

**AGREEMENT BETWEEN MT. DIABLO UNIFIED SCHOOL DISTRICT AND THE
TODOS SANTOS BUSINESS ASSOCIATION ARTS FOUNDATION INC. FOR RISK
SHARING PARTICULAR TO THE 2018 FOURTH OF JULY CELEBRATION**

This Agreement (“Agreement”) is entered into by and between Mt. DIABLO UNIFIED SCHOOL DISTRICT (hereinafter "District") and the TODOS SANTOS BUSINESS ASSOCIATION ARTS FOUNDATION INC. (hereinafter "Foundation").

RECITALS

A. The District is the responsible and supervising entity of Mt. Diablo High School (hereinafter "MDHS"). The District owns the structure(s) and land upon which MDHS is currently situated.

B. The District and Foundation wish to work together to provide the Concord community with a Fourth of July celebration in the summer of 2018.

C. The District and Foundation understand that each entity risks being the subject of legal action from performing this public service.

D. The District and Foundation wish, to the extent allowed by law and reasonably feasible to the parties, to share the risk and responsibility of claims, if any, arising out of the 2018 Fourth of July event.

In consideration of the terms of this Agreement and notwithstanding any differing terms in any other agreement between the parties, the parties agree as follows:

1. **Indemnification**

(a) Foundation’s Indemnification of District.

Foundation hereby agrees to indemnify, defend, and hold District and its board of trustees, administrators, agents and employees harmless from any claims, losses, damages, injuries, liabilities, costs and expenses, including attorneys’ fees (collectively, “Claims”), incidental to, arising from, or related in any way to Foundation’s 2018 Fourth of July celebrations at MDHS, except to the extent such Claims result from the negligence or intentional misconduct of District or its board of trustees, administrators, agents and employees.

(b) District’s Indemnification of Foundation.

District hereby agrees to indemnify, defend, and hold Foundation and its directors, officers, and agents harmless from any Claims incidental to, arising from, or related in any way to Foundation’s 2018 Fourth of July events at MDHS, except to the extent such Claims result from the negligence or intentional misconduct of Foundation or its directors, officers, or agents.

(c) Limits on Duty to Indemnify.

The parties' agreement to indemnify each other shall extend only to the limits of insurance available to each party, individually or collectively, with respect to the Claims.

2. **Liability Insurance**

(a) Foundation Liability Insurance.

Foundation shall maintain, at its own expense, insurance for the duration of this Agreement against injuries to persons or damage to property which may arise from or be related in any way to Foundation's 2018 Fourth of July events at MDHS. This coverage shall be written on an occurrence basis and shall be maintained during the entire period covered by the Agreement. The policy limits shall be not less than \$1,000,000.00 per occurrence, with an aggregate of \$2,000,000.00.

(b) District Liability Insurance.

District shall maintain, at its own expense, insurance for the duration of this Agreement against injuries to persons or damage to property which may arise from or be related in any way to Foundation's 2018 Fourth of July events at MDHS. This coverage shall be written on an occurrence basis and shall be maintained during the entire period covered by this Agreement. The policy limits shall be not less than \$10,000,000.00 per occurrence.

(c) Additional Insured Endorsements.

Each party shall name the other party as an additional insured on all liability insurance policies or insurance programs that each party maintains. Prior to the events for which this Agreement is made, each party shall provide to the other (1) certificates evidencing their respective liability insurance, and (2) endorsements naming each party as an additional insured on the other's liability insurance policies or insurance programs, as the case may be. Such insurance shall provide for waivers of subrogation rights against the insurance of the other, and provide that Foundation's policy of insurance shall be primary with respect to Claims.

(d) Delivery of Evidence of Insurance and Endorsements.

Each party shall provide to the other certificates of insurance and original endorsements affecting coverages required in this Agreement, no later than ten (10) calendar days prior to Foundation's 2018 Fourth of July event at MDHS.

3. **Notice**

All correspondence and notice provided for hereunder shall be sent to the parties as follows:

TO DISTRICT:

Mt. Diablo Unified School District
c/o Dr. Nellie Meyer, Superintendent
1936 Carlotta Drive
Concord, CA 94519

TO FOUNDATION:

TODOS SANTOS BUSINESS ASSOCIATION ARTS FOUNDATION INC.
c/o Turtle Pfeiffer, President
P.O. Box 921
Concord, CA 94522

4. **Term**

The term of this Agreement shall be for one (1) year or through the end of the 2018 Fourth of July event at MDHS, whichever is later. Thereafter, the parties may renew this Agreement prior to any subsequent Fourth of July event.

