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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 05/23/2019

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.

						DITIONAL INSURED, the				NAL INSURED	provisio	ns or t	e endorsed.
If SUBROGATION IS WAIVED, subject to the terms and conditions of the pol this certificate does not confer rights to the certificate holder in lieu of such en						cii enuorsementisi,							
PRODUCER					CONTACT MARGARITA NICOL								
259	rte Farm	MARG	ARITA NICOL				PHONE: 831-475-1991 FAX (AIC, No. Ext): 831-476-2103						
8		LICENS	SE NO 0763341				E-MAIL ADDRE	- managed	a.nicol.ckna@	statefarm.com	[(A/C, No):	001-7	10-2103
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	1	R DAMON	R KORB							Casualty Compa		pany	25178
	1	BA THE C	ENTER FOR DE	VEL	OPIN	G MINDS			and the and	Jasualty Compa	ny	-	25143
			GATOS BLVD S				INSURER D :						
ļ			CA 95032-3428				INSURI						
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Α	⊢									MED EXP (Any one		\$ 5,00	30
^			<u> </u>	Y	İ	97-WV-4422-5		10/22/2018	10/22/2019	PERSONAL & ADV INJURY \$			
		EGATE UMIT A	APPLIES PER:	İ					!	GENERAL AGGREGATE \$ 4,000,000			
	POLICY	PRO- JECT	roc					i		PRODUCTS - COM		\$ 4,00	
	OTHER		<u> </u>	<u> </u>	İ						12, 113.5	\$	
	AUTOMOBIL									COMBINED SINGUE (Ea accident)	ELIMIT	\$	
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		(BILROY, CA 950	20									
CER	TIFICATE	HOLDER		_									
CERTIFICATE HOLDER CANCELLATION													
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE													
SHOULD ANY OF THE EXPIRATION						INCABOVED	icaukibed POLI: EREOF. NOTICE	CHESBEC	ANCEL	LED BEFÖRE			
GILROY UNIFIED SCHOOL DISTRICT						THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.							
7810 ARROYO CIRCLE													
GILROY, CA 95020					AUTHORIZED REPRESENTATIVE								
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						maintainel							

ACORD 25 (2016/03)

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CERTIFICATE OF LIABILITY INSURANCE

ОАТЕ (МЫЛОЛ/YYYY) 11/01/2017

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(ics) 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	to and that country in the state of	to are con	nitrate noticel to hen of si	CONTACT MARGA	RITA NICOL				
State Farm MARGARITA A NICCI			Chord (831) 475-1991 AV (831) 476-2103						
LIC# 0763341				Acoperass: marganta.nicol cknsic statefarm.com					
	2121 41ST AVE, STE 1	103				FOING COVERAGE	1		
_	CAPITOLA		CA 95010			nsurance Company	NAIC# 25151		
insured				MSUGER B. State F	arm I are and	Casualty Company	25143		
D	R DAMON R KORB			INSURIAC					
	BATHE CENTER FOR DE		G MINDS	INSURER D					
1	5951 LOS GATOS BLVD, S	STEE		INSURER E:					
1.4	OS GATOS, CA 95032-042	28		INSURER F					
COVERAGES	GER	RTIFICATI	E NUMBER:	and the factor of the factor o		REVISION NUMBER:	**************************************		
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						MED EXP (Any one person)	s 5,000		
A		Y	97-WV-4422-5	10/22/2017	10/22/2018	PERSONAL & ADVINJURY	8		
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AND EMPLOYE	ERS' LIABILITY YAR					X STATUTE PART	4 000 000		
B CHICCRONENS (Mandatery at 1	SCR CXC11 Subje	ALH	97-C9-W512-9	01/01/2017 .	01/01/2018	EL EACHAGGIGENT	1,000,000		
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35 4 5 5 5 6 1	CE CIPERA CONS. Salem	 		<u> </u>		FILDISEASE - POHOY UNIT	± 1.000,000		
See See		<u> </u>	v.						
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COUNTY OF SA	INTA CLARA AND MEMBE	RS OF TH	HE BOARD OF SUPERVIS	SORS OF THE COLL	NTY OF SAN	tariada ang tumpa	CIOCOS ACCRITO		
AND EMPLOYE	ES OF THE COUNTY OF	SANTA CL	ARA, INDIVIDUALLY AND	COLLECTIVELY	WIT OF GAS	TO SERVE WAS TAKEN	TIVERS, AGENTO		
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				THE EXPIRATION	INCABOVED N DATE TWO) ESCRIBED POLICIES BE (EREOF, NOTICE WILL	MANCELLED BEFORE		
CI	OUNTY OF SANTA CLARA	A		ACCORDANCE W	THE POLICE	Y PROVISIONS.	- SEGVENED IN		
C	O EBIX RCS								
þ	D BOX 2574, REF# 84-101	5807		AUTHORIZED REPRESE	NTATIVE				
	ORTLAND, MI 49875-0257								
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				20.10	99.2045 AC	ORD COPPORATION	All elebia conservat		



