

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 09/13/2019

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).

| | | | | | | | <u> </u> | | | | | |
|--|---|--------|-------------|--|--|----------------------------|----------------------------|--|--------------|-------------|--|--|
| PRO | DUCER | | | | CONTACT Angie Berg | | | | | | | |
| Sag | acious Insurance Services | | | | PHONE (888) 654-8884 FAX (A/C, No): E-MAIL aberg@saggiousins.com | | | | | | | |
| 800 | S. Broadway, Suite 101 | | | | E-MAIL ADDRESS: aberg@sagaciousins.com | | | | | | | |
| | | | | | | NAIC# | | | | | | |
| Wal | Inut Creek | | | CA 94596 | INSURE | 11000 | | | | | | |
| INSU | RED | | | | INSURER | 11770 | | | | | | |
| | Core Education Adacemy Corp | p. | | | INSURER | 27120 | | | | | | |
| | 356 Holiday Hills Drive | | | | INSURER | | | | | | | |
| | | | | | INSUREF | | | | | | | |
| | Martinez | | CA 94553 | INSURER | | | | | | | | |
| CO | VERAGES CERT | ΓIFIC | ATE | NUMBER: | / | | | | | | | |
| Th | HIS IS TO CERTIFY THAT THE POLICIES | OF IN | NSUR/ | ANCE LISTED BELOW HAV | REVISION NUMBER: AVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PI | | | | | | | |
| INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TEI EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. | | | | | | | | | | | | |
| INSR LTR | TYPE OF INSURANCE | ADDL S | SUBR | POLICY NUMBER | | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIM | TS | | | |
| -, 13 | COMMERCIAL GENERAL LIABILITY | UXOU | 11 10 | | | | America Maria (11) | EACH OCCURRENCE | 1 000000 | | | |
| | CLAIMS-MADE X OCCUR | İ | | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) | | 00,000 | | |
| | OS ame in isa [74] occord | | 57SBAAE6624 | | | | | MED EXP (Any one person) | s 10, | | | |
| Α | | Υ | | 57SBAAE6624 | | 8/12/2019 | 8/12/2020 | PERSONAL & ADV INJURY | \$ 2,000,000 | | | |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | - | | | | | | GENERAL AGGREGATE | + | | | |
| | X POLICY PRO- | | | | | | | PRODUCTS - COMP/OP AGG | + | s 4,000,000 | | |
| | | 1 | | | *************************************** | | | PRODUCTS - COMPTOP AGG | \$ 4,0 | 00,000 | | |
| | OTHER: AUTOMOBILE LIABILITY | | | | | | | COMBINED SINGLE LIMIT | | 00,000 | | |
| | ANY AUTO | | | | | | | (Ea accident) BODILY INJURY (Per person) | s 1,0 | 00,000 | | |
| В | OWNED SCHEDULED AUTOS ONLY AUTOS NON-OWNED | | | 04095196-2 | | 9/12/2019 | 9/12/2020 | BODILY INJURY (Per accident | | | | |
| | | | | 04093190-2 | 9/12/20 | 3/12/2013 | | PROPERTY DAMAGE | , s | | | |
| | AUTOS ONLY NON-OWNED AUTOS ONLY | | l | | | | | (Per accident) | s | | | |
| | LIMODELLA LIAD | | | ······································ | | | | | | | | |
| | UMBRELLA LIAB OCCUR | | | | | | | EACH OCCURRENCE | \$ | | | |
| | EXCESS LIAB CLAIMS-MADE | | | | | | | AGGREGATE | \$ | | | |
| | DED RETENTION \$ WORKERS COMPENSATION | | | | | | | V PER LOTH- | \$ | | | |
| | AND EMPLOYERS' LIABILITY Y/N | | | | | | | X PER STATUTE OTH- | | | | |
| С | ANYPROPRIETOR/PARTNER/EXECUTIVE [] | N/A | 57WECZQ5157 | | 1 | 7/1/2019 | 7/1/2020 | E.L. EACH ACCIDENT | + | 00,000 | | |
| | (Mandatory in NH) If yes, describe under | | | | | | | E.L. DISEASE - EA EMPLOYE | 1 | 00,000 | | |
| | DÉSCRIPTION OF OPERATIONS below | | | | | | | E.L. DISEASE - POLICY LIMIT | \$ 1,0 | 00,000 | | |
| | | | | | | | | | | | | |
| DESC | RIPTION OF OPERATIONS / LOCATIONS / VEHICLE | ES (AC | CORD 1 | 01, Additional Remarks Schedule | e, may be | attached if more | space is require | d) | | | | |
| | nt Diablo Unified School District is name | d Add | ditiona | al Insured as respects liab | ility arisi | ing from the | operations of | the named insured only | Additio | nal insured | | |
| End | orsement CG 20 26 04 13 attached. | | | | | | | | | | | |
| | | | | | | | | | | | | |
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| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| CER | RTIFICATE HOLDER | | | CANCELLATION | | | | | | | | |
| | Mount Diablo Unified School Di | t | | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. | | | | | | | | |
| | 1936 Cortetto Drive | | Γ | AUTHORIZED REPRESENTATIVE | | | | | | | | |
| | 1936 Carlotta Drive | | CA 94519 | ange Borg | | | | | | | | |