5. **Entire Agreement**

This Agreement may be executed in counterparts and contains the entire agreement between the parties hereto with respect to the matters set forth herein. No promise, representation, warranty or covenant not included in this Agreement has been or is relied on by any of the parties hereto.

6. **Effective Date**

This Agreement shall be effective on the last date shown below on which this Agreement is executed.

7. **Severability**

If any provision of this Agreement is determined to be illegal or unenforceable for any reason, the same shall be severed from the Agreement and the remainder of the Agreement shall be given full force and effect.

[signatures follow on next page]

IN WITNESS WHEREOF, the parties have executed this Agreement:

MT. DIABLO UNIFIED SCHOOL DISTRICT:

By: _____
Dr. Nellie Meyer, Superintendent

Date

APPROVED AS TO FORM:

By: _____
Lawrence M. Schoenke, Attorney

Date

TODOS SANTOS BUSINESS ASSOCIATION ARTS FOUNDATION INC.:

By: _____
Turtle Pfeiffer, President

Date

Permission to Hold Special Event & Fireworks Display

To:
Mt. Diablo Unified School District
2450 Grant Street
Concord, CA 94520

Your written consent is needed in order to obtain a permit for the following event which will include a fireworks display:

Event Being Held By: **Todos Santos Business Association Arts Foundation**

Event Name: **Fourth of July Celebration**

Event Date(s): **July 4, 2018**

Event Location: **Mt. Diablo High School**

Display Location: **Mt. Diablo High School, Open Space Near Athletic Track, Concord, CA**

Times: Setup: **between 6:00 am & 6:00pm** Display: **Approx. 9:30p.m.** Ends: **Approx. 9:50p.m.**

Pyro Spectaculars, Inc. has been contracted to provide the fireworks display and coordinate the permit for the fireworks portion of the event. Would you kindly sign below to signify your consent to the event and the fireworks display, and return the signed form to Pyro Spectaculars, Inc. at:

Pyro Spectaculars North, Inc.
P.O. Box 2329
Rialto, CA 92377
909-355-8120 / 909-355-9813 Fax

We very much appreciate your cooperation in making this event a memorable one for those who will attend.

THE REQUESTED PERMISSION IS HEREBY GIVEN IN ORDER THAT THE ABOVE NAMED ENTITY(IES) MAY OBTAIN A PERMIT FOR THE EVENT AND FIREWORKS DISPLAY.

Date: _____

Signature: _____

Name: _____ Title _____

Agency: _____

Landowner

Law Enforcement Agency

Permission to Hold Special Event & Fireworks Display

To:

**Chief of Police
Concord Police Department
1350 Galindo St
Concord, CA 94520**

Dear Chief of Police,

Your written consent is needed in order to obtain a permit for the following event which will include a fireworks display:

Event Being Held By: **Todos Santos Business Association Arts Foundation**
Event Name: **Fourth of July Celebration**
Event Date(s): **July 4, 2018**
Event Location: **Mt. Diablo High School**
Display Location: **Mt Diablo High School, Open Space Near Athletic Track, Concord, CA**

Times: Setup: **between 6:00 am & 6:00pm** Display: **Approx. 9:30p.m.** Ends: **Approx. 9:50 p.m.**

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THE REQUESTED PERMISSION IS HEREBY GIVEN IN ORDER THAT THE ABOVE NAMED ENTITY(IES) MAY OBTAIN A PERMIT FOR THE EVENT AND FIREWORKS DISPLAY.

Date: _____

Signature: _____

Name: _____ Title _____

Agency: _____

Landowner

Law Enforcement Agency



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
5/31/2017

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).

