



Policy Number: CA00042449

Date Entered: 06/30/2014

CERTIFICATE OF LIABILITY INSURANCEDATE (MM/DD/YYYY)
3/12/2015

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	Interstate Trans Insurance Broker Inc. P.O. BOX 911094 Commerce, Ca 90091 323-728-0003	CONTACT NAME: I.T.I.B. INC Lic# OG22050
		PHONE (A/C No. Ext): (323) 728-0003 FAX (A/C No.): (323) 888-2331 E-MAIL ADDRESS: itib2000@aol.com Lic# OG22050
INSURED	Charter Pros LLC P.O. Box 505 Pleasanton, CA 94566	INSURER A: OCCIDENTAL FIRE & CASUALTY OF NC NAIC # 23248
		INSURER B: OCCIDENTAL FIRE & CASUALTY OF NC 23248
		INSURER C: STATE FUND INSURANCE COMPANY 35076
		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	ADDITIONAL INSURER	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"/> PROJECT <input type="checkbox"/> LOC OTHER:	<input checked="" type="checkbox"/>	CL00189456	06/28/2014	06/28/2015	EACH OCCURRENCE \$ 1,000,000.00 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000.00 MED EXP (Any one person) \$ 5,000.00 PERSONAL & ADV INJURY \$ 1,000,000.00 GENERAL AGGREGATE \$ 2,000,000.00 PRODUCTS - COMP/OP AGG \$
B	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	<input checked="" type="checkbox"/>	CA00042449	06/28/2014	06/28/2015	COMBINED SINGLE LIMIT (Ea accident) \$ 5,000,000.00 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION \$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory In NH) If yes, describe under DESCRIPTION OF OPERATIONS below <input type="checkbox"/> Y/N <input checked="" type="checkbox"/> N/A
C	WORKERS COMPENSATION INS	<input checked="" type="checkbox"/>	9045614-2015	02/20/2015	02/20/2016	PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$ Coverage Limit \$ 1,000,000.00

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 Livery tour bus operation/vehicle list on master schedule.

Certificate holder is named as additional insured

CERTIFICATE HOLDER

Mt. Diablo High School
 Medical & Biotechnology Academy
 Sports Medicine Teacher
 prodoehid@mdusd.org

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

Sam SK

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ACORD 25 (2014/01)

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ADDITIONAL INSURED ENDDORSEMENT
(AP 9024 0287)

COMPANY: OCCIDENTAL FIRE & CASUALTY OF NC

THIS ENDORSEMENT CHANGE THE POLICY, PLEASE READ CAREFULLY.

NAMED PERSON (S) OR ORGANIZATION (S) AS INSURED:

MT. DIABLO UNIFIED SCHOOL DISTRICT
ADMINISTRATIVE ASSISTANT
HIGH SCHOOL EDUCATIONAL SUPPORT
1936 CARLOTTA DRIVE
CONCORD, CA 94519

THIS IS EFFECTIVE ON THE INCEPTION DATE OF THE POLICY UNLESS ANOTHER

EFFECTIVE: 06/28/2014 TO 06/28/2016 POLICY NUMBER #CA00042449

NAMED INSURED: CHARTER PROS LLC
P.O. BOX 505
PLEASANTON, CA 94566

PERSON, ORGANIZATION: MT. DIABLO UNIFIED SCHOOL DISTRICT
ADMINISTRATIVE ASSISTANT
HIGH SCHOOL EDUCATIONAL SUPPORT

BACH PERSON OR ORGANIZATION NAMED ABOVE IS AN INSURED FOR
LIABILITY INSURANCE' BUT ONLY TO THE EXTENT HE, SHE OR IT QUALIFIES
AS AN INSURED UNDER WHO IS PROVISION OF SECTION 11
LIABILITY INSURANCE OF THE POLICY

FORM NO. E0220 (09/01) CAIP