



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
09/09/2024

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 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: Jennifer Sherry Insurance Answer Center LLC (Answer Financial Inc.) 4804 Laurel Canyon Blvd. STE 820 Valley Village, CA 91607 manage-carrier-vendor-accounts@answerfinancial.com	CONTACT NAME:	
	PHONE (A/C, No, Ext): 855-566-1011	FAX (A/C, No, Ext):
	E-MAIL ADDRESS: Support@coterieinsurance.com	

INSURED: Speech Therapy by the Bay, Inc. 447 17TH ST Unit 805 OAKLAND, CA 94610	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: Spinnaker Insurance Company		24376
	INSURER B:		
	INSURER C:		
	INSURER D:		
	INSURER E:		
	INSURER F:		

COVERAGES	CERTIFICATE NUMBER	REVISION NUMBER
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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 LTD	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	X		CSG-00193116-00	09/09/2024	09/09/2025	EACH OCCURRENCE \$2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC Other: _____						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
	AUTOMOBILE LIABILITY:						COMBINED SINGLE LIMIT (Ea accident)
	<input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						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 <input type="checkbox"/> DED <input type="checkbox"/> RETENTIONS \$						EACH OCCURENCE \$
							AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICE/MEMBER EXCLUDER? <input type="checkbox"/> Y/N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A					PER STATUTE DTH-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)

CERTIFICATE HOLDER	CANCELLATION
Mount Diablo Unified School District 1936 Carlotta Dr Concord, CA 94519-1358	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 David McFarland



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
09/11/2024

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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: AMBA, In CA dba Assn Member Benefits & Insurance Agency, Des Moines, IA 50306. CONTACT NAME: AMBA, PHONE: 1-800-375-2764, FAX: 515-506-5089, EMAIL ADDRESS: www.proliability.com. INSURER(S) AFFORDING COVERAGE: INSURER A: Liberty Insurance Underwriters, NAIC #: 19917. INSURED: Speech Therapy By The Bay, Unit 805, 447 17th Street, Oakland, CA 94612.

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.

Table with columns: INSR LTR, TYPE OF INSURANCE, ADDL INSD, SUBR WVD, POLICY NUMBER, POLICY EFF (MM/DD/YYYY), POLICY EXP (MM/DD/YYYY), LIMITS. Rows include Commercial General Liability, Automobile Liability, Umbrella Liab, Workers Compensation, and Other: Professional Liability Insurance.

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

CERTIFICATE HOLDER

Speech Therapy By The Bay, Unit 805, 447 17th Street, Oakland, CA 94612

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

Signature: Stephen Miller

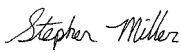
MEMORANDUM OF INSURANCE	Date Issued 08/16/2024
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Producer AMBA P.O. Box 14554 Des Moines, IA 50306	This memorandum is issued as a matter of information only and confers no rights upon the holder. This memorandum does not amend, extend or alter the coverages afforded by the Certificate listed below.
Insured Paige Bailey Apartment 805 447 17th Street Oakland, CA 94612	Company Affording Coverage Liberty Insurance Underwriters Inc.

This is to certify that the Certificate listed below has 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 memorandum may be issued or may pertain, the insurance afforded by the Certificate described herein is subject to all the terms, exclusions and conditions of such Certificate. The limits shown may have been reduced by paid claims.
 The Memorandum of Insurance and verification of payment are your evidence of coverage. No coverage is afforded unless the premium is successfully paid in full.

Type of Insurance	Certificate Number	Effective Date	Expiration Date	Limits	
Professional Liability and General Liability SpeechLangH SE Speech Language Pathologist	AHY-1131657102	03/28/2024	03/28/2025	Per Incident/ Occurrence	\$1,000,000
				Annual Aggregate	\$3,000,000

Memorandum Holder is an Additional Insured for General Liability occurrences at Apt 805 447 17th St Oakland CA 94612 arising out of the sole negligence of the Named Insured.

Memorandum Holder: Mount Diablo Unified School District 1936 Carlotta Dr Concord CA 94519	Should the above described Certificate be cancelled before the expiration date thereof, the issuing company will endeavor to mail 30 days written notice to the Memorandum Holder named to the left, but failure to mail such notice shall impose no obligation or liability of any kind upon the company, its agents or representatives.
	Authorized Representative Stephen Miller
	



LIBERTY INSURANCE UNDERWRITERS INC.

