




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.

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 State Farm  MARGARITA NICOL LICENSE NO 0763341 2121 41ST AVE STE 103 CAPITOLA CA 95010		CONTACT NAME: MARGARITA NICOL PHONE (A/C, No, Ext): 831-475-1991 FAX (A/C, No): 831-476-2103 E-MAIL ADDRESS: margarita.nicol.cna@statefarm.com	
INSURED DR DAMON R KORB DBA THE CENTER FOR DEVELOPING MINDS 15951 LOS GATOS BLVD STE 6 LOS GATOS CA 95032-3428		INSURER(S) AFFORDING COVERAGE INSURER A: State Farm General Insurance Company INSURER B: State Farm Mutual Automobile Insurance Company INSURER C: State Farm Fire and Casualty Company INSURER D: INSURER E: INSURER F:	
		NAIC # 25151 25178 25143	

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.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD / 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 type="checkbox"/> OCCUR <input type="checkbox"/> GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:	Y	97-WV-4422-5	10/22/2018	10/22/2019	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ 4,000,000 PRODUCTS - COMPIOP AGG \$ 4,000,000 \$
	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY					404 2109-A02-05
	<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"/> RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N Y	97-B4-Z317-1	01/01/2019	01/01/2020	PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

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

ADDITIONAL INSURED: GILROY UNIFIED SCHOOL DISTRICT
7810 ARROYO CIRCLE
GILROY, CA 95020

CERTIFICATE HOLDER

GILROY UNIFIED SCHOOL DISTRICT
7810 ARROYO CIRCLE
GILROY, CA 95020

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

Margaret Nicol




CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/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(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 State Farm  MARGARITA A NICOL LIC# 0763341 2121 41ST AVE, STE 103 CAPITOLA CA 95010		CONTACT NAME: MARGARITA NICOL PHONE (LIC, Ho, Ext): (831) 475-1991 FAX (LIC, Ho): (831) 476-2103 E-MAIL: margarita.nicol@statefarm.com ADDRESS: MARGARITA NICOL INSURER(S) AFFORDING COVERAGE INSURER A: State Farm General Insurance Company INSURER B: State Farm Fire and Casualty Company INSURER C: INSURER D: INSURER E: INSURER F:
INSURED DR DAMON R KORB DBA THE CENTER FOR DEVELOPING MINDS 15551 LOS GATOS BLVD, STE 6 LOS GATOS, CA 95032-0428		NAIC # 25151 25143

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.

INSR LTR	TYPE OF INSURANCE	ADDITIONAL SUBROGATION WAIVED	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 type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER POLICY <input type="checkbox"/> PRO JECT <input type="checkbox"/> LOC OTHER:	Y	97-WV-4422-5	10/22/2017	10/22/2018	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (its occurrence) \$ MED EXP (any one person) \$ 5,000 PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ 4,000,000 PRODUCTS - COMPLET AGG \$ \$
	AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> LEASED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY <input type="checkbox"/> ALL AUTOS ONLY <input type="checkbox"/>					COMBINED SINGLE LIMIT \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR PARTNER/EXECUTIVE OFFICER/OWNER EXCLUDED? <input type="checkbox"/> Y/N If yes, describe under separate cover.	N/A	97-CB-W512-9	01/01/2017	01/01/2018	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER EL EACH ACCIDENT \$ 1,000,000 EL DISEASE - EA EMPLOYEE \$ 1,000,000 EL DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
COUNTY OF SANTA CLARA AND MEMBERS OF THE BOARD OF SUPERVISORS OF THE COUNTY OF SANTA CLARA, AND THE OFFICERS, AGENTS AND EMPLOYEES OF THE COUNTY OF SANTA CLARA, INDIVIDUALLY AND COLLECTIVELY

CERTIFICATE HOLDER**CANCELLATION**

COUNTY OF SANTA CLARA
C/O EBIX RCS
PO BOX 2574, RE # 84-1015007
PORTLAND, MI 49875-0257

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



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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: 10/15/2017

Expiration Date: 10/15/2018

Insured Type: ☒ Named Insured ☐ Insured ☐ Locum Tenens **Coverage A Type:** ☐ Shared Limits ☒ Separate Limits
Specialty: Psychiatry

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 Provided

Coverage A: Medical Professional Liability Insurance - Claims Made

Limits of Coverage:

Retroactive Date: 10/15/2004

\$1,000,000 Each Claim limit

\$3,000,000 Aggregate Limit Per Policy Period

Coverage B: Administrative Defense Insurance - Claims Made

Limits of Coverage:

Retroactive Date: 10/15/2004

\$50,000

Each Administrative Proceeding or Employment-Related Civil Action Limit

\$50,000

Aggregate Limit Per Endorsement Period

Coverage C: Information and Network Security Insurance - Claims Made

Limits of Coverage:

Retroactive Date: 10/15/2004

\$100,000

Each Claim, Regulatory Privacy Proceeding, or Loss Limit

\$100,000

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 Developing 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

Insured Type: ☐ Named Insured ☒ Insured ☐ Locum Tenens **Coverage A Type:** ☒ Shared Limits ☐ Separate Limits
Specialty: Organization

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 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 Issued: August 31, 2018

T. Scott Diener
President & CEO

Kara M. Ricci
Secretary