



MT. DIABLO UNIFIED SCHOOL DISTRICT
 1936 Carlotta Drive
 Concord, CA 94519

**AGREEMENT BETWEEN
 MT. DIABLO UNIFIED SCHOOL DISTRICT
 AND INDEPENDENT CONTRACTOR**

THIS AGREEMENT is made this 30th day of September 20, 2014, by and between the Mt. Diablo Unified School District (hereinafter "District") and Adria Klein (hereinafter "Contractor").

District hereby engages Contractor to render services under the terms and conditions of this Agreement.

1. Performance of Services

- (a) Contractor agrees to perform the services described on Exhibit "A" (hereinafter "Services") on page 4 of this Agreement as an independent contractor. Contractor will determine the means, manner, method, and details of performing the Services. Contractor shall be responsible for providing the materials, tools and transportation necessary for the performance of the services. Contractor may, at Contractor's own expense, use non-District employees to perform the Services under this Agreement. Subcontractors may be used only with the written approval of the District.
- (b) Contractor represents that Contractor has the qualifications and ability to perform the Services in a professional manner, without the advice, control, or supervision of the District. Contractor shall be solely responsible for the professional performance of the services, and shall receive no assistance, direction, or control from District. Contractor shall have sole discretion and control of Contractor's services and the manner in which they are performed.

2. Compensation. District agrees to compensate Contractor for the performance of the services on the following basis:

\$ 62,500. total fee for Services 152 - 3083 - 10 - 5800 \$ 25,000.-
 The basis of the fee for Services shall be as follow 152 - 3083 - 10 - 5800 \$ 37,500.-

a. \$ _____ per hour,
 b. \$ 2500. per day, or
 c. \$ _____ per engagement.

_____ - _____ - _____ - _____ \$ _____
 BUDGET CODE(S)

Check One:

- Partial Payments: Contractor shall invoice District on a monthly basis or as agreed to for all hours worked pursuant to this Agreement.
- Partial Payments: District shall make a payment per schedule detailed in Exhibit A. District Administrator will verify invoice indicating that all required services have been performed by each timeline.
- Payment in Full: Contractor shall invoice District on completion of services. District Administrator will verify invoice indicating that all required services have been performed.

Contractor shall be responsible for all expenses incurred in association with the performance of the Services.

3. Term and Termination. This Agreement will become effective on October 23, 2014. This Agreement will terminate upon the completion of the Services or when terminated as set forth below.

Either party may terminate this Agreement at any time by giving thirty (30) days written notice to the other party. Should either party default in the performance of this Agreement or materially breach any of its provisions, the non-breaching party may terminate this Agreement by giving written notice to the breaching party. Termination shall be effective immediately on receipt of said notice.

4. Relationship of the Parties. Contractor enters into this Agreement as, and shall continue to be, an independent contractor. Under no circumstances shall Contractor be considered an employee of District within the meaning of any federal, state, or local law or regulation including, but not limited to, laws or regulations governing unemployment insurance, old age benefits, workers' compensation, industrial illness or accident coverage, taxes, or labor and employment in general. Under no circumstances shall Contractor look to District as his/her employer, or as a partner, agent, or principal. Contractor shall not be entitled to any benefits accorded to District's employees, including, without limitation, workers' compensation, disability insurance, vacation, or sick pay. Contractor shall be responsible for providing, at Contractor's expense, and in the Contractor's name, disability, workers' compensation or other insurance, as well as licenses and permits usual or necessary for conducting the Services hereunder.

Contractor shall pay, when and as due, any and all local, state and federal income or other taxes incurred as a result of Contractor's compensation hereunder, including estimated taxes, and shall provide District with proof of said payments upon demand.

