



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

05/20/2024

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

PRODUCER <b>Mancheno Insurance Agency, Inc.</b> 6116 La Salle Ave #200 Oakland, CA 94611 License #: 6011018	CONTACT NAME: Sharon Harris	FAX (A/C, No): (510)215-7272
	PHONE (A/C, No, Ext): (510)215-7277	E-MAIL ADDRESS: sharon@manchenoins.com
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A: <b>HARTFORD CASUALTY INSURANCE COMPANY</b>	<b>11000</b>	
INSURER B: <b>Landmark American Insurance Company</b>	<b>33138</b>	
INSURER C: <b>Landmark American Insurance Company</b>		
INSURER D:		
INSURER E:		
INSURER F:		

INSURED  
**CW SPEECH AND LANGUAGE PATHOLOGISTS INC.**  
DBA Communication Works  
950 Risa Rd  
Lafayette, CA 94549

COVERAGES CERTIFICATE NUMBER: 00003556-1068595 REVISION NUMBER: 31

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 type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y		57SBABN3750	04/24/2024	04/24/2025	EACH OCCURRENCE \$ <b>2,000,000</b> DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>1,000,000</b> MED EXP (Any one person) \$ <b>10,000</b> PERSONAL & ADV INJURY \$ <b>2,000,000</b> GENERAL AGGREGATE \$ <b>4,000,000</b> PRODUCTS - COMP/OP AGG \$ <b>4,000,000</b>
A	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY <input checked="" type="checkbox"/> Limit \$2,000,000	Y		57SBABN3750	04/24/2024	04/24/2025	COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> DED <input type="checkbox"/> RETENTION \$ <b>10,000</b>	Y		57SBABN3750	04/24/2024	04/24/2025	EACH OCCURRENCE \$ <b>1,000,000</b> AGGREGATE \$ <b>1,000,000</b>
	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 <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
B	<b>Professional Liab</b>	Y		LHM849434	06/15/2023	06/15/2024	Per Occurrence <b>1,000,000</b>
C	<b>Sexual Abuse/Molest</b>	Y		LHM849434	06/15/2023	06/15/2024	Per Aggregagte <b>3,000,000</b>

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Those usual to the Insured's Operations.

Mt. Diablo USD, its subsidiaries, officials and employees are covered as Additional 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 (continued on ACORD 101 Additional Remarks Schedule)

CERTIFICATE HOLDER <b>Mt. Diablo USD</b> 1936 Carlotta Dr. Concord, CA 94519	CANCELLATION 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 <i>Jorge Mancheno</i>
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**ADDITIONAL REMARKS SCHEDULE**

AGENCY <b>Mancheno Insurance Agency, Inc.</b>		NAMED INSURED <b>CW SPEECH AND LANGUAGE PATHOLOGISTS INC.                  DBA Communication Works</b>	
POLICY NUMBER <b>N/A</b>			
CARRIER <b>Multiple Carriers</b>	NAIC CODE		
		EFFECTIVE DATE:	

**ADDITIONAL REMARKS**

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,  
 FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

(continued from Description of Operations)  
 Umbrella Liability Provisions Form SX8002.

POLICY NUMBER: 57 SBA BN3750



**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

ADDITIONAL INSURED - OWNER, LESSEES OR CONTRACTOR

SAN JOAQUIN COUNTY OFFICE OF EDUCATION  
PO BOX 213030  
STOCKTON, CA 95213

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