(A Stock Insurance Company, hereinafter the "Company")

ENDORSEMENT NO. [8]

Effective Date: 10/10/2023
Policy Number: AHY-1131657101
Issued To: Paige Bailey

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED ENDORSEMENT

This endorsement applies to:

- Professional Liability Coverage Part Only Premium \$ _____ Additional Premium
- General Liability Coverage Part Only Premium \$ _____ Additional Premium
- Professional Liability and General Liability Coverage Parts \$ _____ Additional Premium

In consideration of the premium charged, any Designated Entity shown in the Schedule below shall be included as an additional Insured, but only as respects claims arising out of the sole negligence of the individual or entity specified in the PERSONS INSURED Section of the policy.

Designated Entity Schedule

<u>NAME</u>	<u>ADDRESS</u>
Mount Diablo Unified School District (GL Coverage Only)	1936 Carlotta Dr Concord CA 94519

ALL OTHER TERMS AND CONDITIONS OF THE POLICY REMAIN UNCHANGED.

Sequoia Insurance Company

A Stock Insurance Company

WORKERS COMPENSATION
AND EMPLOYERS LIABILITY
INSURANCE POLICY

WC 99 00 01 B
1 of 5
INFORMATION PAGE

Ncci Code: 19755

1. Insured:

Speech Therapy By The Bay Inc
447 17Th St
Apt 805
Oakland, CA 94612

Other workplaces not shown above:

None

Producer:

AP Intego Insurance Group, LLC - NY
1601 Trapelo Rd.
Waltham, MA 02451

Policy Number: QWC1337089

Individual Partnership

Corporation or _____

Federal Tax ID: 921668140

Risk Id:

Renewal of: New

2. The policy period is from 12/15/2023 to 12/15/2024 12:01 a.m. at the insured's mailing address.

3. A. Workers Compensation Insurance: Part One of the policy applies to the Workers Compensation Law of the states listed here: California

B. Employers Liability Insurance: Part Two of the policy applies to work in each state listed in item 3.A. The limits of our liability under Part Two are:

State	Bodily Injury by Accident	Bodily Injury by Disease	Bodily Injury by Disease
	\$1,000,000 each accident	\$1,000,000 policy limit	\$1,000,000 each employee

C. Other States Insurance: Part Three of the policy applies to the states, if any, listed here:

All states except ND, OH, WA, WY and State(s) Designated in Item 3.A

D. This policy includes these endorsements and schedules: See Extension of Information Page

4. The premium for this policy will be determined by our Manuals of Rules, Classifications, Rates and Rating Plans. All information required below is subject to verification and change by audit.

See Extension of Information Page

TOTAL ESTIMATED ANNUAL PREMIUM

897

STATE ASSESSMENT

52

TOTAL ESTIMATED COST

949

Minimum Premium

500

Issue Date: 12/15/2023

Countersigned by: _____

Authorized Representative

Insured: Speech Therapy By The Bay Inc

Policy Number: QWC1337089

**EXTENSION OF INFORMATION PAGE FOR ITEM #1
ITEM 1: NAMED INSURED and WORKPLACES**

NAMED INSURED:

Speech Therapy By The Bay Inc

Fein: 921668140

WORKPLACES:

Location Number 1.
447 17Th St
Apt 805
Oakland, CA 94612

Insured: Speech Therapy By The Bay Inc

Policy Number: QWC1337089

**EXTENSION OF INFORMATION PAGE FOR ITEM #3.D
ITEM 3.D: ENDORSEMENT SCHEDULE**

State	Form Number	Description
	WC990001B	DECLARATIONS PAGE
CA	34-2005 1008	CA Important Notice
	WC000000C	WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY
	WC000406A	PREMIUM DISCOUNT ENDORSEMENT
	WC000421F	CATASTROPHE (OTHER THAN CERTIFIED ACTS OF TERRORISM) PREMIUM ENDORSEMENT
	WC000422C	TERRORISM RISK INSURANCE PROGRAM REAUTHORIZATION ACT DISCLOSURE ENDORSEMENT
CA	WC040301D	POLICY AMENDATORY ENDORSEMENT CALIFORNIA
CA	WC040310	CA DUTY TO DEFEND
CA	WC040360B	EMPLOYERS' LIABILITY COVERAGE AMENDATORY ENDORSEMENT - CALIFORNIA
CA	WC040421	CA OPTIONAL PREMIUM INCREASE ENDORSEMENT
CA	WC040601B	CALIFORNIA CANCELATION ENDORSEMENT
CA	WC040604A	Covid-19 Reporting Requirement Endorsement-California