Certificate of Insurance

Certificate Holder: Franklin-McKinley School District

645 Wool Creek Dr San Jose, CA 95112

Insured's Name and Address: Damon Russell Korb, MD 15951 Los Gatos Boulevard Suite 6

Los Gatos, CA 95032

Policy Number: 704686N	Effective Date: 10/1	5/2017	Expiratio	n Date: 10/15/2018
Insured Type: ☑ Named Insured ☐ Insured Specialty: Psychiatry	l 🗆 Locum Tenens 🕻	Coverage A Type:	Shared Limits	☑ Separate Limits

Important: This certificate certifies that the policy shown above has been issued and includes coverage for the Insured shown for the period indicated, subject to the policy's provisions and the required payment of premium. It is not an insurance policy and is issued for informational purposes only, it confers no rights upon the certificate holder and does not create a contract between NORCAL Mutual Insurance Company (NORCAL Mutual) and the certificate holder, nor does it amend, extend, or alter the policy's coverage. Notwithstanding any requirement or provision of any contract or other document with respect to which this certificate may be issued or may pertain, the insurance afforded by the policy is subject to the provisions of the policy.

The Insured is responsible for informing certificate recipients of any policy changes, including declination of issuance or cancellation before the expiration date. An Insured's failure to provide such notice imposes no obligation or liability of any kind upon NORCAL Mutual, its agents or representatives.

Coverages and Limits of Coverage Provide	d		
Coverage A: Medical Professional Liability Insurance - Claims Made	Limits of Coverage:		
Retroactive Date: 10/15/2004	\$1,000,000 \$3,000,000	Each Claim limit Aggregate Limit Per Policy Period	
Coverage B: Administrative Defense Insurance - Claims Made	Limits of Coverage:		
Retroactive Date: 10/15/2004	\$50,000 \$50,000	Each Administrative Proceeding or Employment-Related Civil Action Limit Aggregate Limit Per Endorsement Period	
Coverage C: Information and Network Security Insurance - Claims Made	Limits of Coverage:		
Retroactive Date: 10/15/2004	\$100,000 \$100,000	Each Claim, Regulatory Privacy Proceeding , or Loss Limit Aggregate Limit Per Endorsement Period	
By: NORCAL Mutual Insurance Company		Date Issued: August 10, 2018	

T. Scott Diener

Kara M. Ricci



Certificate of Insurance

Certificate Holder: **Gilroy Unified School** District

7810 Arroyo Circle Gilroy, CA 95020

Insured's Name and Address:

The Center for Devloping Minds, Medical

Corporation

15951 Los Gatos Boulevard

Suite 6

Los Gatos, CA 95032

Policy Number: 704686N

Effective Date: 10/15/2018

Expiration Date: 10/15/2019

Specialty: Organization

Insured Type: ☐ Named Insured ☐ Insured ☐ Locum Tenens Coverage A Type: ☐ Shared Limits ☐ Separate Limits

Important: This certificate certifies that the policy shown above has been issued and includes coverage for the insured shown for the period indicated, subject to the policy's provisions and the required payment of premium. It is not an insurance policy and is issued for informational purposes only. It confers no rights upon the certificate holder and does not create a contract between NORCAL Mutual Insurance Company (NORCAL Mutual) and the certificate holder, nor does it amend, extend, or alter the policy's coverage. Notwithstanding any requirement or provision of any contract or other document with respect to which this certificate

may be issued or may pertain, the insurance afforded by the policy is subject to the provisions of the policy. The Insured is responsible for informing certificate recipients of any policy changes, including declination of issuance or cancellation before the expiration date. An insured's failure to provide such notice imposes no obligation or liability of any kindupon NORCAL Mutual, its agents or representatives.

Coverages and Limits of Coverage Provided

Coverage A: Medical Professional Liability

Insurance - Claims Made

Retroactive Date: 01/01/2005

Limits of Coverage: Shares in the limits of coverage of other Insureds, subject to the following maximum available limits of coverage: Each Claim Limit \$1,000,000/\$3,000,000 Aggregate Limit Per Policy Period

Coverage B: Administrative Defense

Insurance - Claims Made

Retroactive Date: 01/01/2005

Limits of Coverage: Shares in the limits of coverage of other Insureds, subject to the following maximum available limits of coverage: Each

Claim Limit \$50,000/\$50,000 Aggregate Limit Per Policy Period

By: NORCAL Mutual Insurance Company

Date !ssued: August 31, 2018

T. Scott Diener President & CEO

Kara M. Ricci Secretary

Kan M-Rica