL INSURED(S) ARE ADDED
THE FOLLOWING ARE ADDITIONAL INSURED FOR BUSINESS LIABILITY COVERAGE IN
THIS POLICY.

LOCATION 001 BUILDING 001
PERSON/ORGANIZATION: SEE FORM IH 12 00

PRO RATA FACTOR: 1.000

THIS ENDORSEMENT DOES NOT CHANGE THE POLICY EXCEPT AS SHOWN.

Form SS 12 11 04 05 T
Process Date: 09/01/15

Page 001 (CONTINUED ON NEXT PAGE)
Policy Effective Date: 08/28/15
Policy Expiration Date: 08/28/16

POLICY CHANGE (Continued)

Policy Number: 57 SBM RI2419

Policy Change Number: 001

FORM NUMBERS OF ENDORSEMENTS ADDED AT ENDORSEMENT ISSUE:

IH12001185 ADDITIONAL INSURED - PERSON-ORGANIZATION

POLICY NUMBER: 57 SBM RI2419



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED - PERSON-ORGANIZATION

LOC 001/ BLDG 001
MT. DIABLO UNIFIED SCHOOL DISTRICT
1936 CARLOTTA DRIVE
CONCORD, CA 94519

**SAFECO INSURANCE COMPANY OF AMERICA
PERSONAL UMBRELLA POLICY DECLARATIONS**

INSURED:
ALLEN & KRISTEN OBRINSKY
1205 TULANE DR
WALNUT CREEK CA 94596-6429

AGENT:
R L MILSNER INC INS BROKERAGE
PO BOX 8197
WALNUT CREEK CA 94596-8197
1-866-472-3326

POLICY PERIOD FROM: NOV. 22 2014
TO: NOV. 22 2015
CHANGED AS OF: OCT. 8 2014
at 12:01 A.M. Standard time at
the address of the insured as
stated herein.

RETAINED LIMIT: \$250
LIMIT OF LIABILITY: \$3,000,000

SCHEDULE OF UNDERLYING INSURANCE:

You, as defined in the policy contract, agree:

- 1) that insurance policies providing the coverages specified on the back of these declarations, if applicable, are in force and will be maintained in force as collectible insurance for at least the required minimum limits stated.
- 2) to insure all motor vehicles owned, leased by or used by you.
- 3) to insure all residence premises owned, leased by or leased to you.
- 4) to insure all recreational vehicles owned, leased by or used by you.
- 5) to insure all watercraft owned by you.

COVERAGES	PREMIUM
Basic premium - includes one automobile and primary residence	\$ 349.00
3 Additional automobiles in the household	\$ 371.00
TOTAL ANNUAL PREMIUM	\$ 720.00

You may pay your premium in full or in installments. There is no installment fee for the following billing plans: Full Pay, Annual 2-Pay. Installment fees for all other billing plans are listed below. If more than one policy is billed on the installment bill, only the highest fee is charged. The fee is:
 \$0.00 per installment for recurring automatic deduction (EFT)
 \$0.00 per installment for recurring credit card or debit card
 \$5.00 per installment for all other payment methods

0009072000000173274067514

1514



PLEASE SEE REVERSE
ORIGINAL

DATE PREPARED OCT. 8 2014

Type of Policy	Required Minimum Limits	
Automobile/Motor Vehicle Liability (Including motor homes)	Bodily Injury and Property Damage	- 500,000 each person/ - 500,000 each occurrence - 100,000 each occurrence
Comprehensive Personal Liability	Single Limit	- 300,000 each occurrence
Premises Liability	Single Limit	- 300,000 each occurrence
Motorcycle Liability	Single Limit or Bodily Injury and Property Damage	- 500,000 each occurrence - 250,000 each person/ - 500,000 each occurrence - 100,000 each occurrence
Recreation Vehicle Liability	Single Limit or Bodily Injury and Property Damage	- 300,000 each occurrence - 250,000 each person/ - 500,000 each occurrence - 100,000 each occurrence
Watercraft Liability		
1. a. Powerboats 32 feet or more in length; or b. Sailing vessels (with or without auxiliary power) 26 feet or more in length	Single Limit	- 500,000 each occurrence
2. All other watercraft	Single Limit or Bodily Injury and Property Damage	- 300,000 each occurrence - 250,000 each person/ - 500,000 each occurrence - 100,000 each occurrence
Incidental Farm Coverage	Single Limit	- 300,000 each occurrence