

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 2/7/2017

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 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).

CONTACT Cheri Robbins	
	4-9870
E-MAIL ADDRESS: cherir@isu-haddock.com	_
INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A: James River (Ultra)	
INSURER B:State Insurane Fund	
INSURER C:Allstate	
INSURER D:	
INSURER E:	
INSURER F:	
REVISION NUMBER:	
	PHONE (A/C, No, Ext): (208) 664-9783 FAX (A/C, No): (208) 664 FAX (A/C, No, Ext): (208) 664 FAX (A/C, No): (208) 664 FAX

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.

ADDL SUBR INSD WVD POLICY EFF POLICY EXP TYPE OF INSURANCE LIMITS **POLICY NUMBER** COMMERCIAL GENERAL LIABILITY 2,000,000 **EACH OCCURRENCE** S DAMAGE TO RENTED PREMISES (Ea occurrence) X CLAIMS-MADE **OCCUR** 50,000 A 00006625-13 10/1/2016 10/1/2017 Excluded MED EXP (Any one person) \$ X Professional Liability 2,000,000 PERSONAL & ADV INJURY \$ 4,000,000 GEN'L AGGREGATE LIMIT APPLIES PER: GENERAL AGGREGATE \$ PRO-JECT INCLUDED X POLICY PRODUCTS - COMP/OP AGG \$ OTHER: COMBINED SINGLE LIMIT (Ea accident) **AUTOMOBILE LIABILITY** \$ 2,000,000 050387882 **BODILY INJURY (Per person)** 8/10/2016 8/10/2017 ANY AUTO C SCHEDULED AUTOS NON-OWNED ALL OWNED AUTOS X 648500126 (Excess) 8/10/2016 8/10/2017 **BODILY INJURY (Per accident)** \$ PROPERTY DAMAGE x \$ X HIRED AUTOS **AUTOS** (Per accident) \$ UMBRELLA LIAB X OCCUR EACH OCCURRENCE \$ 1,000,000 **EXCESS LIAB** X CLAIMS-MADE AGGREGATE \$ 1,000,000 A DED X RETENTIONS 00045233-6 10/1/2016 10/1/2017 \$ 10,000 WORKERS COMPENSATION X PER STATUTE AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE 597439 01/01/2017 01/01/2018 E.L. EACH ACCIDENT \$ 100,000 N/A OFFICER/MEMBER EXCLUDED? B (Mandatory in NH) E.L. DISEASE - EA EMPLOYEE \$ 100,000 If yes, describe under DESCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT 500,000

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

The certificate holder is hereby named as additional insured with respect to all operations of the named insured.

CERTIFICATE HOLDER	CANCELLATION	
(925) 687-3139 acevedol@mdusd.org	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE	
Mt Diablo Unified School District 1936 Carlotta Drive Concord, CA 94519-1397	THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.	
	AUTHORIZED REPRESENTATIVE	
	Cheri Robbins/CR Cheri Robbi—	

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THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PRODUCTS/COMPLETED OPERATIONS LIABILITYCOVERAGE

SCHEDULE

Mt. Diablo Unified School District 1936 Carlotta Drive Concord CA 94519-1397

Who is an "Insured" is amended to include as an Insured the person or organization shown in the Schedule as an Additional Insured. The coverage afforded to the Additional Insured is solely limited to liability directly caused by "your work" which is imputed to the Additional Insured.

Where no coverage shall apply herein for the Named Insured, no coverage or defense shall be afforded to the Additional Insured.

This coverage does not apply to "bodily injury", "property damage" or "personal and advertising injury":

- 1. Arising out of the sole negligence of the Additional Insured;
- Arising out of the claimed negligence of the Additional Insured other than that directly caused by "your work" which shall be imputed to the Additional Insured; or
- To any employee of the Named Insured or to any obligation of the Additional Insured to indemnify another because of damages arising out of such injury.

ALL OTHER TERMS AND CONDITIONS OF THE POLICY REMAIN UNCHANGED.