5. Fingerprinting and Criminal Records Check of Contractor's Employees. Contractor shall comply with the provisions of California Education Code §45125.1 regarding the submission of fingerprints to the California Department of Justice and the completion of criminal background investigations of the contractor and/or its employees. To the extent Education Code §45125.1 is applicable, Contractor shall not permit any employee to have any contact with District pupils until such time as Contractor has verified in writing to the governing board of the District that such employee has not been convicted of a felony, as defined in Education Code §45125.1. Contractor shall provide the certification document attached hereto as Exhibit ____ prior to commencing work under this Agreement.
6. Rules and Regulations. All rules, policies, and regulations of the Mt. Diablo Unified School District Board of Education and all federal, state, and local laws, ordinances and regulations are to be observed strictly by Contractor pursuant to this Agreement.
7. Indemnification. Contractor shall hold harmless, defend and indemnify District and its officers, elected and appointed officials, employees and volunteers from and against any and all liability, loss, damage, expense, costs (including without limitation costs and fees of litigation) of every nature arising out of or in connection with Contractor's performance of work hereunder or its failure to comply with any of its obligations contained in this agreement, except such loss or damage which was caused by the sole negligence or willful misconduct of the District.
8. Insurance. Contractor shall procure and maintain for the duration of the agreement insurance against claims for injuries to persons or damages to property which may arise from or in connection with the performance of the work hereunder and the results of that work by the Contractor, his agents, representatives, employees or subcontractors. Insurance is to be placed with insurers with a current A.M. Best's rating of no less than A:VII, unless otherwise acceptable to the District.

Coverage shall be at least as broad as:

1. **Commercial General Liability (CGL):** Insurance Services Office Form CG 00 01 covering CGL on an "occurrence" basis, including products and completed operations, property damage, bodily injury and personal & advertising injury with limits no less than **\$2,000,000** per occurrence. If a general aggregate limit applies, either the general aggregate limit shall apply separately to this project/location or the general aggregate limit shall be twice the required occurrence limit. **EXCEPTION:** Contracts of less than \$5,000 need only provide general liability insurance of \$1,000,000 per occurrence.
2. **Automobile Liability:** ISO Form Number CA 00 01 covering any auto (Code 1), or if Contractor has no owned autos, hired, (Code 8) and non-owned autos (Code 9), with a limit no less than **\$1,000,000** per accident for bodily injury and property damage.
3. **Workers' Compensation:** as required by the State of California, with Statutory Limits, and Employer's Liability Insurance with limit of no less than **\$1,000,000** per accident for bodily injury or disease.
4. **Professional Liability/Errors & Omissions Liability,** if applicable: \$1,000,000 per occurrence.

If the contractor maintains higher limits than the minimums shown above, the District requires and shall be entitled to coverage for the higher limits maintained by the contractor.

Purchase Requisition # R 82629

The insurance policies are to contain, or be endorsed to contain, the following provisions:

Additional Insured Status

The District, its officers, officials, employees, and volunteers are to be named as additional insured by endorsement to the Commercial General Liability policy with respect to liability arising out of work or operations performed by or on behalf of the Contractor including materials, parts or equipment furnished in connection with such work or operations.

Primary Coverage

For any claims related to this contract, the Contractor's insurance coverage shall be primary insurance as respects the District, its officers, officials, employees, and volunteers. Any insurance or self-insurance maintained by the District, its officers, officials, employees, or volunteers shall be excess of the Contractor's insurance and shall not contribute with it.

Notice of Cancellation

Each insurance policy required above shall provide that coverage shall not be canceled, except with notice to the District.

INSURANCE REQUIREMENTS

No waiver will be granted to eliminate the insurance requirements outlined in this contract. However, in special circumstances, certain insurance requirements may be modified or waived. The following items in Insurance section 8 are hereby waived or modified as follows:

Limits: _____

Other: _____

The initials of the Superintendent, or his/her designee, and the General Counsel, are **required** to waive or modify any Insurance requirements in this Agreement:

Superintendent

General Counsel

- 9. Ownership of Designs and Plans. Contractor agrees that all designs, plans, reports, specifications, drawings, schematics, prototypes, models, inventions and all other information and items made during the course of this Agreement and arising from the Services shall be owned by and assigned to District as its sole and exclusive property.
- 10. Notice. Any notice required or permitted to be given under this Agreement shall be deemed to have been given, served and received if given in writing and either personally delivered or deposited in the United States mail, registered or certified mail, postage prepaid, return receipt required, or sent by telegram, overnight delivery service, or facsimile transmission, addressed as follows:

DISTRICT

CONTRACTOR

Mt. Diablo Unified School District
1936 Carlotta Drive
Concord, CA 94519-1397
Attn: Superintendent

Name:	<u>Adria Klein</u>
Attn:	<u>Adria Klein</u>
Address:	<u>PO Box 1068</u>
	<u>Yucaipa, CA 92399</u>
Phone:	<u>951-312-9888</u>
Fax:	<u>909-797-3814</u>
Tax ID #:	<u>33-0970948</u>

Any notice personally given or sent by telegram or facsimile transmission shall be effective upon receipt. Any notice sent by overnight delivery service shall be effective the next business day following delivery thereof to

the overnight delivery service. Any notice given by mail shall be effective three (3) days after deposit in the United States mail.

