



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

11/11/2021

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 have **ADDITIONAL INSURED** provisions or 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 Hiscox Inc. d/b/a/ Hiscox Insurance Agency in CA 5 Concourse Parkway Suite 2150 Atlanta GA, 30328	CONTACT NAME: PHONE (A/C. No. Ext): (888) 202-3007 FAX (A/C. No): E-MAIL ADDRESS: contact@hiscox.com	
	INSURER(S) AFFORDING COVERAGE NAIC # INSURER A: Hiscox Insurance Company Inc 10200 INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	
INSURED Executive Functions, Inc 1739 Northstar Drive Petaluma, CA 94954		


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 checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y		UDC-5011355-CGL-21	11/11/2021	11/11/2022	EACH OCCURRENCE	\$ 2,000,000
	DAMAGE TO RENTED PREMISES (Ea occurrence)						\$ 100,000	
							MED EXP (Any one person)	\$ 5,000
							PERSONAL & ADV INJURY	\$ 2,000,000
							GENERAL AGGREGATE	\$ 2,000,000
							PRODUCTS - COMP/OP AGG	\$ S/T Gen. Agg
								\$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY						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 RETENTION \$						EACH OCCURRENCE	\$
							AGGREGATE	\$
								\$
	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				PER STATUTE	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)
 Remote-based, team of education specialists, consultants and para educators who provide specialized academic and organizational support to students, schools and parents. Services include: ADHD coaching and college success coaching.

CERTIFICATE HOLDER**CANCELLATION**

Mt. Diablo Unified School District 1936 Carlotta Drive, Wing D 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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Hiscox Insurance Company Inc.

Policy Number: UDC-5011355-CGL-21
Named Insured: Executive Functions, Inc
Endorsement Number: 16
Endorsement Effective: December 3, 2021

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

Table with 1 column: Name Of Additional Insured Person(s) Or Organization(s). Content: Mt Diablo Unified School District, 1936 Carlotta Drive, Concord, CA 94519.

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:

- A. In the performance of your ongoing operations; or
B. In connection with your premises owned by or rented to you.



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	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY						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 RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						PER STATUTE OTH-ER E.I. EACH ACCIDENT \$ E.I. DISEASE - EA EMPLOYEE \$ E.I. DISEASE - POLICY LIMIT \$
A	Professional Liability	Y		UDC-5011355-EO-21	11/11/2021	11/11/2022	Each Claim: \$ 2,000,000 Aggregate: \$ 2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Remote-based, team of education specialists, consultants and para educators who provide specialized academic and organizational support to students, schools and parents. Services include: ADHD coaching and college success coaching.

CERTIFICATE HOLDER Mt. Diablo Unified School District 1936 Carlotta Drive, Wing D 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 



CSAA Insurance Exchange
P.O.Box 22221
Oakland, CA 94623-2221

Automobile Policy Declarations

Please keep with your policy. See Important Notice on reverse.

For questions or changes call: **800.922.8228**

1. Name and Address of Insured



SEAN GUERRERO MCCORMICK
KIANA GUERRERO MCCORMICK
1739 NORTHSTAR DR
PETALUMA, CA 94954-6611

POLICY INFORMATION	Declarations Type	Amended Declarations	Process Date	11-04-2021
	Policy Number	CAAS206798575	Insured Since	2017
	Your Policy Period	From 11-04-2021 To 07-06-2022	12:01 A.M. Standard Time at the address of the Named Insured, but not prior to the time applied for or, if this is a replacement declarations, not prior to the time coverage change was requested. 12:01 A.M. Standard Time at the address of the Named Insured.	

Alternate Address: _____ Occupation: Teacher/Educator Alternate Number: _____ Telephone Number: _____

VEHICLES	Item	Make	Model Yr	Body Type	Vehicle Identification No.	DRIVERS	Drivers do not necessarily correspond to principally operated vehicles.	Name	ADB?*
	1	HONDA	2018	SUV	2HKRW5H33JH424505		SEAN	Y	
2	TOYOTA	2021	SUV	JTEAAAH5MJ040467	KIANA	Y			

COVERAGES/PREMIUMS	Coverage	Liability Limits		Item 1		Item 2		Deductible	Premium	Deductible	Premium	
		Each Person	Each Occurrence	Deductible	Premium	Deductible	Premium					
	Bodily Injury	1,000,000	1,000,000		\$234		\$214					
	Medical Payments	10,000			\$54		\$62					
	Uninsured Motorists	1,000,000	1,000,000		\$86		\$98					
	Property Damage		100,000		\$235		\$244					
	Comprehensive Actual Cash Value Less Deductible			50	\$111	50	\$258					
	Full Comprehensive Safety Glass Endorsement (\$0 deductible)			NO COV		INCL						
	Collision Actual Cash Value Less Deductible			1,000	\$318	1,000	\$505					
	Enhanced Transportation Expense \$25 per day/\$750 aggregate				\$28		\$28					
	All Risks Actual Cash Value Less Deductible			No Coverage		No Coverage						
	Vehicle Loan/Lease Protection Endorsement			No Coverage		No Coverage						
	New Car Added Protection Endorsement			No Coverage		No Coverage						
	Original Equipment Manufacturer Parts (OEM) Endorsement			No Coverage		No Coverage						
	Ride-sharing Coverage Endorsement			No Coverage		No Coverage						
	TOTAL PREMIUM PER VEHICLE >				\$1,066		\$1,409					
	* Automobile Death Benefits \$15,000 per deceased insured person										Premium	\$6

Premium Summary
This is not a bill.
CA Surcharge: \$0
Total Additional Premium: \$158.00
Total Premium shown is for the Member Advantage™ Program.

