

Certificate of Insurance (Proof of Coverage) Date Issued: (7/5/2016)

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

Insured Name and Mailing Address*	Program Administrator
Name Sherry Burke Street 4969 Bayleaf Ct City Martinez State California Zip 94553-4361	Administered By: CPH and Associates 711 S. Dearborn, Suite 205 Chicago, IL 60605 P. 312-987-9823 F. 312-987-0902 info@cphins.com Underwritten By: Philadelphia Indemnity Insurance Company

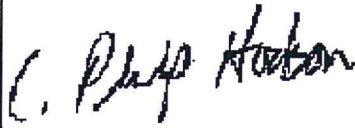
**Additional insured locations are often requested by individual business owners who have more than one office. Your coverage is portable, meaning that you are covered at any location for practice under the occupation(s) listed on your policy.*

Coverage		
Policy #: E217117	Effective Date: (9/3/2016)	Expiration Date: (9/3/2017)

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

Limits of Liability		Coverage Part
<i>Each Occurrence (Per individual claim)</i>	<i>Aggregate (Total amount per policy year)</i>	
\$1,000,000.00	\$3,000,000.00	Professional Liability
N/A	N/A	General Liability <small>Includes: General Liability, Fire & Water Legal Liability and Personal Liability</small>
N/A	N/A	Property Coverage
\$1,000,000.00	\$3,000,000.00	Supplemental Liability
Unlimited	Unlimited	Defense Expense Coverage
\$35,000	\$35,000	State Licensing Board Investigation Defense Coverage
\$15,000	\$15,000	Assault Coverage
\$10,000	\$35,000	Deposition Expense Benefit
\$5,000/person	\$50,000	Medical Expense Coverage
\$15,000	\$15,000	First Aid Coverage

Description/Special Provisions:

Certificate Holder	Cancellation
Proof of Coverage	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Holder has also been added to the policy as an additional insured:** _Yes / <u>X</u> N0 **If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).	 Authorized Representative C. Philip Hodson

DISCLAIMER:The Certificate of Insurance does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend, or alter the coverage afforded by the policies listed thereon.

THIS ENDORSEMENT CHANGED THE POLICY. PLEASE READ IT CAREFULLY

Additional Insured Endorsement

This endorsement modifies insurance provided under the following:

ALLIED HEALTHCARE PROVIDERS PROFESSIONAL
AND SUPPLEMENTAL LIABILITY POLICY

In consideration of the premium paid, this policy is amended as follows:

Mt. Diablo Unified School Dist is hereby added as an Additional Insured, solely for **Damages** arising out of a **Professional Incident** covered under this policy. The **Professional Incident** must arise out of services provided by the **Insured**, under contract with **Mt. Diablo Unified School Dist**.

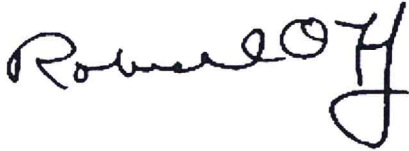
Additional Insured Name and Mailing Address:

Mt. Diablo Unified School Dist
1936 Carlotta Drive
Concord, CA 94520

All other terms and conditions of this policy remain unchanged. This endorsement is part of your policy and takes effect on the effective date of your policy unless another effective date is shown below.

Policy: E217117
Effective on and after: 9/3/2016
Issued to: Sherry Burke
Expiration date: 9/3/2017

PI-PHCP-03(03/01)



By:

Robert O'Leary, Authorized Representative

DARWIN NATIONAL ASSURANCE COMPANY

7/08/15 - A Mental Health Counselors' Professional Liability Policy
 THIS IS A CLAIMS MADE POLICY - PLEASE READ CAREFULLY

*** RENEWAL ***

NOTICE: A LOWER LIMIT OF LIABILITY APPLIES TO JUDGMENTS OR SETTLEMENTS WHEN THERE ARE ALLEGATIONS OF SEXUAL MISCONDUCT (SEE THE SPECIAL PROVISION "SEXUAL MISCONDUCT" IN THE POLICY).