- 11. Entire Agreement of Parties. This Agreement constitutes the entire agreement between the parties and supersedes all prior discussions, negotiations and agreements, whether oral or written. This Agreement may be amended or modified only by a written instrument executed by both parties.
- 12. California Law. This Agreement shall be governed by and the rights, duties and obligations of the parties shall be determined and enforced in accordance with the laws of the State of California. The parties further agree that any action or proceeding brought to enforce the terms and conditions of this Agreement shall be maintained in Contra Costa County, California.
- 13. Attorneys' Fees. If either party files any action or brings any proceedings against the other arising out of this Agreement, the prevailing party shall be entitled to recover, in addition to its costs of suit and damages, reasonable attorneys' fees to be fixed by the court. The "prevailing party" shall be the party who is entitled to recover its costs of suit as awarded by a court of competent jurisdiction, whether or not suit proceeds to final judgment. No sum for attorneys' fees shall be counted in calculating the amount of a judgment for purposes of determining whether a party is entitled to its costs or attorneys' fees.
- 14. Waiver. The waiver by either party of any breach of any term, covenant, or condition herein contained shall not be deemed to be a waiver of such term, covenant, condition, or any subsequent breach of the same or any other term, covenant, or condition herein contained.

IN WITNESS WHEREOF, the parties hereto have executed this Agreement on the date first above written.

MT. DIABLO UNIFIED SCHOOL DISTRICT

Adria Klein
Independent Contractor/Consultant

By: Mary Louise Newling 10/20/2014
Principal/Budget Administrator Date

By: Adria Klein 9-30-14
Signature of Contractor/Consultant Date

Title: MARY-LOUISE NEWLING PRINCIPAL
Print Name and Title

Title: Adria Klein, Consultant
Print Name and Title

Authorized and Approved by:

Assistant or Associate Superintendent Date

Prior to commencement of service, sign and forward completed original contract to Fiscal Services.

Mary Louise Newling 10/20/2014
Originator's Signature Date

Meadow Homes Elem.
Site/Department Originating this Contract

MARY-LOUISE NEWLING, principal
Print Name of Originator and Title

Billing Address if reimbursed by outside agency—i.e. ASB, PTA, PFC

Distribution
original: Fiscal Services for payment
copy: Contractor
copy: Originator/Budget Administrator

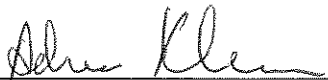
EXHIBIT B CRIMINAL BACKGROUND CHECK CERTIFICATION

Mt. Diablo Unified School District Consultant/Independent Contractor Agreement Criminal Background Check

Name of Independent Consultant/Contractor:		Adria Klein
Services to be performed under the Agreement:		Professional Development for Teachers and Coaches
Schools/Locations where services will be performed:		Meadow Homes
Total amount to be paid by the District under this Agreement:		\$ 62,500.
Term of Agreement:		October 23, 2014 - May 22, 2015
<i>Check the applicable box(es) and fill in any blanks.</i>		
1	<input checked="" type="checkbox"/>	I certify that none of my employees will have more than limited contact (as defined by the District) with District students during the term of the Agreement.
2A		If this box is checked, then Box 2B also applies and must be checked to indicate these employees have been fingerprinted. The following employees will have more than limited contact (as defined by the District) with District students during the term of the Agreement (attach and sign additional pages, as needed):
2B		I certify that the employees noted in 2A above have been fingerprinted under procedures established by the California Department of Justice, and the results of those fingerprints reveal that none of these employees have been arrested or convicted of a serious or violent felony, as defined by the California Penal Code.

