

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED - OWNERS, LESSEES OR CONTRACTORS - SCHEDULED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

Schedule

Name of Additional Insured Person(s) or Organization(s)	Location(s) of Covered Operations
Mt. Diablo Unified School District	All insured premises and operations
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.	

A. SECTION II - WHO IS AN INSURED is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by:

1. your acts or omissions; or
2. the acts or omissions of those acting on your behalf;

in the performance of your ongoing operations for the Additional Insured(s) at the location(s) designated above.

However;

1. the insurance afforded to such additional insured only applies to the extent permitted by law; and
2. if coverage provided to the Additional Insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

B. With respect to the insurance afforded to these Additional Insureds, the following additional exclusions apply:

This insurance does not apply to "bodily injury" or "property damage" occurring after:

1. all work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the Additional Insured(s) at the location of the covered operations has been completed; or

2. that portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.

C. With respect to the insurance afforded to these Additional Insureds, the following is added to **SECTION III - LIMITS OF INSURANCE**:

If coverage provided to the Additional Insured is required by a contract or agreement, the most we will pay on behalf of the Additional Insured is the amount of insurance:

1. required by the contract or agreement; or
2. available under the applicable Limits of Insurance shown in the Declarations;

whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.

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DESIGNATED INSURED

This endorsement modifies insurance provided under the following:

- BUSINESS AUTO COVERAGE FORM
- GARAGE COVERAGE FORM
- MOTOR CARRIER COVERAGE FORM
- TRUCKERS COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by this endorsement.

This endorsement identifies Person(s) or Organization(s) who are "Insureds" under the Who Is An Insured Provision of the Coverage Form. This endorsement does not alter coverage provided in the Coverage Form.

SCHEDULE

Name of Person(s) or Organization(s):

Mt. Diablo Unified School District

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations or above Schedule as as applicable to this endorsement.)

Each Person or Organization shown in the Schedule is an "Insured" for Liability Coverage, but only to the extent that person or organization qualifies as an "Insured" under the Who Is An Insured Provision contained in **Section II** of the Coverage Form.



Administrative Offices
301 E 4th Street
Cincinnati OH 45202-4201
513 369 5000 ph

Policy No. UMB 1-55-36-25 - 00
Renewal Of -

THE PROTECTOR COMMERCIAL UMBRELLA DECLARATIONS PAGE

1. NAMED INSURED AND ADDRESS: SCHOOL FOR INDEPENDENT LEARNERS EAST BAY DBA TILDEN 1231 SOLANO AVE ALBANY, CA 94706	2. POLICY PERIOD: 12:01 A.M. Standard Time at the address of the Named Insured shown at left. From 11/02/2016 To 11/02/2017
IN RETURN FOR PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL TERMS OF THIS POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.	PRODUCER'S NAME AND ADDRESS: CHAPMAN INSURANCE 505 N BRAND BLVD STE 600 GLENDALE, CA 91203 3944

Insurance is afforded by: GREAT AMERICAN
ALLIANCE INSURANCE COMPANY

3. PREMIUM: Commercial Umbrella Premium	\$ 7,750.00
Total Advance Premium	\$ 7,750.00
Total	\$ 7,750.00

In the event of cancellation by the Named Insured, the company will receive and retain no less than \$ 1,550.00 as a policy minimum premium.

BASIS OF PREMIUM: Non-Auditable (X) Auditable ()

4. LIMITS OF INSURANCE:	\$ 10,000,000	Each Occurrence
	\$ 10,000,000	General Aggregate (Where Applicable)
	\$ 10,000,000	Products-Completed Operations Aggregate
5. SELF-INSURED RETENTION:	\$ 10,000	

6. FORMS AND ENDORSEMENTS applicable to all Coverage Forms and made part of this Policy at time of issue are listed on the attached Forms and Endorsements Schedule, GAI 6013 (Ed. 06/97).