DECLARATIONS

POLICY NO: 5002-6995
 ITEM 1. (a) NAME AND ADDRESS OF INSURED:

SHERRY BURKE
 4969 BAY LEAF COURT
 MARTINEZ, CA 94553

ACCOUNT NO: CA-BURS496-0 0521432R
 ITEM 1. (b) ADDITIONAL NAMED INSUREDS:

TYPE OF ORG: INDIVIDUAL

ITEM 2. ADDITIONAL INSUREDS:

MT DIABLO UNIFIED SCHOOL DISTRICT
 1936 CARLOTTA DR
 CONCORD, CA 94519
 SAN RAMON VALLEY USD
 699 OLD ORCHARD DR
 DANVILLE, CA 94562

ITEM 3. POLICY PERIOD: FROM: 08/04/15 TO: 08/04/16
 12:01A.M. STANDARD TIME AT THE ADDRESS OF THE INSURED AS STATED HEREIN:

ITEM 4. LIMITS OF LIABILITY: (a) \$ 2,000,000 EACH WRONGFUL ACT OR SERIES OF CONTINUOUS, REPEATED OR INTERRELATED WRONGFUL ACTS OR OCCURRENCE
 (b) \$ 5,000 COSTS RELATED TO ANY SINGLE PROCEEDING
 (c) \$ 4,000,000 AGGREGATE, FOR ALL CLAIMS AND ALL PROCEEDINGS

ITEM 5. PREMIUM SCHEDULE:

CLASSIFICATION	NUMBER	RATE	ANNUAL PREMIUM
SELF-EMPLOYED SCHOOL PSYCHOLOGIST	1	292.00	292.00
PART TIME PROFESSIONAL	1	30.00	30.00
ADDITIONAL INSUREDS	1	15.00	15.00
ADDITIONAL INSUREDS AFTER FIRST DEFENSE LIMIT			.00
TOTAL PREMIUM:			337.00

ITEM 6. RETROACTIVE DATE: 08/04/10

ITEM 7. EXTENDED REPORTING PERIOD
 ADDITIONAL PREMIUM (if exercised): \$ 590.00

ITEM 8. POLICY FORMS AND ENDORSEMENTS ATTACHED TO THIS POLICY

PRGE3000 (3/2006) PRGe1069 (1/2006) PRGe-1132
 PRGe1123 (3/2006) PRGe1113 (3/2006)


 AUTHORIZED COMPANY REPRESENTATIVE
 American Professional Agency #95 Broadway, Amityville, NY 11701

ENDORSEMENT
PART-TIME PRACTITIONERS

This Endorsement, effective at 12:01 a.m. on 08/04/15, forms part of

Policy No. 5002-6995

Issued to SHERRY BURKE

Issued by DARWIN NATIONAL ASSURANCE COMPANY

In consideration of the premium charged, it is hereby agreed that:

No coverage will be available under this Policy for Claims against, or arising out of or related to the **Wrongful Acts** of any of You who have represented to Us that You:

- (a) are employed as a **Mental Health Counselor**; or
- (b) work as an independent or sole-practitioner **Mental Health Counselor**;

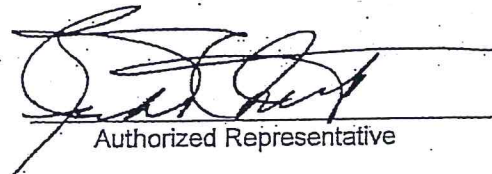
for less than, on average, twenty (20) hours per week; if, in fact, such You are employed or working as a **Mental Health Counselor** for MORE THAN, on average, twenty (20) hours per week.

Provided, however, that if You notify Us that You are employed or working as a **Mental Health Counselor** for more than, on average, twenty (20) hours per week, and pay to Us the full annual premium due, within thirty (30) days from the time You begin Your schedule of increased hours, then coverage will be provided to You as an Insured under the Policy.

Academic activities, including but not limited to, teaching, presentations, academic research not related to a specific patient, writing and presentation of papers or articles for trade journals or at trade conferences, and attendance at trade conferences, shall NOT be considered as employment or work as a **Mental Health Counselor**.

Time spent supervising students who are studying to be a **Mental Health Counselor**, at the time that they have direct patient contact, shall be considered employment or work as a **Mental Health Counselor**.

All other terms, conditions and limitations of this Policy shall remain unchanged.


Authorized Representative

ENDORSEMENT
SCHOOL PSYCHOLOGIST COVERAGE

This Endorsement, effective at 12:01 a.m. on 08/04/15, forms part of

Policy No. 5002-6995

Issued to SHERRY BURKE

Issued by DARWIN NATIONAL ASSURANCE COMPANY

In consideration of the premium charged, it is hereby agreed that the definition of "Mental Health Counselor" in Section VIII of the Policy is amended to include:

SCHOOL PSYCHOLOGIST

School Psychologist, as used in this Endorsement and on the Declarations Page, shall mean an individual **Mental Health Counselor** who integrates a range of psychological and educational knowledge, techniques and skills in an attempt to identify and ameliorate a student's learning difficulties. The responsibilities of a School Psychologist may include the integration of a family in the treatment of a student, but solely as it relates to the student's identified psychological problem.

All other terms, conditions and limitations of this Policy shall remain unchanged.


Authorized Representative