Certification by Contractor/Consultant

"I certify that the information provided herein is true and accurate. I further acknowledge that during the term of my Agreement with the District, if I learn of additional information which differs from the responses provided above, I promise to forward this additional information to the District immediately."



 Independent Contractor/Consultant Signature

Adria Klein September 30, 2014

 Print Name Date
 Independent Contractor/Consultant

 Assistant or Associate Superintendent's Signature

 Print Name Date
 Assistant or Associate Superintendent

Client#: 687379

ADRIFKLE

ACORDTM

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

9/26/2014

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 Hub International 470 E. Highland Ave. Redlands, CA 92373 909 793-2373	CONTACT NAME: Samantha Orf
	PHONE (A/C, No, Ext): 909-379-1340 FAX (A/C, No): 909-533-2357 E-MAIL ADDRESS: samantha.orf@hubinternational.com
INSURED Adria F. Klein, Ph.D., Inc. P.O. Box 1068 Yucaipa, CA 92399	INSURER(S) AFFORDING COVERAGE NAIC #
	INSURER A: Philadelphia Indemnity Insuranc 18058
	INSURER B: United States Liability Insuran 25895
	INSURER C:
	INSURER D:
	INSURER E:

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 INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	GENERAL LIABILITY	X	PHPK1233737	10/20/2014	08/01/2015	EACH OCCURRENCE	\$1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$100,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR					MED EXP (Any one person)	\$
	GEN'L AGGREGATE LIMIT APPLIES PER:						PERSONAL & ADV INJURY
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					GENERAL AGGREGATE	\$3,000,000
						PRODUCTS - COMP/OP AGG	\$3,000,000
							\$
A	AUTOMOBILE LIABILITY		PHPK1233737	10/20/2014	08/01/2015	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
	<input type="checkbox"/> ANY AUTO					BODILY INJURY (Per person)	\$
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS				BODILY INJURY (Per accident)	\$
	<input checked="" type="checkbox"/> HIRED AUTOS	<input checked="" type="checkbox"/> NON-OWNED AUTOS				PROPERTY DAMAGE (Per accident)	\$
							\$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB	<input checked="" type="checkbox"/> OCCUR	CUP1551907A	10/20/2014	10/20/2015	EACH OCCURRENCE	\$1,000,000
	<input type="checkbox"/> EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE				AGGREGATE	\$1,000,000
	<input type="checkbox"/> DED	<input type="checkbox"/> RETENTION \$				SIR	\$0
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					WC STATU-TORY LIMITS	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory In NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/>	N/A			OTH-ER	
						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)
RE: Verification of Insurance.
 Mt Diablo Unified School District is additional insured on General Liability per CG2011 1/96 to be issued by the company and will follow shortly.

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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THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – MANAGERS OR LESSORS OF PREMISES

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Designation Of Premises (Part Leased To You): Mt Diablo USCD
Name Of Person(s) Or Organization(s) (Additional Insured): Mt. Diablo Unified School District 1936 Carlotta Drive Concord, CA 94519
Additional Premium: \$ Included
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 arising out of the ownership, maintenance or use of that part of the premises leased to you and shown in the Schedule and subject to the following additional exclusions:

This insurance does not apply to:

1. Any "occurrence" which takes place after you cease to be a tenant in that premises.
2. Structural alterations, new construction or demolition operations performed by or on behalf of the person(s) or organization(s) shown in the Schedule.

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.

KEMPER PREFERRED

HUB INTERNATIONAL INSUR
SERVICES INC
470 EAST HIGHLAND AVENUE
REDLANDS, CA 92373
Agency Phone (909)793-2373

Insurance Provided By

KEMPER INDEPENDENCE
INSURANCE COMPANY

12926 Gran Bay Pkwy W - Jacksonville, FL 32258

Named Insured and Mailing Address

0000433 SP **SINGLP T8 1 4451 92399-106888 -C05-10



ADRIA F KLEIN
DONALD WORSHAM
PO BOX 1068
YUCAIPA, CA 92399-1068

Policy Number

VF 879736

Producer Code
53-2087

Policy Period

Effective: 09-05-2014

Expiration: 09-05-2015

12:01 a.m. standard time.

