Date (MM/DD/YR) <u>ACORD</u> ™ CERTIFICATE OF LIABILITY INSURANCE 10/9/15 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 require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s) CONTACT **PRODUCER Shelaine Gonsalves** NAME Heffernan Insurance Brokers PHONE 925-934-8500 925-934-8278 1350 Carlback Avenue (A/C,No,Ext): (A/C,No): Walnut Creek, CA 94596 **EMAIL** ShelaineG@heffins.com **ADDRESS** CA License #0564249 NAIC# INSURERS AFFORDING COVERAGE INSURED INSURER A: Philadelphia Indemnity United Educators Saint Mary's College of California INSURER B: INSURER C: Travelers Property Casualty of America P.O. Box 3554 INSURER D: Moraga CA 94575 INSURER E: INSURER F: **COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:** THIS IS TO CERTIFY THAT 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 TYPE OF INSURANCE POLICY NUMBER (MM/DD/YYYY) LTR INSR WVD (MM/DD/YYYY) GENERAL L LIABILITY EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED Χ COMMERCIAL GENERAL LIABILITY PHPK1372618 08/01/15 08/01/16 \$300,000 Α Χ PREMISES (Ea. occurrence CLAIMS-MADE OCCUR MED EXP (Any one person) \$15,000 PHPK1372618 08/01/15 08/01/16 PROFESSIONAL LIABILITY Х PERSONAL & ADV INJURY \$1,000,000 AGG \$1,000,000 GENERAL AGGREGATE \$2,000,000 GEN'L. AGGREGATE LIMIT APPLIES PER PRODUCTS - COMP/OP AGG \$2,000,000 POLICY PROJECT LOC EMPLOYEE BENEFITS \$1,000,000 COMBINED SINGLE LIMIT AUTOMOBILE LIABILITY \$1,000,000 (Ea accident) 08/01/15 08/01/16 Α ANY AUTO PHPK1372618 BODILY INJURY (Per person) SCHEDULED Х ALL OWNED AUTOS BODILY INJURY (Per accident) \$ AUTOS NON-OWNED PROPERTY DAMAGE Χ HIRED AUTOS Х \$ AUTOS (Per accident) HIRED/PHYSICAL ACV Sched Х DEDUCTIBLE: COMP/COLL Х \$1,000 AUTOS GLX201500369700 В Х UMBRELLA LIAB 08/01/15 08/01/16 EACH OCCURRENCE \$25,000,000 OCCUR \$25,000,000 EXCESS LIAB CLAIMS-MADE AGGREGATE DED Χ RETENTION \$1,000,000 WORKERS COMPENSATION TORY LIMITS AND EMPLOYERS' LIABILITY Y/N E.L. EACH ACCIDENT \$1,000,000 ANY PROPRIETOR/PARTNER/EXECUTIVE/ С TC2JUB-419J6803-15 07/01/15 07/01/16 OFFICER/MEMBER EXCLUDED? N/A FI DISEASE - FA EMPLOYEE \$1,000,000 (Mandatory in N.H.) If yes, describe under DESCRIPTION OF FI DISEASE - POLICY LIMIT \$1,000,000 OPERATIONS below DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required) Re: As Per Contract or Agreement on File with Insured. Mt. Diablo Unified School District is included as an additional insured on General Liability policy per the attached endorsement, if required. **CERTIFICATE HOLDER** 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 Mt. Diablo Unified School District AUTHORIZED 1936 Carlotta Dr.

REPRESENTATIVE

Concord, CA 94519

Policy Number: PHPK1372618

Insurance Co.: Philadelphia Indemnity Ins. Co Named Insured: Saint Mary's College of California

Effective Date: 08/01/15

## THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

## ADDITIONAL INSURED - DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART.

## **SCHEDULE**

## Name of Person or Organization:

Mt. Diablo Unified School District

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

WHO IS AN INSURED (Section II) is amended to include as an insured the person or organization shown in the Schedule as insured but only with respect to liability arising out of your operations or premises owned by or rented to you.

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