CONAN P GRAHAM
LAUREN GRAHAM
2402 FARMINGTON CT
MARTINEZ, CA 94553

Policy Number: 910808075

Underwritten by:
United Financial Cas Co
August 30, 2024
Policy Period: Jul 10, 2024 - Jan 10, 2025
Page 1 of 3

progressive.com

Online Service

Make payments, check billing activity, update policy information or check status of a claim.

1-800-776-4737

For customer service and claims service,
24 hours a day, 7 days a week.

Auto Insurance Coverage Summary

This is a copy of your Declarations Page

Your coverage began on July 10, 2024 at 12:01 a.m. This policy expires on January 10, 2025 at 12:01 a.m.

This coverage summary replaces your prior one. Your insurance policy and any policy endorsements contain a full explanation of your coverage. The policy limits shown for a vehicle may not be combined with the limits for the same coverage on another vehicle. The policy contract is form 9611D CA (09/16). The contract is modified by form Z357 CA (12/15).

Your email address

Any policy-related emails will be sent to the email address currently listed on your policy: conanpg@gmail.com. If you want to update your email address, please call us.

Underwriting Company

United Financial Cas Co

Drivers and household residents

Conan P Graham

Marital status: Married
Years experienced: 26

Years licensed: 26

Additional information: Named insured

Lauren Graham

Marital status: Married
Years experienced: 25

Years licensed: 25

Additional information: Named insured

Outline of coverage

2014 NISSAN PATHFINDER 4 DOOR WAGON

VIN: **5N1AR2MMXEC603235**

Garaging ZIP Code: 94553

Annual miles: 12000

	Limits	Deductible	Premium
Liability To Others			\$238
Bodily Injury Liability	\$100,000 each person/\$300,000 each accident		
Property Damage Liability	\$100,000 each accident		
Uninsured/Underinsured Motorist	\$100,000 each person/\$300,000 each accident		33
Medical Payments	\$1,000 each person		5
Comprehensive	Actual Cash Value	\$500	45
Collision	Actual Cash Value	\$500	163
Rental Reimbursement	up to \$30 each day/maximum 30 days		11
Loan/Lease Payoff	25% Of The Actual Cash Value		4
Total premium for 2014 NISSAN			\$499

2020 TOYOTA COROLLA HYBRID 4 DOOR SEDAN

VIN: **JTDEBRBEXLJ011776**

Garaging ZIP Code: 94553

Annual miles: 12000

	Limits	Deductible	Premium
Liability To Others			\$302
Bodily Injury Liability	\$100,000 each person/\$300,000 each accident		
Property Damage Liability	\$100,000 each accident		
Uninsured/Underinsured Motorist	\$100,000 each person/\$300,000 each accident		76
Medical Payments	\$1,000 each person		13
Comprehensive	Actual Cash Value	\$500	81
Collision	Actual Cash Value	\$500	417
Rental Reimbursement	up to \$30 each day/maximum 30 days		18
Loan/Lease Payoff	25% Of The Actual Cash Value		7
Total premium for 2020 TOYOTA			\$914

Subtotal policy premium \$1,413.00

Anti-Fraud fee 1.76

Total 6 month policy premium \$1,414.76

Payment schedule

Sep 10, 2024	\$239.49	Nov 10, 2024	\$239.49	Dec 10, 2024	\$239.49
Oct 10, 2024	\$239.49				

You have paid installment fees of \$8.00 on this policy. An additional installment fee of \$4.00 has been included in each remaining payment. You may reduce the amount you pay in installment fees by paying your premium in larger amounts and fewer installments. Please call 1-800-776-4737 for details.

