

JAN 11 2016

**MT. DIABLO UNIFIED SCHOOL DISTRICT**  
1936 Carlotta Drive  
Concord, CA 94519  
**BUDGET & FISCAL**

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

THIS AGREEMENT is made this 11th day of September, by and between the Mt. Diablo Unified School District (hereinafter "District") and Olympic High School (hereinafter "Contractor").

*Aiscilla Hopkins dba Partners for Educational Excellence*

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:

Not to exceed \$ 13,200.00 for Services \$462 - 3070 - 10 - 5800 \$ 13,200.00

The basis of the fee for Services shall be as follow \_\_\_\_\_ \$ \_\_\_\_\_

a. \$ \_\_\_\_\_ per hour, \_\_\_\_\_ \$ \_\_\_\_\_

b. \$ 1,100.00 per day, or \_\_\_\_\_ \$ \_\_\_\_\_

c. \$ \_\_\_\_\_ per engagement. BUDGET CODE(S)

*\*SBA - Sec 2 Goal 1 1 page 13*

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 September 11, 2015. 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 # 88183

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

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

CONTRACTOR

Name: Partners for Educational Excellence  
Attn: Priscilla Hopkins  
Address: 296 Woodland Ave  
San Rafael CA 94907  
Phone: 415-457-3521  
Fax: \_\_\_\_\_  
Tax ID #: \_\_\_\_\_

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 1/29/16

Partners for Educational Excellence

By: [Signature] 9/15/15  
Signature of Principal/Budget Administrator Date

Name of Company/Organization or Independent Contractor/Consultant  
By: [Signature] \_\_\_\_\_  
Signature of Contractor/Consultant Date

Title: Lynsie Castellano, Principal  
Print Name and Title

Title: Priscilla Hopkins  
Print Name and Title

Authorized and Approved by:  
[Signature] 1/29/16  
Superintendent or Designee Date

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

[Signature] 9/15/15 1/29/16  
Originator's Signature Date

Olympic/Admin  
Site/Department Originating this Contract

Lynsie Castellano, 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 A

### LIST OF SERVICES, INCLUDING DATE(S), TO BE PERFORMED BY CONTRACTOR

IF PARTIAL PAYMENTS ARE TO BE MADE TO CONTRACTOR ON A SCHEDULE  
AS INDICATED ON PAGE 1, PLEASE LIST PAYMENT SCHEDULE HERE

#### II. DESCRIPTION OF SERVICES:

1. Support first year school Principal :organizational and instructional focus.
2. Identify ELD supports necessary.
3. Provide strategic support for WASC review.
4. Align Graduate Profile with Expected School Wide Learning Expectations and Common Core.
5. Facilitate 9 sessions of Instructional Rounds with teachers and administrators.
6. Focus organizational resources on school and district priorities and goals.
7. As requested provide planning, guidance, feedback related to site based projects.
8. Consultation as requested by principal.
9. Travel, materials and preparation included.

#### III. PERIOD OF AGREEMENT:

12 days/ sessions at \$1,100. Per day to be scheduled by School principal and consultant starting September 2015 through June 2016.

#### IV. COST AND PAYMENT:

The Mount Diablo Unified School District shall reimburse Partners For Educational Excellence \$13,200 for services described in two equal payments to be invoiced approximately at the end of December 2015 and June 2016

\*SPSA - Section 2, Goal 1 1.1 page 13. Funding for Conference/training fees.

## EXHIBIT B

### *Contractor REQUIRED to Complete*

# CRIMINAL BACKGROUND CHECK CERTIFICATION

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

Name of Independent Consultant/Contractor:	Priscilla Hopkins
Services to be performed under the Agreement:	
Schools/Locations where services will be performed:	Olympic
Total amount to be paid by the District under this Agreement:	\$ 13,200.00
Term of Agreement:	6/30/16
<b><i>Check the applicable box(es) and fill in any blanks.</i></b>	
1	<input checked="" type="checkbox"/> I certify that none of my employees, nor myself, will have more than limited contact (as defined by the District) with District students during the term of the Agreement. Therefore, we have not been fingerprinted.
2A	<input type="checkbox"/> 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	<input type="checkbox"/> 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."

