



**Endorsement 5**

NAMED INSURED: Executive Functions, Inc

**E5000.1 Additional Insured**

Page 1 of 1

In consideration of the premium charged, it is understood and agreed that the Policy is amended as follows:

1. In Clause VI. **DEFINITIONS**, paragraph V., " 'You' or 'Your' ," is amended to include the following at the end thereof:

**You** or **Your** shall also include the below listed "**ADDITIONAL INSURED(S)**," but only for the **Wrongful Acts** of those contemplated in paragraphs 1., 2. or 3. of the definition of " 'You' or 'Your' ":

**ADDITIONAL INSURED(S)**

Mt Diablo Unified School District 1936 Carlotta Dr Concord CA 94519

All other terms and conditions remain unchanged.

Endorsement effective: November 11, 2022

Policy No.: UDC-5011355-EO-22

Endorsement No: 5



By: Kevin Kerridge  
(Appointed Representative)

DPL E5000 CW (01/10)



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

11/08/2022

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).

<b>PRODUCER</b> Hiscox Inc. d/b/a/ Hiscox Insurance Agency in CA 5 Concourse Parkway Suite 2150 Atlanta GA, 30328	<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): (888) 202-3007      FAX (A/C, No): E-MAIL ADDRESS: contact@hiscox.com														
<b>INSURED</b> Executive Functions, Inc 1739 Northstar Drive Petaluma, CA 94954	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 80%;">INSURER(S) AFFORDING COVERAGE</th> <th style="width: 20%;">NAIC #</th> </tr> <tr> <td>INSURER A : Hiscox Insurance Company Inc</td> <td>10200</td> </tr> <tr> <td>INSURER B :</td> <td></td> </tr> <tr> <td>INSURER C :</td> <td></td> </tr> <tr> <td>INSURER D :</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : Hiscox Insurance Company Inc	10200	INSURER B :		INSURER C :		INSURER D :		INSURER E :		INSURER F :	
INSURER(S) AFFORDING COVERAGE	NAIC #														
INSURER A : Hiscox Insurance Company Inc	10200														
INSURER B :															
INSURER C :															
INSURER D :															
INSURER E :															
INSURER F :															

**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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED    RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Professional Liability	Y		UDC-5011355-EO-22	11/11/2022	11/11/2023	Each Claim: \$ 2,000,000 Aggregate: \$ 3,000,000

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES** (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
 Remote-based, team of education specialists, consultants and para educator who provide specialized academic and organizational support to students, schools and parents. Services include: ADHD coaching and college success coaching.

**CERTIFICATE HOLDER**

**CANCELLATION**

Mt Diablo Unified School District 1936 Carlotta Dr Wing D 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 
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# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
10/18/2022

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> AP INTEGO INSURANCE GROUP, LLC 375 Woodcliff Dr. Suite 103 Fairport NY 14450	<b>CONTACT NAME:</b> AP Intego Insurance Group, LLC
	<b>PHONE (A/C, No, Ext):</b> 888-289-2939 <b>FAX (A/C, No):</b> <b>E-MAIL ADDRESS:</b> certs@apintego.com
<b>INSURED</b> Executive Functions, Inc 1739 Northstar Dr Petaluma CA 94954	<b>INSURER(S) AFFORDING COVERAGE</b> <b>NAIC #</b>
	<b>INSURER A :</b> Hartford Fire & Its P&C Affiliates      00914
	<b>INSURER B :</b>
	<b>INSURER C :</b>
	<b>INSURER D :</b>
	<b>INSURER E :</b>

**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
	<b>GENERAL LIABILITY</b> <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR _____ GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ _____ \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ _____ \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED    RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ _____ \$
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICE/MEMBER EXCLUDED? <input type="checkbox"/> Y / N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N / A	76WEGAL2GRM	04/07/2022	04/07/2023	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

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

<b>CERTIFICATE HOLDER</b> Mt. Diablo Unified School District 1936 Carlotta Drive Concord CA 94519	<b>CANCELLATION</b> 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 
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Clear All