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**T H E P R O T E C T O R
C A T A S T R O P H E L I A B I L I T Y P O L I C Y**

FORMS AND ENDORSEMENTS SCHEDULE

It is hereby understood and agreed the following forms and endorsements are attached to and are a part of this policy:

Form and Edition	Date Added*		ST	Date Deleted	Form Description
	or				
1. GAI6001	06/97		CA		COMM'L UMBRELLA COV PART DEC
2. GAI6002	04/10		CA		THE PROTECTOR UMBRELLA COV. FORM
3. GAI6003	06/97		CA		SCHEDULE A - UNDERLYING POLICIES
4. GAI6005	06/97		CA		NAMED INSURED
5. GAI6029	08/14		CA		PROFESSIONAL LIA COV/FOLLOWING FORM
6. GAI6047	04/10		CA		ADVERTISING INJURY -FOLLOWING FORM
7. GAI6129	04/10		CA		PERSNL INJURY LIA (FOLLOWING FORM)
8. GAI6153	04/10		CA		EMPLOYEE BENEFIT COVERAGE
9. GAI6158	01/13		CA		CA CHANGES-CANCELLATION/NONRENEWAL
10. GAI6318	04/10		CA		SCHOOLS/COLLEGE ATHL-FF
11. GAI6333	06/97		CA		EXCLUSION-LIAB ARISING OUT OF LEAD
12. GAI6442	04/10		CA		FUNGI, MOLD OR SPORES EXCLUSION
3. GAI6452	04/15		CA		CAP ON LOSSES - CERT ACTS OF TERROR
4. GAI6458	04/15		CA		EXCL-PUNITIVE DAM REL TO CERT TERRO
5. GAI6472	04/15		CA		DISCLOSURE TO TERRORISM RISK ACT OF
6. GAI6475	04/10		CA		ACT OF TERRORISM RETAINED LIMIT OF
7. GAI6819	10/04		CA		SILICA OR RELATED DUST EXCLUSION
8. GAI6869	08/05		CA		NUCLEAR, BIOLOGICAL OR CHEMICAL EXC
9. GAI7111	04/10		CA		INFRINGEMENT OF COPYRIGHT, PATENT,
10. GAI7248	06/13		CA		CORPORAL PUNISHMENT COVERAGE FOLLOW
11. GAI7251	08/14		CA		ABUSE OR MOLESTATION COVERAGE - FF
12. GAI7269	05/14		CA		EXCL.-ACCESS/WITH LIMITED BODILY IN

If not at inception



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**T H E P R O T E C T O R
 C A T A S T R O P H E L I A B I L I T Y P O L I C Y**

F O R M S A N D E N D O R S E M E N T S S C H E D U L E

It is hereby understood and agreed the following forms and endorsements are attached to and are a part of this policy:

Form and Edition	Date Added*		ST	Date Deleted	Form Description
		or			
1. IL7268	09/09		CA		IN WITNESS CLAUSE
2. SDM705	11/08		CA		IMPORTANT NOTICE - CALIFORNIA
3. SDM748	04/10		CA		NOTICE TO POLICYHOLDERS
4. SDM851	05/14		CA		COMM.UMBRELLA-ACCESS/DISCL.OF CONFI
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If not at inception



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301 E 4th Street
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GAI 6003
(ED. 06 97)

THE PROTECTOR
CATASTROPHE LIABILITY POLICY
SCHEDULE A - SCHEDULE OF UNDERLYING POLICIES

Page No. 1

Carrier, Policy Number and Period	Type of Coverage	Limits of Insurance
GR AMER INS CO PAC 155-36-24 11/02/2016 11/02/2017	Automobile Hired Automobile Non-Owned Autos	Combined Single Limit \$1,000,000 each accident
GR AMER INS CO PAC 155-36-24 11/02/2016 11/02/2017	Commercial General Liability Occurrence Form	\$2,000,000 Aggregate Limit \$2,000,000 Products - Completed Operations Aggregate Limit \$1,000,000 Personal and Advertising Injury Limit \$1,000,000 Each Occurrence
GR AMER INS CO PAC 155-36-24 11/02/2016 11/02/2017	Employee Benefits	\$2,000,000 aggregate \$1,000,000 each claim
GR AMER INS CO PAC 155-36-24 11/02/2016 11/02/2017	Other Liability	ABUSE OR MOLESTA \$2,000,000 AGGREGATE LIMIT \$1,000,000 EACH ABUSE LIMIT
GR AMER INS CO PAC 155-36-24 11/02/2016 11/02/2017	Professional Liability	\$2,000,000 AGGREGATE LIMIT \$1,000,000 EACH ACT,ERROR L