Priscilla Hopkins

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Independent Contractor/Consultant Signature

**Priscilla Hopkins**

Print Name

Date

Independent Contractor/Consultant

Chris Halleran

---

Superintendent or Designee's Signature

**Chris Halleran**

Print Name



1/29/16

Date

Superintendent or Designee's Signature

# Adaptive and Balanced Leadership

## Frames For Organizational Change

<b>LEADERSHIP FUNCTIONS</b>			
<b>Mental Model</b>	<b>Skill Set</b>	<b>Applications</b>	
<ul style="list-style-type: none"> <li>• "Designs and manages the <u>"container" for effectiveness and efficiency of operations</u>"</li> <li>• Technical</li> </ul> <div style="text-align: center;">  <p><b>TANGIBLE</b></p> </div>	<ul style="list-style-type: none"> <li>• Structure, plan, monitor, coordinate, implement, supervise, align, facilitate</li> </ul>	<ul style="list-style-type: none"> <li>➤ Teams development, delegation of authority</li> <li>➤ Accountability, outcomes, consequences, targets</li> <li>➤ Processes, structures, routines</li> <li>➤ Protocols, Policies, Regulations</li> <li>➤ Communications</li> </ul>	
<ul style="list-style-type: none"> <li>• "Leads and transforms the <u>"culture" for capacity as a learning organization</u>"</li> <li>• Cultural</li> </ul> <div style="text-align: center;">  <p><b>CONTEXTUAL</b></p> </div>	<ul style="list-style-type: none"> <li>• Influence, relate, interpret, inspire, transform, sustain, model, coach, cultivate</li> </ul>	<ul style="list-style-type: none"> <li>➤ Identity, purpose, core values</li> <li>➤ Aspirations, expectations, growth</li> <li>➤ Relationship, communities of practice, dialogue, voice</li> <li>➤ Collective efficacy, Congruence, Caring</li> <li>➤ Reciprocity, Power</li> <li>➤ Information flow, clarity, feedback</li> </ul>	

# Partners For Educational Excellence

## Leadership • Achievement • Equity

Priscilla Hopkins  
415-457-3521 | [prishopkins@gmail.com](mailto:prishopkins@gmail.com)  
296 Woodland Avenue | San Rafael, CA 94901

I. Services Delivered to: Services will be delivered on site at Olympic High School  
2730 Salvio Street Concord, California, Mount Diablo Unified School District.

### II. DESCRIPTION OF SERVICES:

1. Support first year school Principal :organizational and instructional focus.
2. Identify ELD supports necessary.
3. Provide strategic support for WASC review.
4. Align Graduate Profile with Expected School Wide Learning Expectations and Common Core.
5. Facilitate 9 sessions of Instructional Rounds with teachers and administrators.
6. Focus organizational resources on school and district priorities and goals.
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8. Consultation as requested by principal.
9. Travel, materials and preparation included.

### III. PERIOD OF AGREEMENT:

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starting September 2015 through June 2016.

### IV. COST AND PAYMENT:

The Mount Diablo Unified School District shall reimburse Partners For Educational Excellence  
\$13,200 for services described in two equal payments to be invoiced approximately at the end  
of December 2015 and June 2016

### V. SIGNATURES:

Partners For Educational Excellence, Priscilla Hopkins: Date: July 31, 2015  
Priscilla Hopkins

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Mount Diablo Unified School District: Date:

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# Request for Taxpayer Identification Number and Certification

Give Form to the  
 requester. Do not  
 send to the IRS.

Print or type  
 See Specific Instructions on page 2.

Name (as shown on your income tax return) <b>Green Schools Collaborative Incorporated</b>	
Business name/disregarded entity name, if different from above <b>Partners For Educational Excellence</b>	
Check appropriate box for federal tax classification: <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C Corporation <input checked="" type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate  <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____  <input type="checkbox"/> Other (see instructions) ▶ _____	
<input type="checkbox"/> Exempt payee	
Address (number, street, and apt. or suite no.) <b>269 Woodland Ave</b>	Requester's name and address (optional)
City, state, and ZIP code <b>San Rafael, Ca.94901</b>	
List account number(s) here (optional)	

### Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number								

**Note.** If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Employer identification number								
26								

### Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below).

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 4.

<b>Sign Here</b>	Signature of U.S. person ▶ <i>Gusella Hopkins</i>	Date ▶ <i>Oct. 10, 2012</i>
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### General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

#### Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien) to provide your correct TIN to the person requesting it (the

**Note.** If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

**Definition of a U.S. person.** For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

**Special rules for partnerships.** Partnerships that conduct a trade or



# CERTIFICATE OF LIABILITY INSURANCE

DSU  
R022

DATE (MM/DD/YYYY)  
7/24/2015

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).