POLICY NUMBER: 57 SBA AE6624



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED - PERSON-ORGANIZATION

MOUNT DIABLO UNIFIED SCHOOL DISTRICT 1936 CARLOTTA DR CONCORD, CA 94519

Process Date: 05/24/19 Expiration Date: 08/12/20

(b) Rented to, in the care, custody or control of, or over which physical control is being exercised for any purpose by you, any of your "employees", "volunteer workers", any partner or member (if you are a partnership or joint venture), or any member (if you are a limited liability company).

b. Real Estate Manager

Any person (other than your "employee" or "volunteer worker"), or any organization while acting as your real estate manager.

c. Temporary Custodians Of Your Property

Any person or organization having proper temporary custody of your property if you die, but only:

- (1) With respect to liability arising out of the maintenance or use of that property; and
- (2) Until your legal representative has been appointed.

d. Legal Representative If You Die

Your legal representative if you die, but only with respect to duties as such. That representative will have all your rights and duties under this insurance.

e. Unnamed Subsidiary

Any subsidiary and subsidiary thereof, of yours which is a legally incorporated entity of which you own a financial interest of more than 50% of the voting stock on the effective date of this Coverage Part.

The insurance afforded herein for any subsidiary not shown in the Declarations as a named insured does not apply to injury or damage with respect to which an insured under this insurance is also an insured under another policy or would be an insured under such policy but for its termination or upon the exhaustion of its limits of insurance.

3. Newly Acquired Or Formed Organization

Any organization you newly acquire or form, other than a partnership, joint venture or limited liability company, and over which you maintain financial interest of more than 50% of the voting stock, will qualify as a Named Insured if there is no other similar insurance available to that organization. However:

a. Coverage under this provision is afforded only until the 180th day after you acquire or form the organization or the end of the policy period, whichever is earlier; and

b. Coverage under this provision does not apply to:

- (1) "Bodily injury" or "property damage" that occurred; or
- (2) "Personal and advertising injury" arising out of an offense committed

before you acquired or formed the organization.

4. Operator Of Mobile Equipment

With respect to "mobile equipment" registered in your name under any motor vehicle registration law, any person is an insured while driving such equipment along a public highway with your permission. Any other person or organization responsible for the conduct of such person is also an insured, but only with respect to liability arising out of the operation of the equipment, and only if no other insurance of any kind is available to that person or organization for this liability. However, no person or organization is an insured with respect to:

- **a.** "Bodily injury" to a co-"employee" of the person driving the equipment; or
- **b.** "Property damage" to property owned by, rented to, in the charge of or occupied by you or the employer of any person who is an insured under this provision.

5. Operator of Nonowned Watercraft

With respect to watercraft you do not own that is less than 51 feet long and is not being used to carry persons for a charge, any person is an insured while operating such watercraft with your permission. Any other person or organization responsible for the conduct of such person is also an insured, but only with respect to liability arising out of the operation of the watercraft, and only if no other insurance of any kind is available to that person or organization for this liability.

However, no person or organization is an insured with respect to:

- **a.** "Bodily injury" to a co-"employee" of the person operating the watercraft; or
- b. "Property damage" to property owned by, rented to, in the charge of or occupied by you or the employer of any person who is an insured under this provision.