AAA Insurance  
 underwritten by CSAA Insurance Exchange  
 PO Box 22221 Oakland, CA 94623-2221 800.922.8228

## Personal Umbrella Policy Declarations

Renewal

For questions or changes call: 800.922.8228

### Named Insured and Mailing Address

SEAN GUERRERO MCCORMICK  
 KIANA GUERRERO MCCORMICK  
 17396 NORTHSTAR DR  
 PETALUMA, CA 94954

Policy Number: CAPU211875856

Membership Number: 4290054307640647

<b>Your Policy Period</b>	From: 01/07/2022	12:01 A.M. Standard Time, but not prior to the time applied for or, if this is a replacement Declarations, not prior to the time coverage change was requested.
	To: 01/07/2023	12:01 A.M. Standard Time.

### Agency Information

HOUSE AGENT PETALUMA  
 111 LYNCH CREEK WAY  
 PETALUMA, CA 94954  
 (800) 922-8228

Notice Date: 11/19/2021

Home Phone #:

Business Phone #: (415) 328-2085

<b>Limit of Insurance</b>
<b>\$1,000,000</b>

### Named Insured(s)

SEAN GUERRERO MCCORMICK  
 KIANA GUERRERO MCCORMICK

### Underlying Insurance

This policy is issued in reliance on representation of the Named Insured(s) listed above that valid and collectible underlying insurance as shown in this section is now in force, and will at all times be in force, in at least the amounts shown, for each auto, watercraft, and recreational motor vehicle (including motorcycles) owned, leased by or furnished or available for regular use by you or any resident of your household, and for all residential premises owned, leased by or leased to any insured. An explanation of important terms appears on the reverse side of these Declarations. Defined words appear in the Definitions section of the policy.

Coverage	Description	Liability Limit
Residential Premises	Primary; 1739 Northstar Dr, Petaluma, CA, 94954-6611	500,000
Auto Liability	2003 TOYOTA RAV4 JTEGH20V230109705	500,000/500,000
Auto Liability	2018 HONDA CR-V 2HKRW5H33JH424505	500,000/500,000

### Forms and Endorsements

Form Number	Personal Umbrella Coverages	Premium
58 2000 08012009 (CA 7/2015)	California Personal Umbrella Policy	Included
<b>Total Policy Premium:</b>		<b>\$185.00</b>

**Underlying Insurance Requirements**

Underlying Coverages	Minimum Underlying Limits of Liability						
	Bodily Injury per person/ per occurrence	and	Property Damage per occurrence	and	Personal Injury per offence	or	Combined Single Limit per occurrence
Residential Premises	\$500,000/ \$500,000		\$500,000/ \$500,000		\$500,000/ \$500,000		\$500,000 \$500,000
Auto	\$500,000/ \$500,000		\$100,000				\$500,000
Employer's Liability	\$100,000		\$100,000		\$100,000		\$100,000
Recreational Motor Vehicle Liability (includes motorcycles, golf carts, snowmobiles, trailers)	\$500,000/ \$500,000		\$100,000				\$500,000
Watercraft Liability	\$500,000/ \$500,000		\$500,000/ \$500,000				\$500,000 \$500,000

**Important Notes**

All Residential Premises policies must have "personal injury" coverage, as defined in the "Definitions" section of your Personal Umbrella Policy.

Under the heading "Minimum Underlying Limits of Liability," reference is made to "per person" and "per occurrence" limits. These phrases have special meaning, as follows:

The "per person" limit of liability means the most that the underlying insurer will pay for all damages sustained by one person as the result of any one "occurrence."

The "per occurrence" limit of liability means the most that the underlying insurer will pay for all damages sustained by all persons as the result of any one "occurrence."

"Occurrence" is a defined term in the underlying insurance and in the "Definitions" section of your Personal Umbrella Policy.





CSAA Insurance Exchange  
P.O.Box 22221  
Oakland, CA 94623-2221

# Automobile Policy Declarations

Please keep with your policy. See Important Notice on reverse.

