Certificate of Insurance

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ACORD CERT	IFI	CATE OF LIABI		ISURA			мм/dd/үүүү) 1/2015
THIS CERTIFICATE IS ISSUED AS A CERTIFICATE DOES NOT AFFIRMAT BELOW. THIS CERTIFICATE OF INS REPRESENTATIVE OR PRODUCER, A	VELY	OR NEGATIVELY AMEND, EXTERED OES NOT CONSTITUTE A	END OR ALT	ER THE CO	VERAGE AFFORDED E	Y THE	POLICIES
IMPORTANT: If the certificate holder the terms and conditions of the policy, certificate holder in lieu of such endors	certair	n policies may require an endors					
RODUCER	sement	CONT					
SelectSolutions Insurance Services, LLC			NAME: FAX PHONE [A/C, No, Ext): 866-500-6359 [A/C, No]: (A/C, No): (855) 804-8449				
1350 Carlback Avenue Walnut Creek, CA 94596		E-MAI ADDR PROD CUST	ESS:				
			INS	SURER(S) AFFOF	DING COVERAGE		NAIC #
NSURED			INSURER A: Travelers Property Casualty Company of America				25674
PHD Architects			INSURER B: The Hanover Insurance Company				22292
211 Ronino Way	INSUF	INSURER C :					
afayette, CA 94549-	INSUF	INSURER D :					
	INSUF	INSURER E :					
	INSUF	INSURER F :					
		TE NUMBER:			REVISION NUMBER:		
THIS IS TO CERTIFY THAT THE POLICIES INDICATED. NOTWITHSTANDING ANY RE CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH	EQUIREN PERTAII POLICIE	MENT, TERM OR CONDITION OF AN N, THE INSURANCE AFFORDED BY ES. LIMITS SHOWN MAY HAVE BEEN	NY CONTRACT THE POLICIE REDUCED BY	or other i Describei Paid Claims	DOCUMENT WITH RESPE	ст то и	VHICH THIS
SR TYPE OF INSURANCE	ADDL SU	BR VD POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	LIMITS	
GENERAL LIABILITY					EACH OCCURRENCE	\$ 2,000,	000
COMMERCIAL GENERAL LIABILITY					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,	000
CLAIMS-MADE OCCUR					MED EXP (Any one person)	\$ 5,000	
	Yes	680-0517M425	4/22/2015	4/22/2016	PERSONAL & ADV INJURY	\$ 2,000,000	
					GENERAL AGGREGATE	\$ 4,000,000	
GEN'L AGGREGATE LIMIT APPLIES PER:					PRODUCTS - COMP/OP AGG	\$ 4,000,	000
POLICY V PRO- JECT LOC						\$	
				4/22/2016	COMBINED SINGLE LIMIT (Ea accident)	\$ 2,000,000	
ALL OWNED AUTOS					BODILY INJURY (Per person)	,	
SCHEDULED AUTOS	Yes	680-0517M425	4/22/2015		BODILY INJURY (Per accident)	ent) \$	
 HIRED AUTOS 					PROPERTY DAMAGE (Per accident)	\$	
NON-OWNED AUTOS						\$	
						\$	
UMBRELLA LIAB OCCUR					EACH OCCURRENCE	\$	
EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$	
DEDUCTIBLE						\$	
RETENTION \$					WC STATU- OTH-	\$	
AND EMPLOYERS' LIABILITY Y / N					TORY LIMITS ER	4 005	
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N / A	UB-5804Y26-7 -15	4/22/2015	4/22/2016	E.L. EACH ACCIDENT		
(Mandatory in NH)					E.L. DISEASE - EA EMPLOYEE		
DÉSCRIPTION OF OPERATIONS below			1/07/07	4/00/00:	E.L. DISEASE - POLICY LIMIT	\$ 1,000,	
Professional Liability (Errors and Omissions)		LHF A284571 01	4/22/2015	4/22/2017		\$1,000,0	000 / \$1,000,00
ESCRIPTION OF OPERATIONS / LOCATIONS / VEHIC At. Diablo Unified School District, its trustee Architect(s) are named as Additional Insure Liability Limits shown represent the Per Cla	es, emp d as the	oyees and agents, the State of Cal ir interests may appear in regards	ifornia, Constr	uction mana			

Mt. Diablo Unified School District Office of Executive Director, Operations 1936 Carlotta Dr. 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.

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AUTHORIZED REPRESENTATIVE

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ACORD 25 (2009/09)

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