

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 2/8/2013

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(les) must be endorsed. If SUBROGATION IS WAIVED, subject to

t	he te	erms and condition	ns of the policy of such endor	, cen	tain p ent(s)	policies may require an er	ndorse	ment. A sta	atement on th	nis certificate doe	s not d	onfer	rights to the	
PRODUCER								CONTACT Gina Rubinelli						
The McNeil Insurance Agency, LLC							PUOLE				FAX (A/C, No): (415)899-8668			
7200 Redwood Blvd Suite 400							E-MAIL ADDRESS: rubinellig@dlins.com							
								INSURER(S) AFFORDING COVERAGE NAIC #						
Novato CA 94945							INSURER A Penn-Star Insurance Company					NAIC #		
INS	INSURED							INSURER B:						
Ed Supports Services, LLC							INSURER C:						 	
1942 Embarcadero							INSURER D:						· · · · · · · · · · · · · · · · · · ·	
							INSURER E :							
Oz	ıkla	and	CA 94	1606	5		INSURER F:							
		RAGES				E NUMBER:CL1311902								
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LTR	1	TYPE OF INSU	RANCE	INSR	WVD	POLICY NUMBER	~	(MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMIT			
	X COMMERCIAL GENERAL LIABILITY							u.		EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurre		\$	3,000,000 100,000	
A		CLAIMS-MADE X OCCUR		х		CPS5038417		1/17/2013	1/17/2014	MED EXP (Any one pe	rson)	\$	5,000	
								İ		PERSONAL & ADV IN.	JURY	\$	3,000,000	
								ł		GENERAL AGGREGA	TE	\$	3,000,000	
	GEN	N'L AGGREGATE LIMIT A	APPLIES PER:							PRODUCTS - COMP/C	P AGG	\$	3,000,000	
		TOMOBILE LIABILITY	1							COMBINED SINGLE L (Ea accident) BODILY INJURY (Per p		s		
	\vdash	ANY AUTO ALL OWNED	SCHEDULED							BODILY INJURY (Per	<u></u>	\$		
	H	AUTOS	AUTOS NON-OWNED							PROPERTY DAMAGE	,	\$		
	\vdash	HIRED AUTOS	AUTOS							(Per accident)		\$		
	┼╾┩	UMBRELLA LIAB		 	\vdash	+			 			\$	··-	
		EXCESS LIAB	OCCUR CLAIMS-MADE							EACH OCCURRENCE		\$		
	\vdash	 	•	1						AGGREGATE	_	\$		
┢─	wo	DED RETENTION \$ WORKERS COMPENSATION			 	+				WC STATU- TOBY LIMITS	OTH-	\$		
	ANY	D EMPLOYERS' LIABILIT Y PROPRIETOR/PARTNEF FICER/MEMBER EXCLUDE	R/EXECUTIVE ()	N/A						E.L. EACH ACCIDENT	_ L ER_	\$		
	(Mai	andatory in NH) es, describe under								E.L. DISEASE - EA EM	PLOYEE	\$		
L	DÉS	SCRIPTION OF OPERATI	IONS below	<u> </u>						E.L. DISEASE - POLIC	Y LIMIT	\$		
A	Pr	ofessional Li	lability			CPS5038417		1/17/2013	1/17/2014	Per Occurrence			\$1,000,000	
Per Claim Ded \$500									Aggregate			\$1,000,000		
Mo	unt	TION OF OPERATIONS /I Diablo Unifi red by writte:	ed School I	Dist	Attach :	ACORD 101, Additional Remarks t is an Additional	Schedule . Inst	, if more space ured with	la required) 1 respects	s to General	Liab:	ility	y as	
CE	RTIF	FICATE HOLDER					CANCELLATION							
	ı	Mount Diablo		Sch	001	District	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.							

ACORD 25 (2010/05)

INS025 (201005).01

Concord, CA 94519-1397

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AUTHORIZED REPRESENTATIVE

Bill Quan/GR