<b>PRODUCER</b> WIAA INSURANCE SERVICES/PHS 129801 P: (866) 467-8730 F: (888) 443-6112 PO BOX 33015 SAN ANTONIO TX 78265	<b>CONTACT NAME</b> PHONE (AC, No, Ext): (866) 467-8730 FAX (AC, No): (888) 443-6112	
	<b>E-MAIL ADDRESS:</b> INSURER(B) AFFORDING COVERAGE NAIC# INSURER A: Sentinel Ins Co LTD 11000	
<b>INSURED</b> PARTNERS FOR EDUCATIONAL EXCELLENCE INC 269 WOODLAND AVE SAN RAFAEL CA 94901	<b>INSURER B:</b>	
	<b>INSURER C:</b>	
	<b>INSURER D:</b>	
	<b>INSURER E:</b>	
	<b>INSURER F:</b>	

**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 INSR	SUBR WPD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR General Liab			b/ SBA AMb/71b	08/01/2015	08/01/2016	EACH OCCURRENCE \$2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOG OTHER:						
	AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS HIRED AUTOS <input type="checkbox"/>						MED EXP (Any one person) \$10,000 PERSONAL & ADV INJURY \$2,000,000 GENERAL AGGREGATE \$4,000,000 PRODUCTS - COMP/OP AGG \$4,000,000
	UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE						COMBINED SINGLE LIMIT (E& accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				EACH OCCURRENCE \$ AGGREGATE \$ PER STATUTE <input type="checkbox"/> OTHER <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)  
 Those usual to the Insured's Operations. Mount Diablo School District is an Additional Insured per Form IH1200 attached to this policy.

<b>CERTIFICATE HOLDER</b> Mount Diablo School District 106 CARLOTTA DR CONCORD, CA 94519	<b>CANCELLATION</b> 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 

WIAA INSURANCE SERVICES/PHS  
PO BOX 33015  
SAN ANTONIO TX 78265

Mount Diablo School District  
1936 CARLOTTA DR  
CONCORD CA 94519



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

PRISCILLA HOPKINS  
 269 WOODLAND AVE  
 SAN RAFAEL CA 94901-6016

POLICY INFORMATION	Declarations Type	Renewal Certificate	Process Date	07-23-2015
	Policy Number	CAAS200008228	Insured Since	2011
	Your Policy Period	From	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.	
		To	12:01 A.M. Standard Time at the address of the Named Insured.	

Alternate Address: Retired      Occupation: Retired      Alternate Number:      Telephone Number: (415) 457-3521

VEHICLES	Item	Make	Model Yr	Body Type	Vehicle Identification No.	DRIVERS Drivers do not necessarily correspond to principally operated vehicles.	Name
	1	TOYOTA	2007	WAGON 4 DOOR	JTMZD33V876044971		PRISCILLA

COVERAGES/PREMIUMS	Coverage	Liability Limits		Item 1							
		Each Person	Each Occurrence	Deductible	Premium	Deductible	Premium	Deductible	Premium	Deductible	Premium
	Bodily Injury	100,000	300,000		\$136						
	Medical Payments	No Coverage		No Coverage							
	Uninsured Motorists	100,000	300,000		\$23						
	Property Damage		50,000		\$160						
	Comprehensive	Actual Cash Value Less Deductible		100	\$57						
	Collision	Actual Cash Value Less Deductible		500	\$284						
	Enhanced Transportation Expense				\$28						
	All Risks	Actual Cash Value Less Deductible		No Coverage							
	TOTAL PREMIUM PER VEHICLE >										\$688
	* Automobile Death Benefits \$15,000 per deceased insured person										Premium

Premium Summary: This is not a bill. CA Surcharge: \$0. Total Premium: \$688.00

CHANGES	Schedule of Changes										

DISCOUNTS/MESSAGES	Item	Rated Driver	DSR	YDE	Prior Ann Miles	Future Ann Miles	Garage Zip	Vehicle Usage	Gender	Marital	See reverse for explanation of codes.
	1	PRISCILLA	0 Pt	50	2,400 Mi	2,400 Mi	94901	Pleasure	F	S	

Discounts: Mature Driver: None. Good Driver: Item(s) 1. Multi Policy home: Item(s) 1. Multi Car: None. New Driver: None. Good Student: None.

LOSS PAYEE(S): You may qualify for other products and discounts. For more info call your Insurance Agent Judy L Avila (415) 488-2924

## 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, gender, and marital status) are used to develop the premium.

**DSR (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.

**YDE (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.

**PRIOR ANN MILES (PRIOR ANNUAL MILES DRIVEN):** The estimated number of total miles a vehicle was driven during the year just past.

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

**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.

**GENDER:** "M" stands for Male and "F" stands for Female.

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

**DISCOUNTS:** A reduced rate applies for each Discount listed.