

# Commercial Certificate of Liability Insurance



**FARMERS**

Agency Gary Campbell Insurance  
 Name 130 N. Akers St., Ste B  
 & Visalia, CA 93291  
 Address

Issue Date (MM/DD/YY) 06/29/21

**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 shown below. This certificate of insurance does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder.**

St. 95 Dist. 18 Agent 391

Insured Medical Billing Technologies, Inc.  
 Name 525 W. Main St., Ste 204-205  
 & Visalia, CA 93291  
 Address

**Companies Providing Coverage (NAIC #):**  
 Company Letter **A** Truck Insurance Exchange 21709  
 Company Letter **B** Farmers Insurance Exchange 21652  
 Company Letter **C** Mid-Century Insurance Company 21687  
 Company Letter **D** \_\_\_\_\_

### Coverages

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.

Co. Ltr.	Add'l. Insr.	Type of Insurance	Policy Number	Policy Effective Date (MM/DD/YY)	Policy Expiration Date (MM/DD/YY)	Policy Limits	
A		<b>General Liability</b> <input checked="" type="checkbox"/> Commercial General Liab. <input type="checkbox"/> Businessowners Liability  <input type="checkbox"/> Claims Made <input checked="" type="checkbox"/> Occurrence General Aggregate Limit Applies: <input type="checkbox"/> Per Location <input type="checkbox"/> Per Project	60218 64 54	7/6/21	7/6/22	Each Occurrence	\$ 2,000,000
						Damage To Rented Premises (Ea. Occur.)	\$ 100,000
						Medical Expenses (Any one person)	\$ 5,000
						Personal & Adv. Injury	\$ 2,000,000
						General Aggregate	\$ 4,000,000
						Prod./Comp. Ops. Aggr.	\$ 2,000,000
A		<b>Automobile Liability</b> <input type="checkbox"/> Any Auto <input type="checkbox"/> All Owned Autos <input type="checkbox"/> Scheduled Autos <input checked="" type="checkbox"/> Hired Autos <input checked="" type="checkbox"/> Non-Owned Autos	60248 64 54	7/6/21	7/6/22	Combined Single Limit (Each accident)	\$ 2,000,000
						Bodily Injury (Per person)	\$
						Bodily Injury (Per accident)	\$
						Property Damage (Per accident)	\$
		<b>Garage Liability</b> <input type="checkbox"/> Any Auto				Auto Only-Ea. Accident	\$
						Other Than Each Accident Auto Only:	\$
						Aggregate	\$
A		<b>Umbrella Liability</b> Retention \$	60261 68 92	7/6/21	7/6/22	Limit	\$ 8,000,000
A		<b>Workers' Compensation and Employers' Liability</b>	A1950 31 44	1/1/21	1/1/22	Statutory	
						Each Accident	\$ 1,000,000
						Disease - Ea. Employee	\$ 1,000,000
						Disease - Policy Limit	\$ 1,000,000

### Description of Operations/Vehicles/Restrictions/Special items:

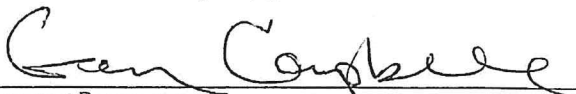
Mount Diablo Unified School District listed as additional insured.

### Certificate Holder

Name Mount Diablo Unified School District  
 & 1936 Carlotta Dr  
 Address Concord, Ca 94519

### Cancellation

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

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

POLICY NUMBER: 602186454

J7238  
1st Edition



### ADDITIONAL INSURED – DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

- BUSINESSOWNERS LIABILITY COVERAGE FORM
- BUSINESSOWNERS COVERAGE FORM
- APARTMENTOWNERS LIABILITY COVERAGE FORM
- CONDOMINIUM LIABILITY COVERAGE FORM

#### SCHEDULE

<b>Name Of Additional Insured Person(s) Or Organization(s):</b> MOUNT DIABLO UNIFIED SCHOOL DISTRICT
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

**A.** The following is added to Paragraph **C. Who Is An Insured** of the applicable Coverage Form:

Any person(s) or organization(s) shown in the Schedule is also an additional insured, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf in the performance of your ongoing operations or in connection with your premises owned by or rented to you.

However:

- a. The insurance afforded to such additional insured only applies to the extent permitted by law; and
- b. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

**B.** With respect to the insurance afforded to these additional insureds, the following is added to Paragraph **D. Liability And Medical Expenses Limits Of Insurance** of the applicable Coverage Form:

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

- 1. Required by the contract or agreement; or
- 2. Available under the applicable Limits Of Insurance shown in the Declarations;

whichever is less.

This endorsement shall not increase the applicable Limits Of Insurance shown in the Declarations.

This endorsement is part of your policy. It supersedes and controls anything to the contrary. It is otherwise subject to all the terms of the policy.