

CERTIFICATE NO.

ISSUE DATE

WC-1888

CERTIFICATE OF COVERAGE

06/26/2020

**PUBLIC RISK INNOVATION,
SOLUTIONS AND MANAGEMENT****C/O ALLIANT INSURANCE SERVICES, INC.****PO BOX 6450****NEWPORT BEACH, CA 92658-6450**

PHONE (949) 756-0271 / FAX (619) 699-0901

LICENSE #0C36861

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 BELOW. THIS CERTIFICATE OF COVERAGE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER

IMPORTANT: If the certificate holder is requesting a WAIVER OF SUBROGATION, the Memorandums of Coverage must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

COVERAGE
AFFORDED BY: **A - See attached schedule of insurers**

COVERAGE
AFFORDED BY: **B**

COVERAGE
AFFORDED BY: **C**

COVERAGE
AFFORDED BY: **D**

Member:

MT. DIABLO UNIFIED SCHOOL DISTRICT

ATTN: OFFICE OF GENERAL COUNSEL

1936 CARLOTTA DRIVE

CONCORD, CA 94519

Coverages

THIS IS TO CERTIFY THAT THE MEMORANDUMS OF COVERAGE AND POLICIES LISTED BELOW HAVE BEEN ISSUED TO THE MEMBER NAMED ABOVE FOR THE 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 COVERAGE AFFORDED BY THE MEMORANDUMS AND POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS, AND CONDITIONS OF SUCH MEMORANDUMS AND POLICIES.

CO LTR	TYPE OF COVERAGE	MEMORANDUM/ POLICY NUMBER	COVERAGE EFFECTIVE DATE	COVERAGE EXPIRATION DATE	LIABILITY LIMITS
A	WORKERS' COMPENSATION & EMPLOYERS' LIABILITY	See attached Schedule of Insurers for policy numbers	07/01/2020	07/01/2021	WORKERS' COMPENSATION: Statutory EMPLOYERS' LIABILITY: \$5,000,000

LIMITS APPLY PER OCCURRENCE FOR ALL PROGRAM MEMBERS COMBINED.

Description of Operations/Locations/Vehicles/Special Items:

AS RESPECTS EVIDENCE OF COVERAGE FOR GRANT FOR CRISIS COUNSELORS AT FOOTHILL MIDDLE SCHOOL.

THE AUTHORITY WAIVES ITS RIGHTS OF SUBROGATION AGAINST CITY OF WALNUT CREEK-CDD. PURSUANT TO ENDORSEMENT NUMBER U-4.

Certificate Holder

CITY OF WALNUT CREEK

CDD

ATTN: CARA BAUTISTA-RAO

1666 NORTH MAIN STREET

WALNUT CREEK, CA 94596

Cancellation

SHOULD ANY OF THE ABOVE DESCRIBED MEMORANDUMS OF COVERAGE/POLICIES BE CANCELLED BEFORE THE EXPIRATION THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE MEMORANDUMS OF COVERAGE/POLICIES PROVISIONS.

AUTHORIZED REPRESENTATIVE



Public Risk Innovation, Solutions and Management

PUBLIC RISK INNOVATION, SOLUTIONS AND MANAGEMENT
EXCESS WORKERS' COMPENSATION PROGRAM
2020/2021 SCHEDULE OF INSURERS
MT. DIABLO UNIFIED SCHOOL DISTRICT

PROVIDER	POLICY NUMBER	LIMIT
Public Risk Innovation, Solutions and Management	PRISM PE 20 PWC-28	Workers' Compensation and Employers Liability: \$125,000 each accident/each employee for disease
CSAC Excess Insurance Authority	PRISM PE 20 EWC-119	Workers' Compensation and Employers Liability: \$2,375,000 each accident/each employee for disease in excess of \$125,000
Safety National Casualty Corporation	SP 4060592	Workers' Compensation: Statutory each accident/each employee for disease in excess of \$2,500,000 Employers Liability: \$2,500,000 each accident/each employee for disease in excess of \$2,500,000

ENDORSEMENT NO. U-4
PUBLIC RISK INNOVATION, SOLUTIONS AND MANAGEMENT
EXCESS WORKERS' COMPENSATION

WAIVER OF SUBROGATION ENDORSEMENT

It is understood and agreed that Section VIII. **SUBROGATION** of the **CONDITIONS** section of the Memorandum of Coverage is deleted in its entirety and replaced by the following:

VIII. **SUBROGATION**: In the event of any payment under this Memorandum, PRISM shall be subrogated, to the extent of such payment, to all the **Covered Party's** rights of recovery therefore, and the **Covered Party** shall execute all papers required and shall do everything that may be necessary to secure such rights. Any amount recovered as a result of such proceedings, together with all expenses necessary to the recovery of any such amount shall be apportioned as follows: PRISM shall first be reimbursed to the extent of its actual payment hereunder. If any balance then remains, said balance shall be applied to reimburse the **Covered Party**. The expenses of all proceedings necessary to the recovery of such amount shall be apportioned between the **Covered Party** and PRISM in the ratio of their respective recoveries as finally settled. If there should be no recovery in proceedings instituted solely on the initiative of PRISM, the expenses thereof shall be borne by PRISM.

However, in the event of any loss payment under this Memorandum for which you have waived the right of recovery in a written contract entered into prior to the loss, we hereby agree to also waive our right of recovery but only with respect to such loss.

It is further agreed that nothing herein shall act to increase PRISM's limit of indemnity.

This endorsement is part of the Memorandum of Coverage and takes effect on the effective date of the Memorandum of Coverage unless another effective date is shown below. All other terms and conditions remain unchanged.

Effective Date: **Memorandum No.:** PRISM 20 EWC-00

Issued to: ALL MEMBERS

Issue Date: June 25, 2020



Authorized Representative
Public Risk Innovation, Solutions and Management