PRODUCER Britton Gallagher One Cleveland Center, Floor 30 1375 East 9th Street Cleveland OH 44114	CONTACT NAME: PHONE (A/C, No, Ext): 216-658-7100		FAX (A/C, No): 216-658-7101
	E-MAIL ADDRESS:		
INSURED Pyro Spectaculars North, Inc. 5301 Lang Ave McClellan Park CA 95652	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: Everest Indemnity Insurance Co.		10851
	INSURER B: Maxum Indemnity Company		26743
	INSURER C:		
	INSURER D:		
	INSURER E:		

COVERAGES **CERTIFICATE NUMBER:** 82655264 **REVISION NUMBER:**

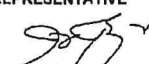
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE 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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	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 type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC			SI8GL00282-171	1/13/2017	1/13/2018	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$500,000 MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000 \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			EXC6017995	1/13/2017	1/13/2018	EACH OCCURRENCE \$1,000,000 AGGREGATE \$1,000,000 \$
	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				<input type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

Certificate Holder is named as an Additional Insured in regards to General Liability.
 Additional Insured extension of coverage is provided by above referenced General Liability policy where required by written agreement.
 Date of Display: July 04, 2017
 Location of Display: Mt. Diablo High School, Concord, CA

Additional Insured(s): Todos Santos Business Association Arts Foundation, Mt. Diablo Unified School District, Mt. Diablo High School, City of See Attached...

CERTIFICATE HOLDER Todos Santos Business Association Arts Foundation P.O. Box 921 Concord CA 94522	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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AGENCY CUSTOMER ID: _____
LOC #: _____



ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

AGENCY Britton Gallagher		NAMED INSURED Pyro Spectaculars North, Inc. 5301 Lang Ave McClellan Park CA 95652	
POLICY NUMBER		EFFECTIVE DATE:	
CARRIER	NAIC CODE		

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 25 FORM TITLE: CERTIFICATE OF LIABILITY INSURANCE

Concord, Contra Costa County, Contra Costa County Fire Protection District, and their officers, agents and employees when acting in their official capacity as such.



TODOSAN-01

CHALYCEP

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

6/1/2017

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).

PRODUCER License # 0504035 Pacific Diversified Insurance, Inc. 925-686-2860 200 Gregory Lane Bldg A Pleasant Hill, CA 94523	CONTACT NAME:	
	PHONE (A/C, No, Ext): (925) 686-2860	FAX (A/C, No):
	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A: New Hampshire Insurance Co.	
	INSURER B:	
INSURED Todos Santos Business Association Arts Foundation, Inc PO Box 921 Concord, CA 94522	NAIC #	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	
	INSURER G:	

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 INSD	SUBR VWD	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 checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:	X		01-LX-066418162-1/000	05/27/2017	05/27/2018	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000 \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY <input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		Y/N N/A				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

As required by written contract: City of Concord is Additional insured with respects to General Liability per attached endorsement CG2026 04-13.

CERTIFICATE HOLDER**CANCELLATION**

City of Concord 1950 Parkside Dr. Concord, CA 94519	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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Commercial General Liability

RENEWAL DECLARATION

NAME AND ADDRESS OF PRODUCER Care Providers Insurance Services LLC 16301 Quorum Dr Suite 130B Addison TX 75001 0000088333	INSURANCE COMPANY New Hampshire Insurance Company (a capital stock company) 175 Water Street - 18th Floor. New York NY 10038
NAME AND MAILING ADDRESS OF INSURED TODOS SANTOS BUSINESS ASSOCIATION ARTS FOUNDATION, INC. PO BOX 921 CONCORD CA 94522	POLICY NUMBER 01-LX -066418162-1/000 RENEWAL OF 01-LX-066418162-0 POLICY PERIOD FROM: 05-27-17 TO: 05-27-18 At 12:01 A.M. standard time at the mailing address shown.

ADDITIONAL INSURED(S)

	PER FORM: CG2008 (04-13)
CITY OF CONCORD 1950 PARKSIDE DR., BLDG. C CONCORD, CA 94519	PER FORM: CG2026 (04-13)
MOUNT DIABLO UNIFIED SCHOOL DISTRICT (MDUSD) 1936 CARLOTTA DR. CONCORD, CA 94519	PER FORM: CG2026 (04-13)
	PER FORM: CG2002 (11-85)



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
6/1/2017

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).

PRODUCER License # 0504035 Pacific Diversified Insurance, Inc. 925-686-2860 200 Gregory Lane Bldg A Pleasant Hill, CA 94523	CONTACT NAME: PHONE (A/C, No, Ext): (925) 686-2860		FAX (A/C, No):
	E-MAIL ADDRESS:		
INSURED Todos Santos Business Association Arts Foundation, Inc PO Box 921 Concord, CA 94522	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A : New Hampshire Insurance Co.		
	INSURER B :		
	INSURER C :		
	INSURER D :		
	INSURER E :		

COVERAGES	CERTIFICATE NUMBER:	REVISION NUMBER:
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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 INSD	SUBR 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 checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:	X		01-LX-066418162-1/000	05/27/2017	05/27/2018	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000 \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N <input checked="" type="checkbox"/> N/A (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
RE: TSBA Arts Foundation for 4th of July
As required by written contract: Mount Diablo Unified School District (MDUSD) is Additional Insured with respects to General Liability per the attached endorsement CG2026 04-13.

