

## **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY) 11/28/2022

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).

	nis certificate does not confer rights t	o the	cert	ificate holder in lieu of su					
PRODUCER License # 0C36861 Alliant Insurance Services, Inc.					CONTACT Tina Ko	ng			
					PHONE (A/C, No, Ext): (925) 378-6820 FAX (A/C, No):				
	Mission St 6th FI Francisco, CA 94105				E-MAIL ADDRESS: Tina.Kong@alliant.com				
					INSURER(S) AFFORDING COVERAGE NAIC #				
							ty Company of Americ	•	22179
INICI	IDED					iic iiiaciiiiii	ty Company of Americ	,u	ZZIII
Sisters of the Holy Names of Jesus and Mary P.O. Box 0398 Marylhurst, OR 97036					INSURER B :				
					INSURER C:				
					INSURER D :				
					INSURER E :				
					INSURER F:				
				E NUMBER:			REVISION NUMBER:		
IN C E	HIS IS TO CERTIFY THAT THE POLICII IDICATED. NOTWITHSTANDING ANY R ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	EQU PER POLI	IREM TAIN CIES	ENT, TERM OR CONDITIO , THE INSURANCE AFFOR . LIMITS SHOWN MAY HAVE	N OF ANY CONTRA DED BY THE POLIC BEEN REDUCED BY	CT OR OTHER CIES DESCRIE PAID CLAIMS	R DOCUMENT WITH RESPE BED HEREIN IS SUBJECT T	CT TO	O WHICH THIS
INSR LTR	TYPE OF INSURANCE	INSD	SUBF	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
	COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE OCCUR						EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	
							MED EXP (Any one person)	\$	
							PERSONAL & ADV INJURY	\$	
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	
	POLICY PRO- LOC						PRODUCTS - COMP/OP AGG	\$	
	OTHER:							\$	
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	
	ANY AUTO						BODILY INJURY (Per person)	\$	
	OWNED SCHEDULED AUTOS ONLY						BODILY INJURY (Per accident)	\$	
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
	AS TOO SHE!						, , , , , ,	\$	
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$	
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$	
	DED RETENTION \$							\$	
Α	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					7/1/2023	PER OTH- STATUTE ER	_	
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A		18564610	7/1/2022		E.L. EACH ACCIDENT	\$	1,000,000
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)  If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	·	1,000,000
							E.L. DISEASE - POLICY LIMIT	\$	1,000,000
	2233.NI TIGIT GI CI ENATIONO BEIOW						Z.Z. DIOLAGE - I OLIOT LIMIT	Ψ	
Nam Holy Holy Next Ram Siste	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC ned Insured Includes:  / Names High School / Names University t Step Learning Center nona Convent Secondary School ers of the Holy Names of Jesus and Mai	·	ACORI	D 101, Additional Remarks Schedu	le, may be attached if mo	re space is requi	red)		
					OANOEL! ATION				
CERTIFICATE HOLDER					CANCELLATION				

Mt. Diablo Unified School District Attn: Seanzell Lewis 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

AUTHORIZED REPRESENTATIVE