For questions or changes call: 800.922.8228

1. Name and Address of Insured



SEAN GUERRERO MCCORMICK  
KIANA GUERRERO MCCORMICK  
1739 NORTHSTAR DR  
PETALUMA, CA 94954-6611

<b>POLICY INFORMATION</b>	Declarations Type	Amended Declarations	Process Date	11-04-2021
	Policy Number	CAAS206798575	Insured Since	2017
	Your Policy Period	From 11-04-2021 To 07-06-2022	12:01 A.M. Standard Time at the address of the Named Insured, but not prior to the time applied for or, if this is a replacement declarations, not prior to the time coverage change was requested. 12:01 A.M. Standard Time at the address of the Named Insured.	

Alternate Address Occupation Alternate Number Telephone Number

Teacher/Educator

VEHICLES	Item	Make	Model Yr	Body Type	Vehicle Identification No.	DRIVERS	Name	ADB?*
	1	HONDA	2018	SUV	2HKRW5H33JH424505		SEAN	Y
2	TOYOTA	2021	SUV	JTEAAAAH5MJ040467	KIANA	Y		

Drivers do not necessarily correspond to principally operated vehicles.

COVERAGES/PREMIUMS	Coverage	Liability Limits		Item 1		Item 2		Deductible	Premium	Deductible	Premium
		Each Person	Each Occurrence	Deductible	Premium	Deductible	Premium				
	Bodily Injury	1,000,000	1,000,000		\$234		\$214				
	Medical Payments	10,000			\$54		\$62				
	Uninsured Motorists	1,000,000	1,000,000		\$86		\$98				
	Property Damage		100,000		\$235		\$244				
	Comprehensive Actual Cash Value Less Deductible			50	\$111	50	\$258				
	Full Comprehensive Safety Glass Endorsement (\$0 deductible)			NO COV		INCL					
	Collision Actual Cash Value Less Deductible			1,000	\$318	1,000	\$505				
	Enhanced Transportation Expense \$25 per day/\$750 aggregate				\$28		\$28				
	All Risks Actual Cash Value Less Deductible			No Coverage		No Coverage					
	Vehicle Loan/Lease Protection Endorsement			No Coverage		No Coverage					
	New Car Added Protection Endorsement			No Coverage		No Coverage					
	Original Equipment Manufacturer Parts (OEM) Endorsement			No Coverage		No Coverage					
	Ride-sharing Coverage Endorsement			No Coverage		No Coverage					
	TOTAL PREMIUM PER VEHICLE >				\$1,066		\$1,409				
	* Automobile Death Benefits \$15,000 per deceased insured person										Premium \$6

Premium Summary

This is not a bill.

CA Surcharge: \$0

Total Additional Premium: \$158.00

Total Premium shown is for the Member Advantage™ Program.

EXCLUSIONS

There is no coverage provided by this Policy while the following individual(s) operate a motor vehicle:

None

**CHANGES**

Schedule of Changes  
Maintain Coverage(s)

	Item	Rated Driver	Driv Safety Record	Yrs Driv Exp	Est Ann Mi Driven	Veh Garage Zip	Vehicle Usage	Marital	
<b>DISCOUNTS/MESSAGES</b>	1	SEAN GUERRERO	0 Pt	17	7362 Mi	94954	Pleasure	M	<i>See final page for explanation of codes.</i>
	2	KIANA GUERRERO	0 Pt	20	11000 Mi	94954	Commute	M	
<b>DISCOUNTS/MESSAGES</b>	Discounts:								
	Mature Driver: None.						Multi Car: Item(s) 1, 2.		
		Good Driver: Item(s) 1, 2.				New Driver: None.			
		Multi Policy Life Home: Item(s) 1, 2.				Good Student: None.			
<b>LOSS PAYEE(S)</b>									<p>You may qualify for other products and discounts. For more info call your Insurance Agent</p> <p>House Agent Petaluma (800) 922-8228</p>

**IMPORTANT NOTICE: THIS IS A PART OF YOUR DECLARATIONS**

The insurance afforded is only with respect to such of the preceding coverages as are indicated by specific premium charge or charges. The limit of the Exchange's liability under each such coverage shall be as stated herein, subject to all the terms of the policy. The purpose for which the automobile is to be used is pleasure or business, subject to the exclusions in the policy, including the exclusion for wholesale and retail delivery.

