

CERTIFICATE OF LIABILITY INSURANCE

ANOVINC-01 KHARENCAME

8/7/2015

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 OW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED PRESENTATIVE 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)

certificate holder in lieu of such endors			001/21/02				
PRODUCER	CONTACT Rebecca Rountree						
Vantreo Insurance Brokerage 100 Stony Point Rd, Suite 160 Santa Rosa, CA 95401			PHONE (A/C, No, Ext): (707) 546-2300 FAX (A/C, No): (707) 546-2915 E-MAIL ADDRESS:				
				URER(S) AFFOR	DING COVERAGE		NAIC#
	INSURER A : Philade				1		
INSURED	INSURER B : Philadelphia Indemnity Ins Co				18058		
ANOVA Inc	INSURER C : ICW Group				1		
ANOVA, Inc. 2911 Cleveland Ave. Santa Rosa, CA 95403			INSURER D:				1
			INSURER E:				1
			INSURER F:				
COVERAGES CER	TIFICA	TE NUMBER:			REVISION NUMBER:		
THIS IS TO CERTIFY THAT THE POLICIE INDICATED. NOTWITHSTANDING ANY RICERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH	EQUIRE PERTA POLICIE	EMENT, TERM OR CONDITION IN, THE INSURANCE AFFORD ES. LIMITS SHOWN MAY HAVE	N OF ANY CONTRAC DED BY THE POLICI BEEN REDUCED BY	CT OR OTHER ES DESCRIB PAID CLAIMS.	R DOCUMENT WITH RESPI ED HEREIN IS SUBJECT T	ECT TO	WHICH THIS
INSR LTR TYPE OF INSURANCE	ADDL SU INSD W	JBR IVD POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
A X COMMERCIAL GENERAL LIABILITY					EACH OCCURRENCE	\$	1,000,000
CLAIMS-MADE X OCCUR	X	PHPK1374564	08/01/2015	08/01/2016	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000
					MED EXP (Any one person)	\$	20,000
					PERSONAL & ADV INJURY	\$	1,000,000
GEN'L AGGREGATE LIMIT APPLIES PER:		-6			GENERAL AGGREGATE	\$	3,000,000
POLICY PRO- X LOC					PRODUCTS - COMP/OP AGG	\$	3,000,000
OTHER:					COMBINED SINGLE LIMIT	\$	
AUTOMOBILE LIABILITY					(Ea accident)	\$	1,000,000
A ANY AUTO SCHEDULED	X	PHPK1374564	08/01/2015	08/01/2016	BODILY INJURY (Per person)	\$	
AUTOS LAUTOS					BODILY INJURY (Per accident) PROPERTY DAMAGE	\$	
X HIRED AUTOS X NON-OWNED AUTOS					(Per accident)	\$	
V WEST V						\$	4 000 000
X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE		DUUDEAOOCA	08/01/2015	00/04/0046	EACH OCCURRENCE	\$	1,000,000
OLAIWO-WADE		PHUB510061	00/01/2015	08/01/2016	AGGREGATE P	\$	1,000,000
DED X RETENTION \$ 10,000					PER OTH-	\$	
AND EMPLOYERS' LIABILITY Y/N		WPL5021682-03	08/01/2015	08/01/2016		-	1,000,000
OFFICER/MEMBER EXCLUDED?	N/A	VVF L302 1002-03	00/01/2013	00/01/2010	E.L. EACH ACCIDENT	\$	1,000,000
(Mandatory in NH) If yes, describe under					E.L. DISEASE - EA EMPLOYER		1,000,000
A Professional Liab		PHPK1374564	08/01/2015	08/01/2016	(\$3M Agg) per OCC	\$	1,000,000
A Abuse or Molestation		PHPK1374564	08/01/2015	1	(\$1M Agg) per OCC		1,000,000
A Abuse of Moleculation		111111111111111111111111111111111111111	00/01/2010	00/01/2010	(VIIII Agg) per 000		1,000,000
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHIC *Improper Conduct includes Sexual Miscon RE: All California Operations of the Named Mt. Diablo Unified School District its officer per attached form PI-GLD-HS 10 11 and Prin	duct ar Insured	nd Child Abuse d ials, agents, employees and v	volunteers are name	d as Addition		to Ger	neral Liability
CERTIFICATE HOLDER			CANCELLATION			****	
CERTIFICATE HOLDER			CANCELLATION				
Mt. Diablo Unified School D Attn: Mildred D. Browne, Ed	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						
1936 Carlotta Drive Concord, CA 94519			AUTHORIZED REPRESENTATIVE				

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED PRIMARY AND NON-CONTRIBUTORY INSURANCE

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name of Person or Organization (Additional Insured):

Blanket as required by contract

Effective Date: 8/1/2015

SECTION II – WHO IS AN INSURED is amended to include as an additional insured the person(s) or organization(s) shown in the endorsement Schedule, but only with respect to liability for "bodily injury," "property damage" or "personal and advertising injury" arising out of or relating to your negligence in the performance of "your work" for such person(s) or organization(s) that occurs on or after the effective date shown in the endorsement Schedule.

This insurance is primary to and non-contributory with any other insurance maintained by the person or organization (Additional Insured), except for loss resulting from the sole negligence of that person or organization.

This condition applies even if other valid and collectible insurance is available to the Additional Insured for a loss or "occurrence" we cover for this Additional Insured.

The Additional Insured's limits of insurance do not increase our limits of insurance, as described in **SECTION III – LIMITS OF INSURANCE**.

All other terms, conditions, and exclusions under the policy are applicable to this endorsement and remain unchanged.