



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
5/15/2015

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).

PRODUCER Wang Insurance Agency, Inc LIC # 0743903 2620 Judah St San Francisco, CA - 94122		CONTACT NAME: Hanna Wu PHONE (A/C, No, Ext): 415-731-7082 E-MAIL ADDRESS: hanna@wangins.com FAX (A/C, No): 415-731-8188	
INSURED 360 Degree Customer Inc 4423 Fortran Dr STE # 114 San Jose, CA - 95134		INSURER(S) AFFORDING COVERAGE	
		INSURER A: Philadelphia Indemnity Ins. Co.	NAIC # 18058
		INSURER B: State Compensation Ins	NAIC # 35076
		INSURER C:	
		INSURER D:	
		INSURER E:	
		INSURER F:	

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 BUBB INBR WYD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO JECT <input type="checkbox"/> LOC	X	PHSD1007324	1/29/2015	1/29/2016	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMPOP AGG \$ 3,000,000
A	<input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS		PHSD1007324	1/29/2015	1/29/2016	COMBINED SINGLE LIMIT (Ea accident) \$ 2,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input type="checkbox"/> RETENTIONS <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE		PHSD1007324	1/29/2015	1/29/2016	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000
B	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 N/A	9114244-2014	10/06/2014	10/03/2015	<input checked="" type="checkbox"/> WC STATL TORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Prof. Liab/Errors & Omissions - including Sexual Molestation & Abuse		PHSD1007324	1/29/2015	1/29/2016	\$1M each occurrence \$10,000 Deductible/Per Claim

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
 30 Days of Written Notice of Cancellation
 Mt Diablo Unified School District is named additional Insured with respect to liability arising out of work or operations performed by the Consultant/Named insured. Endorsement attached.
 Umbrella Liability coverage increased to \$5MM limit, retro-dated 1/29/2015

CERTIFICATE HOLDER Mt Diablo Unified School District 1936 Carlotta Dr Concord, CA - 94519	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
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POLICY CHANGE DOCUMENT

POLICY NO.: PHSD1007324

Philadelphia Indemnity Insurance Company | 108407 Wang Insurance

NAMED INSURED 360 Degree Customer, Inc.

MAILING ADDRESS 4423 Fortran Ct Ste 114
San Jose, CA 95134-2317

POLICY PERIOD: FROM 01/29/2015 TO 01/29/2016 at
12:01 A.M. Standard Time at your mailing address shown above.

CHANGE EFFECTIVE 04/27/2015 **CHANGE #** 2

DESCRIPTION

In consideration of the premium reflected, the policy is amended as indicated below:

Added:

Additional Insured's:
Elk Grove Unified School District
9510 Elk Grove-Florin Rd
Elk Grove, CA 95624

San Roman Valley Unified School District, its subsidiaries, officials, and employees
699 Old Orchard Dr
Danville, CA 94526

Mt. Diablo Unified School District
1936 Carlotta Dr
Concord, CA 94519

Path ID 8838891

Total Annual Additional/Return Premium \$	0.00 NO CHANGE	Total Prorate Additional/Return Premium \$	0.00 NO CHANGE
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COUNTERSIGNED (Date) **BY** (Authorized Representative)

05/11/2015
Issue Date

Philadelphia Indemnity Insurance Company

Additional Insured Schedule

Policy Number: PHSD1007324

Additional Insured

Lake Washington School District
PO Box 97039
Redmond, WA 98073-9739

PI-PLSP-103 - Miscellaneous Professional

Additional Insured

William S. Hart UHSD
21380 Centre Pointe Pkwy
Santa Clarita, CA 91350

Businessowners

Additional Insured

Elk Grove Unified School District
9510 Elk Grove Florin Rd
Elk Grove, CA 95624-1801

Businessowners

Additional Insured

San Roman Valley Unified School District
its subsidiaries, officials, & employees
699 Old Orchard Dr
Danville, CA 94526-4331

Businessowners

Additional Insured

Mt. Diablo Unified School District
1936 Carlotta Dr
Concord, CA 94519-1358

Businessowners