The following additional fees may apply:

Fee for returned checks or refused payments \$20.00

Premium discounts

Policy	
910808075	Multi-Car

Driver

Conan P Graham
Lauren Graham

Good Driver
Good Driver

Vehicle

2020 TOYOTA
COROLLA HYBRID

Vehicle Tracking System

Lienholder information

Vehicle

Lienholder

2014 NISSAN PATHFINDER
5N1AR2MMXEC603235

FIFTH THIRD BANK
SOLON, OH 44139

2020 TOYOTA COROLLA HYBRID
JTDEBRBEXLJ011776

AHFC-AMERICAN HONDA
HUNT VALLEY, MD 21065

Important Notice

For your protection California law requires the following to appear on this form. Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Company officers



President



Secretary



Tel: 1-800-841-3000

GEICO General Insurance Company
P.O. Box 509090
San Diego, CA 92150-9090

Declarations Page

This is a description of your coverage.
Please retain for your records.

Policy Number: 6074-15-29-16

Coverage Period:

08-23-24 through 02-23-25

Your coverage begins and ends at 12:01am local time at the address of the named insured.

Endorsement Effective: 09-10-24

Date Issued: September 10, 2024

PAIGE BAILEY
447 17TH ST UNIT 2806
OAKLAND CA 94612-2872

Email Address: Paigebailey2@gmail.com

Table with 2 columns: Named Insured, Additional Drivers. Row 1: Paige Bailey, None

Table with 4 columns: Vehicle, VIN, Vehicle Location, Finance Company/Lienholder. Row 1: 1 2017 Subaru Legacy, 4S3BNAB60H3019871, OAKLAND CA 94612-2872

Table with 3 columns: Coverages*, Limits and/or Deductibles, Vehicle 1. Rows include Bodily Injury Liability, Property Damage Liability, Uninsured & Underinsured Motorists, Comprehensive (Excluding Collision), Collision, and Total Six Month Premium.

*Coverage applies where a premium or \$0.00 is shown for a vehicle.

If you elect to pay your premium in installments, you may be subject to an additional fee for each installment. The fee amount will be shown on your billing statements and is subject to change.

Discounts and Surcharges

Discounts

- Anti-Theft Device (All Vehicles)
- Loyalty Persistency (All Vehicles)

Surcharges

- Accident and/or Conviction (Veh 1)
-

Group Insurance Plan: Professional Group Insurance Plan

Contract Type: A30CA

Contract Amendments: ALL VEHICLES - A30CA SIGPGCW

Class: 0 -N -11SF - T (VEH 1)

Important Policy Information

- You have elected to receive your insurance documents via electronic delivery at the electronic mail address displayed on this Declarations Page. To change the address where you receive your policy documents, visit geico.com or call 1-800-841-3000.
- No coverage is provided in Mexico.
- Reminder - Physical damage coverage will not cover loss for custom options on an owned automobile, including equipment, furnishings or finishings including paint, if the existence of those options has not been previously reported to us. This reminder does NOT apply in VIRGINIA, however, in Virginia coverage is limited for custom furnishings or equipment on pick-up trucks and vans but you may purchase coverage for this equipment. Please call us at 1-800-841-3000 or visit us at geico.com if you have any questions.
- Congratulations! Your policy qualifies for the Professional Group Insurance Plan and includes a savings of \$1,161.80.
- For your protection, California law requires the following to appear on this form: "Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison."
- The mailing address on your policy was updated.
- We have re-rated your policy according to your new location, OAKLAND, CA 94612-2872.



GEICO GENERAL INSURANCE COMPANY

1-800-841-3000 PO Box 509090
San Diego, CA 92150-9090

NAIC
35882

California Evidence of Liability Insurance

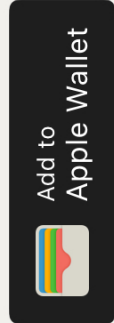
Policy Number	Effective Date	Expiration Date
6074152916	08/23/2024	02/23/2025

[View All Active Drivers](#)

Insured Paige Bailey
472 Jean St Apt 1
Oakland CA 94610-2670

VIN 4S3BNAB60H3019871

Year	Make	Model
2017	SUBARU	LEGACY



Navigation sidebar with icons: Close (X), Refresh, and Share. Includes a page indicator '1 of 1'.