



# 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).

PRODUCER Hiscox Inc. d/b/a/ Hiscox Insurance Agency in CA 5 Concourse Parkway Suite 2150 Atlanta GA, 30328	CONTACT NAME:		
	PHONE (A/C, No, Ext):	(888) 202-3007	FAX (A/C, No):
	E-MAIL ADDRESS:	contact@hiscox.com	
	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A :	Hiscox Insurance Company Inc	10200
INSURED Executive Functions, Inc 1739 Northstar Drive Petaluma CA 94954	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 SUBR INSD   WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	Y	UDC-5011355-CGL-22	11/11/2022	11/11/2023	EACH OCCURRENCE \$ 2,000,000
	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY					DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED   RETENTION \$					MED EXP (Any one person) \$ 5,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A				PERSONAL & ADV INJURY \$ 2,000,000
						GENERAL AGGREGATE \$ 3,000,000
						PRODUCTS - COMP/OP AGG \$ S/T Gen. Agg.
						\$
						COMBINED SINGLE LIMIT (Ea accident) \$
						BODILY INJURY (Per person) \$
						BODILY INJURY (Per accident) \$
						PROPERTY DAMAGE (Per accident) \$
						\$
						EACH OCCURRENCE \$
						AGGREGATE \$
						\$
						PER STATUTE   OTH-ER
						E.L. EACH ACCIDENT \$
						E.L. DISEASE - EA EMPLOYEE \$
						E.L. DISEASE - POLICY LIMIT \$

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 educators 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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Endorsement 5

NAMED INSURED: Executive Functions, Inc

Page 1 of 1

E5000.1 Additional Insured

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  
Endorsement No: 5

Policy No.: UDC-5011355-EO-22



By: Kevin Kerridge  
(Appointed Representative)

DPL E5000 CW (01/10)





# 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.

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<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>INSURED</b> Executive Functions, Inc 1739 Northstar Dr Petaluma CA 94954	<b>E-MAIL ADDRESS:</b> certs@apintego.com	
	<b>INSURER(S) AFFORDING COVERAGE</b>	
	<b>INSURER A:</b> Hartford Fire & Its P&C Affiliates	<b>NAIC #</b> 00914
	<b>INSURER B:</b>	
	<b>INSURER C:</b>	
	<b>INSURER D:</b>	
	<b>INSURER E:</b>	
	<b>INSURER F:</b>	

**COVERAGES****CERTIFICATE NUMBER:****REVISION NUMBER:**

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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"/> HIRED AUTOS  <input type="checkbox"/> SCHEDULED 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  <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICE/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			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)

**CERTIFICATE HOLDER****CANCELLATION**

Mt. Diablo Unified School District

1936 Carlotta Drive

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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**INFORMATION PAGE  
WORKERS COMPENSATION AND EMPLOYERS LIABILITY POLICY  
INSURER: SEE ATTACHED ENDORSEMENT**



**NCCI Company Number:** 14397  
**Company Code:** 9

**POLICY NUMBER:** 76 WEG AL2GRM  
**Previous Policy Number:** 76 WEG AL2GRM

Suffix	
LARS	RENEWAL
	3

**1. Named Insured and Mailing Address:** EXECUTIVE FUNCTIONS, INC  
(No., Street, Town, State, Zip Code) 1739 NORTHSTAR DR  
PETALUMA CA 94954

**FEIN Number:** 86-2440785  
**State Identification Number(s):** Refer to the EXTENSION OF THE INFORMATION PAGE – WC990365.

**The Named Insured is:** Corporation  
**Business of Named Insured:** Junior Colleges  
**Other workplaces not shown above:** See Endorsement - WC990366

**2. Policy Period:** **From** 04/07/23 **To** 04/07/24 **ANNUAL**  
12:01 a.m., Standard time at the insured's mailing address.

**Producer's Name:** AP INTEGO INSURANCE GROUP LLC  
375 WOODCLIFF DRIVE STE 103  
FAIRPORT NY 14450

**Producer's Code:** 76250846  
**Issuing Office:** THE HARTFORD BUSINESS SERVICE CENTER  
3600 WISEMAN BLVD  
SAN ANTONIO TX 78251  
(877) 287-1316

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**Total Estimated Annual Premium:** \$1,094  
**Deposit Premium:**  
**Policy Minimum Premium:** \$600 CA (Includes Increased Limit Min. Prem.)

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**Audit Period:** ANNUAL **Installment Term:**  
The policy is not binding unless countersigned by our authorized representative.

Countersigned by Susan L. Castaneda 02/26/23  
Authorized Representative Date

**3. A. Workers Compensation Insurance:** Part one of the policy applies to the Workers Compensation Law of the states listed here: TX SEE ENDORSEMENT - WC 99 03 67

**B. Employers Liability Insurance:** Part Two of the policy applies to work in each state listed in Item 3.A.

The limits of our liability under Part Two are:

<b>Bodily injury by Accident</b>	\$1,000,000	<b>each accident</b>
<b>Bodily injury by Disease</b>	\$1,000,000	<b>policy limit</b>
<b>Bodily injury by Disease</b>	\$1,000,000	<b>each employee</b>

**C. Other States Insurance:** Part Three of the policy applies to the states, if any, listed here:

ALL STATES EXCEPT NORTH DAKOTA, OHIO, WASHINGTON, WYOMING, U.S.TERRITORIES AND STATES DESIGNATED IN ITEM 3.A. OF THE INFORMATION PAGE.