POLICY DECLARATIONS - AUTOMOBILE POLICY

SUMMARY OF COVERED VEHICLE(S) AND PREMIUM(S)

No.	Year	Make	Model	Vehicle Identification No	Term Premium
1	2006	TOYOTA	SIENNA	5TDBA22C36S063138	\$ 915.00
2	2004	VOLKS	BEEETLE	3VWFE31C94M403920	\$ 695.00
3	2011	TOYOTA	CAMRY/SE/L	4T1BF3EK4BU748616	\$ 733.00
Auto Assessment for Consumer Services					\$ 5.22
TOTAL POLICY PREMIUM					\$ 2,348.22

Vehicle 1 Current Term Annual Mileage	10000	Prior Term Annual Mileage	10000
Vehicle 2 Current Term Annual Mileage	1000	Prior Term Annual Mileage	1000
Vehicle 3 Current Term Annual Mileage	1500	Prior Term Annual Mileage	1500

Professional Group Program

PAYMENT EXPECTED FROM INSURED

COVERAGE APPLIES ONLY IF A PREMIUM OR LIMIT OF LIABILITY IS SHOWN FOR THE COVERAGE.
DETAILS CONCERNING SPECIFIC COVERAGES AND PREMIUMS FOR YOUR AUTO(S) CAN BE FOUND
ON THE FOLLOWING PAGES.



*Indicates a change was made to your policy.
AK 5034 (08 00)

VEHICLE 1 INFORMATION		Garage Location:	YUCAIPA, CA 92399		Inspect
Year	Make	Model	Vehicle Identification No.	Class Code	
2006	TOYOTA	SIENNA	5TDBA22C36S063138	899940012	W
			Limit of Liability	Term Premium	
A. Liability					
			Bodily Injury - Each Person	\$ 250,000	
			Bodily Injury - Each Accident	\$ 500,000	\$ 205.00
Property Damage					
			Each Accident	\$ 250,000	\$ 156.00
B. Medical Payment					
			Each Person	\$ 5,000	\$ 26.00
C. Uninsured Motorists					
			Bodily Injury - Each Person	\$ 250,000	
			Bodily Injury - Each Accident	\$ 500,000	\$ 82.00
Property Damage					
			Each Accident		
D. Damage To Your Auto					
Actual Cash Value (ACV) minus deductible shown					
			Collision Loss	\$ 500	\$ 249.00
			Comprehensive Loss	\$ 250	\$ 81.00
Towing and Labor Cost					
			Per Disablement	\$ 25	\$ 4.00
Total Premium for Vehicle					
Endorsements Listed Below					
					\$ 112.00
TOTAL VEHICLE PREMIUM				\$ 915.00	
CREDITS APPLIED TO THE VEHICLE ABOVE					
Multi-Car		Good Driver Plus		Good Student	
Anti-Theft Devices					

VEHICLE 2 INFORMATION		Garage Location:	YUCAIPA, CA 92399		Inspect
Year	Make	Model	Vehicle Identification No.	Class Code	
2004	VOLKS	BEETLE	3VWFE31C94M403920	806620012	W
			Limit of Liability	Term Premium	
A. Liability					
			Bodily Injury - Each Person	\$ 250,000	
			Bodily Injury - Each Accident	\$ 500,000	\$ 171.00
Property Damage					
			Each Accident	\$ 250,000	\$ 130.00
B. Medical Payment					
			Each Person	\$ 5,000	\$ 22.00
C. Uninsured Motorists					
			Bodily Injury - Each Person	\$ 250,000	
			Bodily Injury - Each Accident	\$ 500,000	\$ 68.00
Property Damage					
			Each Accident		
D. Damage To Your Auto					
Actual Cash Value (ACV) minus deductible shown					
			Collision Loss	\$ 500	\$ 191.00
			Comprehensive Loss	\$ 250	\$ 63.00
Towing and Labor Cost					
			Per Disablement	\$ 25	\$ 4.00
Total Premium for Vehicle					
Endorsements Listed Below					
					\$ 46.00
TOTAL VEHICLE PREMIUM				\$ 695.00	
CREDITS APPLIED TO THE VEHICLE ABOVE					
Multi-Car		Good Driver Plus		Anti-Theft Devices	