Additional Insureds When Required By Written Contract, Written Agreement Or Permit

The person(s) or organization(s) identified in Paragraphs **a.** through **f.** below are additional insureds when you have agreed, in a written

BUSINESS LIABILITY COVERAGE FORM

contract, written agreement or because of a permit issued by a state or political subdivision, that such person or organization be added as an additional insured on your policy, provided the injury or damage occurs subsequent to the execution of the contract or agreement, or the issuance of the permit.

A person or organization is an additional insured under this provision only for that period of time required by the contract, agreement or permit.

However, no such person or organization is an additional insured under this provision if such person or organization is included as an additional insured by an endorsement issued by us and made a part of this Coverage Part, including all persons or organizations added as additional insureds under the specific additional insured coverage grants in Section F. – Optional Additional Insured Coverages.

a. Vendors

Any person(s) or organization(s) (referred to below as vendor), but only with respect to "bodily injury" or "property damage" arising out of "your products" which are distributed or sold in the regular course of the vendor's business and only if this Coverage Part provides coverage for "bodily injury" or "property damage" included within the "products-completed operations hazard".

(1) The insurance afforded to the vendor is subject to the following additional exclusions:

This insurance does not apply to:

- (a) "Bodily injury" or "property damage" for which the vendor is obligated to pay damages by reason of the assumption of liability in a contract or agreement. This exclusion does not apply to liability for damages that the vendor would have in the absence of the contract or agreement;
- (b) Any express warranty unauthorized by you;
- (c) Any physical or chemical change in the product made intentionally by the vendor;
- (d) Repackaging, except when unpacked solely for the purpose of inspection, demonstration, testing, or the substitution of parts under instructions from the manufacturer, and then repackaged in the original container;

- (e) Any failure to make such inspections, adjustments, tests or servicing as the vendor has agreed to make or normally undertakes to make in the usual course of business, in connection with the distribution or sale of the products;
- (f) Demonstration, installation, servicing or repair operations, except such operations performed at the vendor's premises in connection with the sale of the product;
- (g) Products which, after distribution or sale by you, have been labeled or relabeled or used as a container, part or ingredient of any other thing or substance by or for the vendor; or
- (h) "Bodily injury" or "property damage" arising out of the sole negligence of the vendor for its own acts or omissions or those of its employees or anyone else acting on its behalf. However, this exclusion does not apply to:
 - (i) The exceptions contained in Subparagraphs (d) or (f); or
 - (ii) Such inspections, adjustments, tests or servicing as the vendor has agreed to make or normally undertakes to make in the usual course of business, in connection with the distribution or sale of the products.
- (2) This insurance does not apply to any insured person or organization from whom you have acquired such products, or any ingredient, part or container, entering into, accompanying or containing such products.

b. Lessors Of Equipment

(1) Any person or organization from whom you lease equipment; but only with respect to their liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your maintenance, operation or use of equipment leased to you by such person or organization.

Page 12 of 24 Form SS 00 08 04 05



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 07/12/2019

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IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed.

