

ACORD. CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)
APR 16 15

PRODUCER
COMMERCIAL BUSINESS INSURANCE AGENCY
P. O. BOX 9742
RAPID CITY SD 57709-9742
PHONE: 866-573-7772
FAX: 866-451-1953

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.

COMPANIES AFFORDING COVERAGE

INSURED
HERITAGE SCHOOLS, INC.
DBA: HERITAGE BEHAVIORAL HEALTH SYSTEMS, INC.
5600 NO. HERITAGE SCHOOL DR.
PROVO UT 84604

COMPANY A: MARKEL INSURANCE CO. RATING A14
COMPANY B:
COMPANY C:
COMPANY D:
COMPANY E:

COVERAGES

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	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> PROFESSIONAL LIABILITY GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC	8502SS310559-7	MAR 12 15	MAR 12 16	EACH OCCURRENCE \$ 1,000,000	
	FIRE DAMAGE (Any One Fire) \$ 1,000,000					
	MED. EXP (Any One Person) \$ 10,000					
	PERSONAL & ADV INJURY \$ 1,000,000					
	GENERAL AGGREGATE \$ 3,000,000					
	PRODUCTS-COMP/OP AGG. \$ 3,000,000					
	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 \$	
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: AGG \$	
	A	EXCESS LIABILITY <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input checked="" type="checkbox"/> RETENTION \$ 10,000	4602SS310560-7	MAR 12 15	MAR 12 16	EACH OCCURRENCE \$ 10,000,000
		AGGREGATE \$ 10,000,000				
AUTO LIAB UMBRELLA \$ 10,000,000						
EMPLOYERS LIAB UMB \$ 10,000,000						
SEXUAL ABUSE UMB \$ 5,000,000						
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					<input type="checkbox"/> WC STATU- <input type="checkbox"/> OTHER TORY LIMITS E.L. EACH ACCIDENT \$ E.L. DISEASE-EA EMPLOYEE \$ E.L. DISEASE-POLICY LIMIT \$	
	A OTHER:	8502SS310559-7	MAR 12 15	MAR 12 16	SEXUAL ABUSE SUBLIMIT: \$1,000,000. OCCURRENCE \$2,000,000. AGGREGATE	

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS INSURED:

CERTIFICATE HOLDER IS LISTED AS "ADDITIONAL

CERTIFICATE HOLDER

ADDITIONAL INSURED; INSURER LETTER: _____ CANCELLATION

MT. DIABLO UNIFIED SCHOOL DISTRICT
SPECIAL EDUCATION/STUDENT SERVICES
1936 CARLOTTA DRIVE
CONCORD, CA 94519-1397

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, IT'S AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE
PHONE: 866-573-7772

Attention: ACEVEDOL@MDUSD.ORG

Signature: Robin L. Patterson, Agen

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED-OWNERS, LESSEES OR CONTRACTORS (Form B)

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY

SCHEDULE

Name of Person or Organization; MT. DIABLO UNIFIED SCHOOL DISTRICT
SPECIAL EDUCATION/STUDENT SERVICES
1936 CARLOTTA DRIVE
CONCORD, CA 94519-1397

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

WHO IS AN INSURED (Section II) is amended to include as an insured the person or organization shown in the Schedule, but only with respect to liability arising out of "your work" for that insured by or for you