



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
05/28/2024

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).

<b>PRODUCER</b> Bowthorpe and Associates 1110 E. Eaglewood Dr. Suite 5 North Salt Lake UT 84054	<b>CONTACT NAME:</b> Salt Lake Client <b>PHONE (A/C, No. Ext):</b> (801) 487-2300 <b>E-MAIL ADDRESS:</b> george@bowthorpeinsurance.com		<b>FAX (A/C, No.):</b> (801) 487-2393
	<b>INSURER(S) AFFORDING COVERAGE</b>		
<b>INSURED</b> Skezics, Inc., DBA: Right Direction Crisis Intervention P.O. Box 712024 Salt Lake City UT 84171	<b>INSURER A:</b> General Star Indemnity Company		<b>NAIC #</b> 37362
	<b>INSURER B:</b>		
	<b>INSURER C:</b>		
	<b>INSURER D:</b>		
	<b>INSURER E:</b>		
	<b>INSURER F:</b>		

**COVERAGES** CERTIFICATE NUMBER: CL213802898 REVISION NUMBER: 02

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"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	Y	Y	IJG931649C	03/19/2024	03/19/2025	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 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
A	<input checked="" type="checkbox"/> <b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			IJG931649C	03/19/2024	03/19/2025	COMBINED SINGLE LIMIT (Ea accident) \$ 2,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> <b>UMBRELLA LIAB</b> <input type="checkbox"/> EXCESS LIAB OCCUR CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> 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 \$
A	<b>Professional Liability</b> Abuse or Molestation			IJG931649C	03/19/2024	03/19/2025	Each Claim 1,000,000 Aggregate 3,000,000 Each Claim 1,000,000

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. MOUNT DIABLO SCHOOL DISTRICT IS AN ADDITIONAL INSURED PER FORM 06-MHCF-298 (06/2005) ATTACHED TO THE POLICY. WAIVER OF SUBROGATION ATTACHED PER FORM MHF 24 0006 (06/13)

**CERTIFICATE HOLDER** MOUNT DIABLO SCHOOL DISTRICT  
1936 CARLOTTA DR  
CONCORD CA 04610-1368

**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

# GENERAL STAR INDEMNITY COMPANY

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

This endorsement # 6, effective March 19, 2024 forms a part of Policy # IJG931649C  
issued to Skezics Corp dba Right Direction Crisis Intervention

## ADDITIONAL INSURED

This endorsement modifies insurance provided under your policy.

Subject to all terms, conditions and exclusions in the policy, the person(s) or organization(s) shown below are hereby included as additional **Insured(s)** under this policy, but only with respect to liability arising solely out of:

1. the actual or alleged providing or failing to provide **Professional Services** to others by any **Insured**;
2. **Bodily Injury** and/or **Property Damage** arising from a covered **Incident** or **Medical Incident**; or
3. **Personal and Advertising Injury** caused by an offense arising out of your business.

The inclusion of the listed additional **Insured(s)** shall not increase the limits of insurance afforded by this policy.

In addition, with respect to the additional **Insured(s)** identified below, the following exclusion is added:

With respect to any Professional Liability Coverage and General Liability Coverage provided by this policy, we will not defend or pay for any **Claim**, including any injury, **Damages**, legal liability or **Claim Expenses**, arising out of, resulting from, caused by or contributed to by:

1. any **Claim(s)** or **Potential Claims** made by any additional **Insured** against any **Insured** or any other additional **Insured**;
2. any **Claim(s)** or **Potential Claims** made against any additional **Insured** arising from any **Incident** or **Medical Incident** that took place prior to the applicable Retroactive Date noted on this endorsement;
3. any **Claim(s)** or **Potential Claims** made against any additional **Insured** while acting on the behalf of any person or organization other than any **Insured**;
4. any **Claim(s)** or **Potential Claims** arising out of the sole negligence of the person or organization shown in the Schedule.

### SCHEDULE

<u>Name of Person or Organization:</u>	<u>Retroactive Date:</u>
MOUNT DIABLO SCHOOL DISTRICT	N/A

**ALL OTHER TERMS, CONDITIONS AND EXCLUSIONS OF THIS POLICY REMAIN UNCHANGED.**

06-MHCF-298 (06/2005)

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# GENERAL STAR INDEMNITY COMPANY

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY

**GeneralStar**<sup>™</sup>

## WAIVER OF SUBROGATION

This endorsement modifies insurance provided under your policy.

### SCHEDULE

Person(s) or Organization(s):

MOUNT DIABLO SCHOOL DISTRICT

It is hereby understood and agreed that Item 15. Subrogation, in the GENERAL CONDITIONS SECTION of the MISCELLANEOUS HEALTHCARE FACILITIES COMMON POLICY PROVISIONS does not apply to the person(s) or organization(s) listed above.

ALL OTHER TERMS, CONDITIONS AND EXCLUSIONS OF THIS POLICY REMAIN UNCHANGED.

<i>The premium for this endorsement is included within the premium shown on the Declarations unless a specific amount is shown here.</i>	<i>Additional Premium \$</i>
	<i>Return Premium \$</i>
<i>This endorsement takes effect upon the Policy Effective Date, unless another Endorsement Effective Date is shown here:</i>	<i>Endt. Effective Date:</i>
<i>Named Insured: Skezics Corp dba Right Direction Crisis Intervention</i>	<i>For attachment to</i>
	<i>Policy No. JG931649C</i>
<i>Date Issued (if other than Policy Effective Date): March 9, 2024</i>	<i>Endorsement</i>
	<i>No.: 7</i>