CERTIFICATE HOLDER Mt. Diablo Unified School District Maintenance & Operations Dept. 1480 Gasoline Alley Concord, CA 94520	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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THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**ADDITIONAL INSURED – DESIGNATED
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):

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 your acts or omissions or the acts or omissions of those acting on your behalf:

1. In the performance of your ongoing operations; or
2. In connection with your premises owned by or rented to you.

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 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.

Commercial General Liability

RENEWAL DECLARATION

NAME AND ADDRESS OF PRODUCER Care Providers Insurance Services LLC 16301 Quorum Dr Suite 130B Addison TX 75001 0000088333	INSURANCE COMPANY New Hampshire Insurance Company (a capital stock company) 175 Water Street - 18th Floor. New York NY 10038
NAME AND MAILING ADDRESS OF INSURED TODOS SANTOS BUSINESS ASSOCIATION ARTS FOUNDATION, INC. PO BOX 921 CONCORD CA 94522	POLICY NUMBER 01-LX -066418162-1/000 RENEWAL OF 01-LX-066418162-0 POLICY PERIOD FROM: 05-27-17 TO: 05-27-18 At 12:01 A.M. standard time at the mailing address shown.

ADDITIONAL INSURED(S)

PER FORM: CG2008 (04-13)

CITY OF CONCORD
1950 PARKSIDE DR., BLDG. C
CONCORD, CA 94519

PER FORM: CG2026 (04-13)

MOUNT DIABLO UNIFIED SCHOOL DISTRICT (MDUSD)
1936 CARLOTTA DR.
CONCORD, CA 94519

PER FORM: CG2026 (04-13)

PER FORM: CG2002 (11-85)



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
5/10/2018

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PRODUCER Britton Gallagher One Cleveland Center, Floor 30 1375 East 9th Street Cleveland OH 44114	CONTACT NAME: PHONE (A/C, No., Ext): 216-658-7100 FAX (A/C, No): 216-658-7101 E-MAIL ADDRESS: <div style="display: flex; justify-content: space-between;"> INSURER(S) AFFORDING COVERAGE NAIC # </div> INSURER A : Everest Indemnity Insurance Co. 10851 INSURER B : Maxum Indemnity Company 26743 INSURER C : INSURER D : INSURER E : INSURER F :
INSURED Pyro Spectaculars North, Inc. 5301 Lang Ave McClellan Park CA 95652	

COVERAGES **CERTIFICATE NUMBER: 1842205823** **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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	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 type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC			SI8GL00282-181	1/13/2018	1/13/2019	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$500,000 MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
B	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			EXC6017995	1/13/2018	1/13/2019	EACH OCCURRENCE \$1,000,000 AGGREGATE \$1,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N N/A If yes, describe under DESCRIPTION OF OPERATIONS below						WC STATUTORY LIMITS OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

Certificate Holder is named as an Additional Insured in regards to General Liability.
Additional Insured extension of coverage is provided by above referenced General Liability policy where required by written agreement.
Date of Display: July 04, 2018
Location of Display: Mt. Diablo High School, Concord, CA
Additional Insured(s): Todos Santos Business Association Arts Foundation, Mt. Diablo Unified School District, Mt. Diablo High School, City of See Attached...

CERTIFICATE HOLDER

CANCELLATION

Todos Santos Business Association Arts Foundation P.O. Box 921 Concord CA 94522	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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AGENCY CUSTOMER ID: _____

LOC #: _____



ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

AGENCY Britton Gallagher		NAMED INSURED Pyro Spectaculars North, Inc. 5301 Lang Ave McClellan Park CA 95652	
POLICY NUMBER		EFFECTIVE DATE:	
CARRIER	NAIC CODE		

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 25 FORM TITLE: CERTIFICATE OF LIABILITY INSURANCE

Concord, Contra Costa County, Contra Costa County Fire Protection District, and their officers, agents and employees when acting in their official capacity as such.