



R115191

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
7/17/2019

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 Bowthorpe and Associates 1110 E. Eaglewood Dr., Ste. 5 North Salt Lake UT 84054		CONTACT NAME: George Giles PHONE (A/C, No, Ext): (801) 487-2300 FAX (A/C, No): (801) 487-2393 E-MAIL ADDRESS: george@bowthorpeinsurance.com	
INSURED Skezics, Inc., DBA: Right Direction Crisis Interve Intervention P.O. Box 712024 Salt Lake City UT 84171		INSURER(S) AFFORDING COVERAGE INSURER A: Allied World Assurance Company NAIC # 19489 INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	

COVERAGES CERTIFICATE NUMBER: CL1232102301 REVISION NUMBER: 2016

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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS			
A	GENERAL LIABILITY			0308-8829	3/19/2019	3/19/2020	EACH OCCURRENCE \$ 2,000,000			
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000			
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person) \$ 5,000			
	GEN'L AGGREGATE LIMIT APPLIES PER:									PERSONAL & ADV INJURY \$ 2,000,000
	<input type="checkbox"/> POLICY	<input type="checkbox"/> PRO-JECT	<input type="checkbox"/> LOC							GENERAL AGGREGATE \$ 4,000,000
										PRODUCTS - COMP/OP AGG \$ 4,000,000
A	AUTOMOBILE LIABILITY			0308-8829	3/19/2019	3/19/2020	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000			
	<input type="checkbox"/> ANY AUTO ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS							BODILY INJURY (Per person) \$	
	<input checked="" type="checkbox"/> HIRED AUTOS	<input checked="" type="checkbox"/> NON-OWNED AUTOS							BODILY INJURY (Per accident) \$	
									PROPERTY DAMAGE (Per accident) \$	
	UMBRELLA LIAB						EACH OCCURRENCE \$			
	EXCESS LIAB						AGGREGATE \$			
							\$			
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATU-TORY LIMITS			
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						OTH-ER			
	If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				E.L. EACH ACCIDENT \$			
							E.L. DISEASE - EA EMPLOYEE \$			
							E.L. DISEASE - POLICY LIMIT \$			
A	Professional Liability			0308-8829	3/19/2019	3/19/2020	Each Claim 1,000,000			
	Claims Made Basis						Aggregate 3,000,000			

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
MT. DIABLO UNIFIED SCHOOL DISTRICT IS AN ADDITIONAL INSURED WITH RESPECT TO THE WORK BEING PERFORMED BY THE INSURED.

CERTIFICATE HOLDER MT. DIABLO UNIFIED SCHOOL DISTRICT 1936 CARLOTTA DRIVE - WING D CONCORD, CA 94519-1397	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 George Giles/ADMIN
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ENDORSEMENT NO. 6

**SPECIFIC ADDITIONAL INSUREDS
COVERAGE UNDER ALL INSURING AGREEMENTS**

This Endorsement, effective at 12:01 a.m. on March 19, 2019, forms part of

Policy No. 0308-8829
Issued to Skezics Corp dba Right Direction Crisis Intervention
Issued by Darwin Select Insurance Company

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

The term **Insured** as defined in the Policy, is amended to include the persons or entities below with whom the **Named Insured** has agreed under written contract or agreement to provide insurance (hereinafter referred to as ("Additional Insureds")):

MT DIABLO UNIFIED SCHOOL DISTRICT

The coverage provided shall not exceed the scope of coverage and/or Limits of Liability of this Policy; nor shall the coverage provided exceed the scope of coverage and/or limits required by said contract or agreement.

Coverage for the Additional Insureds shall only be provided pursuant to this endorsement for **Claims** arising out of the otherwise covered negligent acts, errors or omissions of the **Insureds**, other than the **Additional Insureds**. There shall be no coverage under this Policy for any **Claim** based upon or arising out of the acts, errors or omissions of the **Additional Insureds**, whether negligent or intentional.

The coverage provided by this Endorsement is primary to, and shall not contribute with, any other applicable insurance plan, policy or program of self-insurance carried by or applicable to any **Additional Insured**.

With respect to the coverage provided by this Endorsement, it is hereby agreed that the **Insurer's** rights of subrogation pursuant to the section of the Policy entitled "Subrogation" are waived, solely with respect to the **Additional Insureds**.

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



Authorized Representative

