



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
8/11/2015

**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> SelectSolutions Insurance Services, LLC 1350 Carlbak Avenue Walnut Creek, CA 94596	<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): 866-500-6359		<b>FAX (A/C, No):</b> (855) 804-8449
	<b>E-MAIL ADDRESS:</b> <b>PRODUCER CUSTOMER ID #:</b>		
<b>INSURED</b> PHD Architects 3211 Ronino Way Lafayette, CA 94549-	<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
	INSURER A: Travelers Property Casualty Company of America		25674
	INSURER B: The Hanover Insurance Company		22292
	INSURER C:		
	INSURER D:		
	INSURER E:		

**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 WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<b>GENERAL LIABILITY</b>			680-0517M425	4/22/2015	4/22/2016	EACH OCCURRENCE	
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	Yes					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 2,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						\$ 1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:						\$ 5,000	
<input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	PERSONAL & ADV INJURY			\$ 2,000,000				
A	<b>AUTOMOBILE LIABILITY</b>			680-0517M425	4/22/2015	4/22/2016	GENERAL AGGREGATE	
	<input type="checkbox"/> ANY AUTO	Yes					PRODUCTS - COMP/OP AGG	\$ 4,000,000
	<input type="checkbox"/> ALL OWNED AUTOS						\$	
	<input type="checkbox"/> SCHEDULED AUTOS						\$	
<input checked="" type="checkbox"/> HIRED AUTOS	COMBINED SINGLE LIMIT (Ea accident)			\$ 2,000,000				
<input checked="" type="checkbox"/> NON-OWNED AUTOS	BODILY INJURY (Per person)	\$						
	<b>UMBRELLA LIAB</b>						BODILY INJURY (Per accident)	\$
	<b>EXCESS LIAB</b>						PROPERTY DAMAGE (Per accident)	\$
	DEDUCTIBLE							\$
	RETENTION \$							\$
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>			UB-5804Y26-7 -15	4/22/2015	4/22/2016	<input checked="" type="checkbox"/> WC STATUTORY LIMITS	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y / N	N / A				E.L. EACH ACCIDENT	\$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below	N					E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
	Professional Liability (Errors and Omissions)						E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
B				LHF A284571 01	4/22/2015	4/22/2017	\$1,000,000 / \$1,000,000	

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)**

Mt. Diablo Unified School District, its trustees, employees and agents, the State of California, Construction manager(s), Project manager(s), Inspector(s) and Architect(s) are named as Additional Insured as their interests may appear in regards to General Liability policy per the attached endorsement. The Professional Liability Limits shown represent the Per Claim/Aggregate Limits of Liability.

**CERTIFICATE HOLDER**

**CANCELLATION**

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.
	AUTHORIZED REPRESENTATIVE 