Operator 2 Information
 DONALD WORSHAM
 Driver SI/License Number

Date of Birth	Sex	Marital Status
	M	Married

*Indicates a change was made to your policy.
 AK 5034 (08 00)

VEHICLE 3 INFORMATION				Garage Location:	YUCAIPA, CA 92399	Inspect
Year	Make	Model	Vehicle Identification No.	Class Code		W
2011	TOYOTA	CAMRY/SE/L	4T1BF3EK4BU748616	825020012		

	Limit of Liability	Term Premium	Operator 1 Information		
A. Liability			ADRIA KLEIN		
Bodily Injury - Each Person	\$ 250,000		Driver St/License Number		
Bodily Injury - Each Accident	\$ 500,000	\$ 151.00	Date of Birth	Sex	Marital Status
Property Damage			F		Married
Each Accident	\$ 250,000	\$ 115.00			
B. Medical Payment					
Each Person	\$ 5,000	\$ 20.00			
C. Uninsured Motorists					
Bodily Injury - Each Person	\$ 250,000				
Bodily Injury - Each Accident	\$ 500,000	\$ 58.00			
Property Damage					
Each Accident					
D. Damage To Your Auto					
Actual Cash Value (ACV) minus deductible shown					
Collision Loss	\$ 500	\$ 257.00			
Comprehensive Loss	\$ 250	\$ 46.00			
Towing and Labor Cost					
Per Disablement	\$ 25	\$ 4.00			
Total Premium for Vehicle					
Endorsements Listed Below		\$ 82.00			
TOTAL VEHICLE PREMIUM		\$ 733.00			

CREDITS APPLIED TO THE VEHICLE ABOVE		
Multi-Car	Good Driver Plus	Anti-Theft Devices

VEHICLE ENDORSEMENT(S)						
Number	Edition Date	Description	Veh No	Term Premium		
PP0001	06-98	PERSONAL AUTO POLICY				
PP0487	06-10	UNINSURED MOTORISTS COVERAGE - CA				
PP1301	12-99	COV FOR DAMAGE TO YOUR AUTO EXCLUSION				
PP0302	06-98	OPTIONAL LIMITS TRANSP/EXPENSE COVERAGE \$ 50 EACH DAY/\$ 1500 MAXIMUM	1	\$ 30.00		
PP0302	06-98	OPTIONAL LIMITS TRANSP/EXPENSE COVERAGE \$ 50 EACH DAY/\$ 1500 MAXIMUM	2	\$ 30.00		
PP0302	06-98	OPTIONAL LIMITS TRANSP/EXPENSE COVERAGE \$ 50 EACH DAY/\$ 1500 MAXIMUM	3	\$ 30.00		
AU741	02-07	LIMITED MEXICO COVERAGE				
AU684	09-99	KEMPER TOTAL (TM)-REPAIR/REPLACEMENT COV	1	\$ 66.00		
AU684	09-99	KEMPER TOTAL (TM)-REPAIR/REPLACEMENT COV	3	\$ 36.00		
*AU811	11-13	AMENDMENT OF POLICY PROVISIONS - CA WAIVER OF COLL DEDUCTIBLE APPLIES	1	\$ 16.00		
*AU811	11-13	AMENDMENT OF POLICY PROVISIONS - CA WAIVER OF COLL DEDUCTIBLE APPLIES	2	\$ 16.00		
*AU811	11-13	AMENDMENT OF POLICY PROVISIONS - CA WAIVER OF COLL DEDUCTIBLE APPLIES	3	\$ 16.00		
PP0303	04-86	TOWING AND LABOR COSTS COVERAGE				
PP0305	08-86	LOSS PAYABLE CLAUSE				
AK5743	08-09	POLICY INFORMATION				
AU910	06-05	ELECTRONIC EQUIPMENT COVERAGE				
*BC0001	04-09	ENDORSEMENT DELETED				
AU1053	04-12	PART D-COVERAGE FOR DAMAGE TO YOUR AUTO				

VEHICLE ATTACHMENT(S)		
Number	Edition Date	Description
AK3589	07-90	UM PROPERTY DAMAGE COVG OFFER
AK4113	06-14	AVAILABLE DISCOUNTS

*Indicates a change was made to your policy.
AK 5034 (08 00)