**D. This policy includes these endorsements and schedule:**

SEE ENDORSEMENT-WC 99 03 68

**4. The premium for this policy will be determined by our Manuals of Rules, Classifications, Rates and Rating Plans. All information required below is subject to verification and change by audit.**

Classifications Code Number and Description	Premium Basis Total Estimated Annual Remuneration	Rates Per \$100 of Remuneration	Estimated Annual Premium
Total Standard Premium			\$761
Expense Constant			\$200
Terrorism Risk Insurance Program Reauthorization Act Disclosure Endorsement			\$63
Catastrophe (Other Than Certified Acts Of Terrorism)			\$1
Other Miscellaneous State Premiums			\$20
Estimated Annual Premium (before Surcharges)			\$1,045
Total Estimated Surcharges			\$49

\*See the attached Schedule(s) of Operations for Location and State Level Premium Information

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<b>Total Estimated Annual Premium:</b>	\$1,094
<b>Deposit Premium:</b>	
<b>Policy Minimum Premium:</b>	\$600 CA (Includes Increased Limit Min. Prem.)

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**Interstate/Intrastate Identification Number:** Refer to Schedule of Operations

NAICS: 611210  
SIC: 8299

**Labor Contractors Policy Number:**



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

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	08-26-2022
	Policy Number	CAA5206798575	Insured Since	2017
	From	08-26-2022	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 declaration, not prior to the time coverage change was requested.	
	To	07-06-2023	12:01 A.M. Standard Time at the address of the Named Insured.	

Alternate Address: \_\_\_\_\_ Occupation: Teacher/Educator Alternate Number: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

VEHICLES	Item	Make	Model Yr/ Body Type	Vehicle Identification No	DRIVERS	Name	ADB*
	1	HONDA	2018	SUV		2HKRW5H33JH424505	SEAN
2	TOYOTA	2021	SUV	JTEAAAAH5MJ040467	KIANA	Y	
3	TOYOTA	2021	VAN PASSENGER	5TDKSKFC0MS029825			

COVERAGES/PREMIUMS	Coverage	Liability Limits		Item 1		Item 2		Item 3		Deductible	Premium
		Each Person	Each Occurrence	Deductible	Premium	Deductible	Premium	Deductible	Premium		
	<b>Bodily Injury</b>	1,000,000	1,000,000		\$261		\$224		\$165		
	<b>Medical Payments</b>	10,000			\$42		\$62		\$61		
	<b>Uninsured Motorists</b>	1,000,000	1,000,000		\$79		\$124		\$139		
	<b>Property Damage</b>		100,000		\$239		\$239		\$169		
	<b>Comprehensive</b> Actual Cash Value Less Deductible			50	\$118	50	\$189	50	\$139		
	<b>Full Comprehensive Safety Glass Endorsement</b> (\$0 deductible)			NO COV		NO COV		NO COV			
	<b>Collision</b> Actual Cash Value Less Deductible			1,000	\$337	1,000	\$505	1,000	\$498		
	<b>Enhanced Transportation Expense</b> \$40 per day/\$1,200 aggregate				\$4		\$42		\$38		
	<b>All Risks</b> Actual Cash Value Less Deductible			No Coverage		No Coverage		No Coverage			
	<b>Vehicle Loan/Lease Protection Endorsement</b>			No Coverage		No Coverage		No Coverage			
	<b>New Car Added Protection Endorsement</b>			No Coverage		No Coverage		No Coverage			
	<b>Original Equipment Manufacturer Parts (OEM) Endorsement</b>			No Coverage			\$59		\$64		
	<b>Ride-sharing Coverage Endorsement</b>			No Coverage		No Coverage		No Coverage			
	<b>TOTAL PREMIUM PER VEHICLE</b> >				\$1,080		\$1,444		\$1,273		

\* Automobile Death Benefits \$15,000 per deceased insured person Premium \$6

**Premium Summary**  
 This is not a bill.  
 CA Surcharge: \$0

Total Additional Premium: \$1,265.00  
**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  
 Other Premium Bearing : Express: Add Vehicle

DISCOUNTS/MESSAGES	Item	Rated Driver	Driv Safety Record	Yrs Driv Exp	Est Ann Mi Driven	Veh Garage Zip	Vehicle Usage	Marital			
	1	Undesignated			7362 Mi	94954	Pleasure		See final page for explanation of codes.		
	2	KIANA GUERRE	0 Pt	21	11000 Mi	94954	Commute	M			
	3	SEAN GUERRER	0 Pt	18	11000 Mi	94954	Pleasure	M			
DISCOUNTS/MESSAGES	Discounts:		Mature Driver: None.		Good Driver: Item(s) 1, 2, 3.		Multi Policy Life Home: Item(s) 1, 2, 3.		Multi Car: Item(s) 1, 2, 3.	New Driver: None.	Good Student: None.
LOSS PAYEE(S)									<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.

For your protection, California law requires that you be made aware of the following: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

### 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.