| | | | | | | rms and conditions of th ificate holder in lieu of su | | | | require an endor | sement | . A st | atement on | | |
|--------------------------------------|---|--|-------------------------|-----------------------|------------------------|---|--|---|---|-----------------------------------|-------------------|---------|-------------|--|--|
| PRO | DUC | ER | | | | | CONTACT Angle Berg | | | | | | | | |
| Sagacious Insurance Services | | | | | | | | PHONE (A/C, No, Ext): (888) 654-8884 (A/C, No): | | | | | | | |
| 800 | S. I | Broadway, Suite 101 | | | | | E-MAIL ADDRESS: aberg@sagaciousins.com | | | | | | | | |
| | | | | | | | | NAIC# | | | | | | | |
| Walnut Creek CA 94596 | | | | | | | | INSURER(S) AFFORDING COVERAGE INSURER A: Sentinel Insurance Company,Ltd | | | | | | | |
| INSURED | | | | | | | INSURER B: United Financial Casualty Company | | | | | | 11770 | | |
| | | Core Education Ad | acemy Co | rp. | | | INSURER C: Trumbull Insurance Company | | | | | | 27120 | | |
| 200 La Casa Via | | | | | | | INSURER D: | | | | | | | | |
| | | | | | | | INSURER E : | | | | | | | | |
| Walnut Creek | | | | | CA 94598 | | | INSURER E : | | | | | | | |
| | | RAGES | | | | NUMBER: | REVISION NUMBER: | | | | | | | | |
| C IN | DIC. | ATED. NOTWITHSTANDIN IFICATE MAY BE ISSUED | IG ANY RE OR MAY | EQUIF PERT POLI | REME! AIN, CIES. | RANCE LISTED BELOW HAY NT, TERM OR CONDITION THE INSURANCE AFFORDS LIMITS SHOWN MAY HAVE | OF AN' ED BY | Y CONTRACT THE POLICIES REDUCED BY F | OR OTHER DESCRIBED PAID CLAIMS. | OCUMENT WITH | RESPEC | OT TO | WHICH THIS | | |
| INSR LTR | | TYPE OF INSURANCE | | ADDL | SUBR WVD | POLICY NUMBER | | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | P Y) LIMITS | | | | | |
| | X | COMMERCIAL GENERAL LIAE | BILITY | | | | | | | EACH OCCURRENCE | : T | \$ 2,0 | 000,000 | | |
| | | CLAIMS-MADE X 00 | CCUR | | | | | | | DAMAGE TO DENTED | | | 000,000 | | |
| | | | | | | | | | | MED EXP (Any one pe | 10.000 | | | | |
| Α | | | | Y | 57SBAAE6624 | | | 8/12/2019 | 8/12/2020 | PERSONAL & ADV IN | 0.000.000 | | | | |
| | GEI | N'L AGGREGATE LIMIT APPLIES | PER: | | | | | | | GENERAL AGGREGA | SATE \$ 4,000,000 | | | | |
| | X | POLICY PRO- | LOC | | | | | | | PRODUCTS - COMP/O | | | 00,000 | | |
| | | OTHER: | | | | | | | | COMBINED SINGLE L | 11.117 | \$ | | | |
| | AU | TOMOBILE LIABILITY | | | | | | | | (Ea accident) | | \$ | | | |
| | ANY AUTO OWNED SCHEDULED AUTOS AUTOS | | | | | | 9/* | | 9/12/2019 | BODILY INJURY (Per | | \$ | | | |
| В | | | | | | 04095196-1 | | 9/12/2018 | | BODILY INJURY (Per | | | | | |
| | X | | NON-OWNED AUTOS ONLY | | | | ŀ | | | PROPERTY DAMAGE (Per accident) | : | \$ | | | |
| | | | | <u></u> | | | | | | | | \$ | | | |
| | | UMBRELLA LIAB OC | CCUR | | | | | | | EACH OCCURRENCE | | \$ | | | |
| | | EXCESS LIAB CL | AIMS-MADE | | | i | | | | AGGREGATE | | \$ | | | |
| | DED RETENTION \$ | | | | | | | | | | | \$ | | | |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below | | | | | 1 | | | 7/1/2020 | X PER STATUTE | OTH- ER | | | | |
| С | | | | N/A | | 57WECZQ5157 | | 7/1/2019 | | E.L. EACH ACCIDENT | | | 00,000 | | |
| Ŭ | | | | | | or ramound or or | | 77.77.2010 | .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | E.L. DISEASE - EA EM | IPLOYEE | \$ 1,0 | 00,000 | | |
| | | | | | | | | | | E.L. DISEASE - POLIC | Y LIMIT | \$ 1,0 | 00,000 | | |
| | | | | | | | | Amazar a la serie de la serie | | | | | | | |
| DES | RIPT | TION OF OPERATIONS / LOCATIO | ONS / VEHICL | .ES (A | CORD | 101, Additional Remarks Schedule | e, may be | attached if more | space is require | d) | | | | | |
| | | Diablo Unified School Distrement CG 20 26 04 13 atta | | ed Ad | dition | nal Insured as respects liab | ility ari | sing from the | operations of | the named insure | d only. A | Additio | nal Insured | | |
| EHO | OI SE | ment CG 20 20 04 13 att | acrieu. | | | | | | | | | | | | |
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| | | | | | | | | | | | | | | | |
| CEI | RIIF | ICATE HOLDER | | | | | CANC | ELLATION | | | | | | | |
| Mount Diablo Unified School District | | | | | | | | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. | | | | | | | |
| 1936 Carlotta Drive | | | | | | | AUTHORIZED REPRESENTATIVE | | | | | | | | |
| Concord CA 94519 | | | | | | | | angerBerg | | | | | | | |