EXCLUSIONS
There is no coverage provided by this Policy while the following individual(s) operate a motor vehicle:
None

CHANGES
Schedule of Changes
Maintain Coverage(s)

	Item	Rated Driver	Driv Safety Record	Yrs Driv Exp	Est Ann Mi Driven	Veh Garage Zip	Vehicle Usage	Marital	
DISCOUNTS/MESSAGES	1	SEAN GUERRERO	0 Pt	17	7362 Mi	94954	Pleasure	M	<i>See final page for explanation of codes.</i>
	2	KIANA GUERRERO	0 Pt	20	11000 Mi	94954	Commuter	M	
DISCOUNTS/MESSAGES	Discounts: Mature Driver: None. Good Driver: Item(s) 1, 2. Multi Policy Life Home: Item(s) 1, 2.				Multi Car: Item(s) 1, 2. New Driver:None. Good Student: None.				
	LOSS PAYEE(S)								

IMPORTANT NOTICE: THIS IS A PART OF YOUR DECLARATIONS

The insurance afforded is only with respect to such of the preceding coverages as are indicated by specific premium charge or charges. The limit of the Exchange's liability under each such coverage shall be as stated herein, subject to all the terms of the policy. The purpose for which the automobile is to be used is pleasure or business, subject to the exclusions in the policy, including the exclusion for wholesale and retail delivery.

RENEWAL CERTIFICATE - Extends this policy for the period shown under Policy Period upon payment of the premium.

AMENDED DECLARATIONS - In consideration of the premium adjustment indicated herein this policy is hereby amended only with respect to such changes as are indicated in the schedule of changes. The limit of the Exchange's liability under such amended coverage shall be as stated herein.

LOSS PAYEE(S) - Any loss under Physical Damage coverages is payable as interest may appear to the named insured and the Loss Payee in accordance with the loss payable agreement.

RATING INFORMATION DISCLOSURE EXPLANATION

(From Discounts/Messages Section on Previous Page)

ITEM (ITEM NUMBER): Item number is the number assigned to the vehicle shown on the Declarations.

RATED DRIVER: The driver assigned to a vehicle whose attributes (e.g., years driving experience, driving safety record and marital status) are used to develop the premium.

DRIV SAFETY RECORD (DRIVING SAFETY RECORD): The total number of points assessed the driver for "principally at fault chargeable accidents" with or without injury and/or vehicle code violation convictions (tickets). A "principally at fault chargeable accident" occurs when the driver of a vehicle is at least 51% at fault for an accident and the total monetary damages (whether paid or not) in the accident exceed:

- \$750 or the accident resulted in death for losses occurring prior to 12/11/11
- \$1,000 or the accident resulted in death for losses occurring 12/11/2011 or after

Additional information on the number and types of incidents can be provided on request. Carriers use different point count systems for rating purposes. The number of points shown on your declarations would not necessarily match the number of points assigned by another carrier.

YRS DRIV EXP (YEARS DRIVING EXPERIENCE): The number of years a driver has been licensed to drive a motor vehicle anywhere in the world. However, a driver must have at least 18 months current driving experience in the United States, U.S. Territories, or Canada, before foreign country driving experience can be counted.

EST ANN MI DRIVEN (ESTIMATED ANNUAL MILES DRIVEN): The estimated number of total miles a vehicle will be driven in the coming year

VEH GARAGE ZIP (VEHICLE GARAGED ZIP CODE): The ZIP code of the location where the vehicle is garaged.

VEHICLE USAGE: Vehicles are assigned to one of five usage designations: Business Use, Work Commute, Farm Use, Farm Business Use or Pleasure.

MARITAL (MARITAL STATUS): "M" stands for Married, and "S" stands for Single.

DISCOUNTS: A reduced rate applies for each Discount listed.

Policies

- Home
- Policies
- Certificates
- Documents
- Quotes

- My Account
- Sign Out

Workers Comp

Policy #: 76WEGAL2GRM



The Hartford

Policy: 76WEGAL2GRM

Term: Apr 07, 2022 - Apr 07, 2023



Details

Payments

Coverages

Coverage	Limit Amount
Bodily Injury Per Accident	\$1M
Bodily Injury by Disease (Per Employee)	\$1M
Bodily Injury by Disease (Policy Limit)	\$1M

Company Details

Your Workers Comp policy coverage is based on the company info below.

Executive Functions, Inc

(415) 328-2083

Location 1:

1739 Northstar Dr
Petaluma, CA
94954-6611

Location 2:

10222 Sw 20 Street
Miami, FL
33165

Claims

Please submit claims to the The Hartford Claims Department with the following information:

- » Name of the insured and policy number
- » Date, Time & Place of Accident
- » Description of accident or incident
- » Name, phone and/or e-mail of the person making the report
- » The injured employee's social security number
- » Description of the injury

After the first report is made your carrier will assign you a claims adjuster to assist you going forward with this particular incident.



The Hartford

Phone: [\(800\) 327-3636](tel:8003273636)

[Submit claim online](#)