RENEWAL CERTIFICATE - Extends this policy for the period shown under Policy Period upon payment of the premium.

AMENDED DECLARATIONS - In consideration of the premium adjustment indicated herein this policy is hereby amended only with respect to such changes as are indicated in the schedule of changes. The limit of the Exchange's liability under such amended coverage shall be as stated herein.

LOSS PAYEE(S) - Any loss under Physical Damage coverages is payable as interest may appear to the named insured and the Loss Payee in accordance with the loss payable agreement.

**RATING INFORMATION DISCLOSURE EXPLANATION**

(From Discounts/Messages Section on Previous Page)

ITEM (ITEM NUMBER): Item number is the number assigned to the vehicle shown on the Declarations.

RATED DRIVER: The driver assigned to a vehicle whose attributes (e.g., years driving experience, driving safety record and marital status) are used to develop the premium.

DRIV SAFETY RECORD (DRIVING SAFETY RECORD): The total number of points assessed the driver for "principally at fault chargeable accidents" with or without injury and/or vehicle code violation convictions (tickets). A "principally at fault chargeable accident" occurs when the driver of a vehicle is at least 51% at fault for an accident and the total monetary damages (whether paid or not) in the accident exceed:

- \$750 or the accident resulted in death for losses occurring prior to 12/11/11
- \$1,000 or the accident resulted in death for losses occurring 12/11/2011 or after

Additional information on the number and types of incidents can be provided on request. Carriers use different point count systems for rating purposes. The number of points shown on your declarations would not necessarily match the number of points assigned by another carrier.

YRS DRIV EXP (YEARS DRIVING EXPERIENCE): The number of years a driver has been licensed to drive a motor vehicle anywhere in the world. However, a driver must have at least 18 months current driving experience in the United States, U.S. Territories, or Canada, before foreign country driving experience can be counted.

EST ANN MI DRIVEN (ESTIMATED ANNUAL MILES DRIVEN): The estimated number of total miles a vehicle will be driven in the coming year

VEH GARAGE ZIP (VEHICLE GARAGED ZIP CODE): The ZIP code of the location where the vehicle is garaged.

VEHICLE USAGE: Vehicles are assigned to one of five usage designations: Business Use, Work Commute, Farm Use, Farm Business Use or Pleasure.

MARITAL (MARITAL STATUS): "M" stands for Married, and "S" stands for Single.

DISCOUNTS: A reduced rate applies for each Discount listed.




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## Policies

### Workers Comp

Policy #: 76WEGAL2GRM



#### The Hartford

Policy: 76WEGAL2GRM

Term: Apr 07, 2022 - Apr 07, 2023

[Details](#)

[Payments](#)

### Coverages

Coverage	Limit Amount
Bodily Injury Per Accident	\$1M
Bodily Injury by Disease (Per Employee)	\$1M
Bodily Injury by Disease (Policy Limit)	\$1M

### Company Details

Your Workers Comp policy coverage is based on the company info below.

**Executive Functions, Inc**  
(415) 328-2083

**Location 1:**  
1739 Northstar Dr  
Petaluma, CA  
94954-6611

**Location 2:**  
10222 Sw 20 Street  
Miami, FL  
33165

### Claims

Please submit claims to the The Hartford Claims Department with the following information:

- » Name of the insured and policy number
- » Date, Time & Place of Accident
- » Description of accident or incident
- » Name, phone and/or e-mail of the person making the report
- » The injured employee's social security number
- » Description of the injury

After the first report is made your carrier will assign you a claims adjuster to assist you going forward with this particular incident.



**The Hartford**  
Phone: (800) 327-3636

[Submit claim online](#)